990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	2014 calendar year, or tax year beginning	and	ending					
В с	heck if pplicable	C Name of organization			D Employer identifi	cation number			
	Addres change								
X	Name change	Doing business as			13-1	623922			
	Initial return Final return/	Number and street (or P.O. box if mail is not delived 125 MAIDEN LANE		Room/suite 8B	E Telephone numbe	r 644–2332			
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$ 9,053,001				
	Amend return	MEM TOKK, MI TOOSO			H(a) Is this a group re				
	Applica tion pendin	F name and address of principal officer: N + G +	L SAVAGE B, NEW YORK, N	Y 100	for subordinates H(b) Are all subordinates in				
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)		1	list. (see instructions)			
J۷	Vebsit	e: ► WWW.HAZON.ORG			H(c) Group exemption	n number			
K F	orm of	organization: X Corporation Trust Asso	ociation Other >	∟ Year	of formation: 1893	■ State of legal domicile: NY			
Pa		Summary							
е	1 [Briefly describe the organization's mission or most s	ignificant activities: HAZO	N WORK	S TO CREATE	A			
Activities & Governance]	HEALTHIER AND MORE SUSTAIN	ABLE JEWISH CO	MMUNIT	Y AND WORLD	•			
ığ	2	Check this box 🕨 🔲 if the organization discont	inued its operations or dispo	sed of more	than 25% of its net as				
ŏ	3 1	Number of voting members of the governing body (F	Part VI, line 1a)		3	22			
2	4 1	Number of independent voting members of the gove	erning body (Part VI, line 1b)		4	22			
es	5	Total number of individuals employed in calendar ye	ar 2014 (Part V, line 2a)		5	154			
Viti	6	Fotal number of volunteers (estimate if necessary) $_{\dots}$			6	750			
ξ	7 a ⁻	Fotal unrelated business revenue from Part VIII, colu	ımn (C), line 12		7a	0.			
\perp	1 d	Net unrelated business taxable income from Form 9	90-T, line 34		7b	0.			
					Prior Year	Current Year			
e l	8 (Contributions and grants (Part VIII, line 1h)			786,609.				
en					2,201,331.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, a			149.	0.			
۳	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		0.	274,543.			
_		Total revenue - add lines 8 through 11 (must equal F			2,988,089.				
	13 (Grants and similar amounts paid (Part IX, column (A)), lines 1-3)		0.	383,505.			
		Benefits paid to or for members (Part IX, column (A),			0.	0.			
es		Salaries, other compensation, employee benefits (Pa			1,252,636.	3,511,570.			
Expenses	16a l	Professional fundraising fees (Part IX, column (A), lin	le 11e)		0.	0.			
χ̈́		Fotal fundraising expenses (Part IX, column (D), line			1 052 110	0.646.007			
" ا		Other expenses (Part IX, column (A), lines 11a-11d,			1,853,448.				
		Fotal expenses. Add lines 13-17 (must equal Part IX			3,106,084.				
_ o	19	Revenue less expenses. Subtract line 18 from line 1	2		<117,995.				
t Assets or nd Balances				Ве	ginning of Current Year	End of Year			
Sse Bala		, , , , , , , , , , , , , , , , , , , ,			2,566,882. 437,557.	5,808,716.			
Net A Fund		Fotal liabilities (Part X, line 26)			2,129,325.	-			
		Net assets or fund balances. Subtract line 21 from li Signature Block	ne 20		2,129,325.	3,030,307.			
		ties of perjury, I declare that I have examined this return, in	ncluding accompanying schedule	es and statem	ents, and to the hest of m	v knowledge and helief it is			
		and complete. Declaration of preparer (other than officer)				y kilowidago alia bollol, it lo			
,	1	Name of the contract of the co	, to based on an information of th	mon propuror	That any knowledge.				
Sigr	,	Signature of officer			Date	_			
Here		NIGEL SAVAGE, PRESIDENT	1						
1101	٠	Type or print name and title				_			
		Print/Type preparer's name	Preparer's signature	T	Date Check	PTIN			
Paid		YUSSIE STEIER	1	lo	7/09/15 if self-employ	P00178538			
Prep		Firm's name BILLET, FEIT & PR	EIS P.C.		Firm's EIN	13-2839033			
Use			TE 1815						
		NEW YORK, NY 1000			Phone no. 21	2-425-3300			
Mav	the IR	S discuss this return with the preparer shown abov			1 1-11-11-1	X Yes No			

Form 990 (2014) HAZON, INC. 13-1623922 Page 2

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,038,814 · including grants of \$ 54,828 ·) (Revenue \$ 1,935,237 ·)
4a	(Code:) (Expenses \$ 3,038,814. TRANSFORMATIVE EXPERIENCES: HAZON'S TRANSFORMATIVE EXPERIENCES ARE
	IMMERSIVE-INTENSIVE-INCLUSIVE MULTI-DAY RETREATS, BIKE RIDES, HOLIDAYS,
	ADVENTURES, WORKSHOPS, CONFERENCES, FESTIVALS, AND VACATIONS.
	TRANSFORMATIVE EXPERIENCES ENCOURAGE PEOPLE TO MAKE A DIFFERENCE IN THE
	WORLD, AND IN THE PROCESS ENABLE THEM TO RENEW AND REFRAME THEIR OWN
	JEWISH JOURNEYS. INDIVIDUALS, FAMILIES, AND COMMUNITIES MAKE A JOURNEY
	TO EXPERIENCE A JUDAISM THAT CONNECTS WITH THEIR PASSIONS - AND THEY
	RETURN HOME TRANSFORMED: REFRESHED, INSPIRED, AND WITH A RENEWED SENSE
	OF PURPOSE AND POSSIBILITY FOR A SUSTAINABLE FUTURE IN THE JEWISH
	COMMUNITY AND BEYOND.
4b	(Code:) (Expenses \$ 2,338,597 • including grants of \$ 43,494 •) (Revenue \$ 1,175,488 •)
	THOUGHT-LEADERSHIP AND CAPACITY BUILDING: CHANGING THE WORLD THROUGH
	THE POWER OF NEW IDEAS AND FRESH THINKING, INCLUDING WRITING, TEACHING,
	CURRICULUM-DEVELOPMENT AND ADVOCACY. CAPACITY-BUILDING MEANS SEEKING
	TO EFFECT CHANGE NOT JUST BY IMPACTING INDIVIDUALS AS INDIVIDUALS, BUT
	ALSO BY SEEKING TO STRENGTHEN ORGANIZATIONS, CREATE AND DEVELOP
	NETWORKS AND HUBS, AND FOSTER LEADERSHIP DEVELOPMENT. CAPACITY-BUILDING
	INCLUDES CATALYZING AND SUPPORTING THE JEWISH FOOD MOVEMENT AND FURTHER
	DEVELOPING THE WORLD OF JEWISH OUTDOOR, FOOD & ENVIRONMENTAL EDUCATION
	(JOFEE) IN MULTIPLE WAYS.
	005 100
4c	(Code:) (Expenses \$
	FISCAL SPONSORSHIPS: HAZON PROVIDES FISCAL SPONSORSHIP TO
	ORGANIZATIONS THAT WORK TO FURTHER ITS MISSION OF CREATING HEALTHY AND
	SUSTAINABLE COMMUNITIES. FOR INCORPORATED ENTITIES THAT DO NOT YET
	HAVE THEIR OWN 501(C)3, HAZON CAN PROVIDE A PATH TO RAISING
	TAX-DEDUCTIBLE DONATIONS, AS WELL AS ORGANIZATIONAL DEVELOPMENT
	RESOURCES AND ACCESS TO A LARGER COMMUNITY OF JEWISH NON-PROFITS.
<u></u>	Other was given any income (Deposition in Calcadula O.)
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 5,377,411.
<u>4e</u>	Total program service expenses 5, 3 / /, 4 1 1.

432002 11-07-14

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Form 990 (2014) HAZON, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	and the control of th			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	990	(0044)

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Form 990 (2014) HAZON, INC. Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to any domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 II X II X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II Yes," complete Schedule II Yes," answer lines 245 through 246 and complete Schedule III Yes, to III Yes," answer lines 245 through 246 and complete Schedule II II Yes, to II Yes, answer lines 245 through 246 and complete Schedule III Yes, to III Yes, answer lines 245 through 246 and complete Schedule III Yes, to III Yes, answer lines 245 through 246 and complete Schedule II II Yes, to III Yes, answer lines 245 through 246 and complete Schedule III Yes, to III Yes, answer lines 245 through 246 and complete Schedule III Yes, answer lines 245 through 246 and complete Schedule II Yes, answer lines 245 through 246 and complete Schedule III Yes, and III Yes, answer lines 245 through 246 and complete Schedule III Yes, and III Yes, answer lines 245 through 246 and complete Schedule III Yes, and II				Yes	No
22 M S 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II and III and the III and	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 22d and complete Schedule K. If "No", 90 to line 25s 24a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25c Section 501(x)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person of any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, cificenctor, trustees, key employees, highest compensated employees, or disqualide persons If If Yes," complete Schedule L, Part II is a A current or former officer, or director, trustee, or key employee. If Yes, "complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 27	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", of our line 25s 5 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-evempt bonds? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization with a disqualified person on a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, firectors, frustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 29 Did the organization related filing thresholds, conditions, and exceptions): 29 A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization related to indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organiz	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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 / 11 "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d		Schedule J	23	Х	
Schedule K. If "No", go to line 25a 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? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I at the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II at the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II at the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II at the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, indigest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II at the transaction 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 53% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV as A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV as A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV as A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV as Did the organization receive more than \$25,000 in non-ask northbituings If "Yes," complete Schedule L, Pa	24a				
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? 24d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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? 24d 25S Section 501(c)3, 501(c)4, and 501(c)20 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction are not been reported on any of these granization professors prior professors propriets Schedule L, Part II 25b		Schedule K. If "No", go to line 25a	24a		Х
any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 253 Section 501c(X), 501c(X), and 501c(X) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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-E27 If "Yes," complete Schedule L, Part I 25b X 25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X 27 Did the organization proport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b 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 filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b X 28 Did the organization active more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 27b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R, Part II 31b X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part II 31b X 31 Did the organization with 100% of an entity disregarded as separate from the organization under Regulations sections \$0.17.70.1.2 and \$0.17.10.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organiza	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 255 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that it the transaction has not been reported on any of the organization organization and part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 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? If "Yes," complete Schedule L, Part IV 28 X X and a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X X A sentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X X X X X X X X X X X X X X X X X X	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

13-1623922 Page 5

Form 990 (2014) HAZON, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Section of the number reported in Box 3 of Form 1096. Enter-0- if not applicable 1a 81 15 15 15 15 15 15 15		Check if Schedule O contains a response or note to any line in this Part V								
b Enter the number of Forms W2G included in line 1a Enter- of Find applicable 10 10 10 10 10 10 10 1				0.1		Yes	No			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (graphing) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 If all east one is reported on line 28, did the organization file all required federal employment tax returns? 2 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unrelated business greaters so income of \$10,000 or more during the year? 8 As any time during the calendar year, did the organization file all required federal employment tax returns? 8 As a fill file a Form 990 T for this year? If *No.* to file 83b, provide an explanation in Schedule O 8 If *Yes,* that it filed a Form 990 T for this year? If *No.* to file 83b, provide an explanation in Schedule O 8 If *Yes,* that it is designed year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 8 If *Yes,* the time is an of the foreign country is country.* 8 We are the organization and party to a prohibeted tax sheller transaction at any securities account; security.* 8 Did any taxebule party norty the organization that it was or is a party to a prohibeted at whether transaction? 9 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 See in State the organization sell in the wash of the party of a prohibeted tax shelter transaction? 5 See in State the organization sell in the sell in the second sell in t	1a		-							
Gambling) winnings to prize winners? a Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b I fall teast one is reported on line 2a, did the organization line all neguined federal employment tax returner? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) b If 'Yes, 'as last lifed a Form 990 To for this year If 'No,' To line 3b, organization in Schedule 0 3b I 'Yes,' and I it lided a Form 990 To fro this year If 'No,' To line 3b, organization are orther authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If 'Yes,' or line the name of the foreign bank and Financial Accounts (FBAR). 5c I 'Yes,' or line so or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c I 'Yes,' or line so are 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6b I 'Yes,' or did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c I will be organization that may receive deductible contributions under section 170(c). 6c I were not tax deductibles a charitable contributions? 6c I were not tax deductibles and scharitable contributions? 6c	b									
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · ·	11a							
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_									
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a				12a					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			1 1							
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · · · · · · · · · · · · · · ·								
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.								
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the								
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			13b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С		13c							
							X			
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			000	/00 · ·			

Form 990 (2014) HAZON, INC. 13-1623922 Page (

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 or note to any line in this Part VI									
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
	tion 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) a	ıvailab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	JED SNERSON - 212-644-2332									
	125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038									

Form **990** (2014)

Form 990 (2014) HAZON, INC. 13-1623922 Page 7

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

Check if Schedule O contains a response or note to any line 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.

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

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

(A)	(B)	(C)			C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	Pos heck ss pe nd a d	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD SHUSTER CHAIR	2.00	X						0.	0.	0.
(2) ADINA ABRAMOWITZ	2.00	^						0.	0.	<u> </u>
TREASURER	2.00	X						0.	0.	0.
(3) RICHARD DALE	1.00	Δ						0.	· ·	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(4) ROBERT FRIEDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) SUSAN FRIEDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MARTY FRIEDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ELLEN GOODMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DR ORAN HESTERMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JAKIR MANELA	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) TRISHA MARGULIES	1.00	l							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) RUTH MESSINGER	1.00								0	•
DIRECTOR	1 00	Х						0.	0.	0.
(12) HOWARD METZENBERG	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) RABBI JAY MOSES	1.00	X						0.	0.	0.
DIRECTOR (14) ANNA OSTROVSKY	1.00	Δ						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(15) RABBI JOSHUA RATNER	1.00	Δ						0.	· ·	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(16) SANDY ROCKS	1.00							-	<u> </u>	
DIRECTOR		x						0.	0.	0.
(17) HOWIE RODENSTEIN	1.00	ᢡ								
DIRECTOR		x						0.	0.	0.
432007 11-07-14	•	_		_			_		•	Form 990 (2014)

432007 11-07-14

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Form 990 (2014) HAZON,	INC.								13-1	043	744	Р	age o
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	, and	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Э	Es	stimate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount	of
	week	_	Ler an	lu a u	recit	Jiriius	lee)	from	from related			other	
	(list any hours for	irecto						the	organization			pensa	
	related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom th janizat	
	organizations	ruste	l trus		9	mpen		(***2/1033***********************************			_	d relat	
	below	dualt	ıtiona	_	nploy	st co	 					anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Бm				Ū		
(18) MARK RUSSO	1.00												
DIRECTOR		Х						0.		0.			0.
(19) DR MAYA SHETREAT-KLEIN	1.00	ļ											•
DIRECTOR	1 00	Х						0.		0.			0.
(20) RABBI MARC SOLOWAY	1.00	ļ ,,											0
DIRECTOR	1 00	Х						0.		0.			0.
(21) VAL YASNER	1.00	X						0.		0.			0.
DIRECTOR	1.00	^				-		0.		- ' 			0.
(22) DAVID WOLFE DIRECTOR	1.00	X						0.		0.			0.
(23) NIGEL SAVAGE	40.00	^						0.		- ' 			<u> </u>
PRESIDENT	40.00	X		x				155,338.		0.	1	0,7	94.
(24) DAVID WEISBERG	40.00	123						133,330.		- ' 		0, 1	7 - •
CEO		x		х				160,000.		0.	2	6,7	72.
(25) CHERYL COOK	40.00	 										• , .	
COO		1		х				114,429.		0.			0.
								ĺ					
		1											
1b Sub-total							▶	429,767.		0.	3	7,5	66.
c Total from continuation sheets to P	art VII, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	429,767.		0.	3	7,5	66.
2 Total number of individuals (including	but not limited to th	nose	liste	ed al	bov	e) wł	no re	eceived more than \$100	,000 of reportab	ole			_
compensation from the organization	<u> </u>												3
										г		Yes	No
3 Did the organization list any former of			e, ke	y er	nplo	yee	or l	highest compensated e	mployee on				37
line 1a? If "Yes," complete Schedule											3		X
4 For any individual listed on line 1a, is t												37	
and related organizations greater than											4	Х	
5 Did any person listed on line 1a receiv	•				•			•		S			Х
rendered to the organization? If "Yes," Section B. Independent Contractors	" complete Schedul	e J f	or si	uch	pers	son .				<u></u>	5		Λ
Complete this table for your five higher	est compensated in	dene	ande	nt c	onti	racto	ore t	hat received more than	\$100,000 of cor	mnene	ation :	from	
the organization. Report compensatio										препъс	20011	110111	
(A	· · · · · · · · · · · · · · · · · · ·	Jui 1	J. 101	<u>g</u> v		J. VV	1	(B)	,		(0	<u></u>	
Name and bus								Description of s	ervices	C		nsatio	n
THE FORWARD ASSOCIATION	N						\dashv						
125 MAIDEN LANE, NEW Y	ORK, NY 1	003	38				k	OCCUPANCY	ļ		34	9,6	27.

(A)
Name and business address

THE FORWARD ASSOCIATION
125 MAIDEN LANE, NEW YORK, NY 10038

OCCUPANCY

349,627

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 ▶ 1

Form **990** (2014)

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Form 990 (2014) HAZON, INC.
Part VIII | Statement of Revenue

ı aı	L VII	Check if Schedule O cont		or note to any li	ne in this Part VIII			
		Officer if our leading of contr	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gra Ioui	b	Membership dues	1b					
Am Am	С	Fundraising events	1c					
直	d	Related organizations	1d					
ini,	е	Government grants (contribut	ions) 1e					
Ş	f	All other contributions, gifts, grant						
اعقا		similar amounts not included above	/e 1f 5 ,	658,174.				
함	g	Noncash contributions included in lines	1a-1f: \$	233,613.				
S E	h	Total. Add lines 1a-1f		>	5,658,174.			
				Business Code				
မွ	2 a	PROGRAM FEES			2,419,788.	2,419,788.		
ه چَ	b			611710	308,466.	308,466.		
S E	С	FISCAL SPONSORS		611710	284,102.	284,102.		
eve eve	d	MERCHANDISE SAL	ES	611710	107,928.	107,928.		
Program Service Revenue	е							
₫	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			3,120,284.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)						
	4	Income from investment of tax	k-exempt bond p	proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		<u></u>				
ē	8 a	Gross income from fundraising	g events (not					
Other Revenu		including \$	of					
Be		contributions reported on line	,					
ē		Part IV, line 18			_			
₽		Less: direct expenses		L				
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac						
	_	Part IV, line 19			_			
		Less: direct expenses						
		Net income or (loss) from gam	-	D				
	10 a	Gross sales of inventory, less						
		and allowances			-			
		Less: cost of goods sold						
-	С	Net income or (loss) from sale						
-	44	Miscellaneous Revenu INSURANCE PROCE		Business Code 611710	212,641.	212,641.		
		OMITTED THEOLET	טעניי	611710	43,806.	43,806.		-
	b	FISCAL SPONSORS	HID PPP	611710	18,096.	18,096.		
	C			011/10	10,030.	10,030.		-
		All other revenue			274,543.			
		Total Add lines 11a-11d			9,053,001.	3 394 827	0.	0.
432009 11-07-	12	Total revenue. See instructions.		····· <u> </u>	P , 0 3 3 , 0 0 1 •	0,004,04/6	<u> </u>	Form 990 (2014)
11-0/-	14							. 51111 555 (2017)

13-1623922 Page 10 HAZON, INC.

Form 990 (2014) 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 or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 383,505 383,505. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 429,767. 117,486. 133,486. 178,795. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,559,395. 2,303,735. 225,214. 30,446. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 29,994. 249,947. 202,457. 17,496. Other employee benefits 9 272,461. 220,693. 19,072. 32,696. Payroll taxes 10 Fees for services (non-employees): a Management Legal 26,640. 26,640. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 365,010. 309,715. 54,345. 950. column (A) amount, list line 11g expenses on Sch O.) 14,811. 7,405. 7.405. 29,621. Advertising and promotion 12 23,980. 29,605. 3,553. 2,072. 13 Office expenses 94,694. 76,702. 11,363. 6,629. 14 Information technology 15 Royalties 141,785. 175,043. 21,005. 12,253. 16 Occupancy 20,004. 166,702. 135,029. 11,669. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 111,826. 90,579. 13,419. 7,828. Conferences, conventions, and meetings 19 20

Payments to affiliates 21 20,790. 173,248. 140,331. 12,127. Depreciation, depletion, and amortization 22 157,525. 127,595. 18,903. 11,027. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 383,508. 325,982. 57,526. FOOD SERVICES UTILITIES 232,099. 185,679. 46,420. 208,911. 208,911. PROGRAM EXPENSES d REPAIRS & MAINTENANCE 76,920. 61,536. 15,384. 306,900. 82,876. 24,899. 414,675. e All other expenses 6,541,102. 5,377,411. 821,023. 342,668. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form **990** (2014) 10 2014.03050 HAZON, INC. HAZONNE1

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Form 990 (2014)
Part X Balance Sheet

Ра	πх	Balance Sneet				
		Check if Schedule O contains a response or note to any line in this Pa	rt X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		228,433.	1	290,949.
	2	Savings and temporary cash investments			2	16,342.
	3	Pledges and grants receivable, net			3	2,902,820.
	4	Accounts receivable, net		42,338.	4	94,342.
	5	Loans and other receivables from current and former officers, directors	s,			
		trustees, key employees, and highest compensated employees. Comp				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as define	ed under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and con	ntributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
ts		employees' beneficiary organizations (see instr). Complete Part II of So			6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		36,244.	9	31,894.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 5, 269	,645.	0.050.065		0.407.060
	b	1	7,576.	2,259,867.	10c	2,187,069.
	11	Investments - publicly traded securities			11	3,103.
	12	Investments - other securities. See Part IV, line 11			12	42,420.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	0.
	15	Other assets. See Part IV, line 11		0.566.000	15	239,777.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,566,882.	16	5,808,716.	
	17	Accounts payable and accrued expenses	129,172.	17	400,515.	
	18	Grants payable		011 220	18	26,875.
	19	Deferred revenue		211,338.	19	254,109.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
Liabilities	22	Loans and other payables to current and former officers, directors, tru				
ij		key employees, highest compensated employees, and disqualified per				
<u>:</u>		Complete Part II of Schedule L		70 176	22	F7 000
	23	Secured mortgages and notes payable to unrelated third parties		70,476. 26,571.	23	57,890. 8,865.
	24	Unsecured notes and loans payable to unrelated third parties		20,371.	24	0,003.
	25	Other liabilities (including federal income tax, payables to related third	1			
		parties, and other liabilities not included on lines 17-24). Complete Par	ı	0.	0.5	10,075.
	00	Schedule D	·····	437,557.	25	758,329.
	26	Total liabilities. Add lines 17 through 25		437,337.	26	130,329.
"		Organizations that follow SFAS 117 (ASC 958), check here	□ and			
ĕ	27	complete lines 27 through 29, and lines 33 and 34.		2,129,325.	27	1,687,635.
Fund Balances	28	Unrestricted net assets Temporarily restricted net assets		2,123,323.	28	3,362,752.
B	29	Davis and the contributed and a sector			29	3,302,732.
S I	29	Organizations that do not follow SFAS 117 (ASC 958), check here			29	
Ξ		and complete lines 30 through 34.	_			
ts c	30	Capital stock or trust principal, or current funds			30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds			32	
Se	33	Total net assets or fund balances		2,129,325.	33	5,050,387.
	34	Total liabilities and net assets/fund balances		2,566,882.	34	5,808,716.
	J-4	TOTAL HADIILIES AND NET ASSETS/TUND DAIANCES		2,300,002.	∪ +	5,000,710

Form **990** (2014)

Form 990 (2014) HAZON, INC. 13-1623922 Page 12

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)		9,05				
2	Total expenses (must equal Part IX, column (A), line 25)		6,54				
3	Revenue less expenses. Subtract line 2 from line 1		2,51				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,129,325.				
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities						
7	Investment expenses	7					
8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9	40	9,1	63.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	5,05	0,3	87.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-					
	Act and OMB Circular A-133?		3a		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2014)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization HAZON. INC. 13-1623922 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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.)

560	section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")											
2	Tax revenues levied for the organ-						_					
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities						_					
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3											
	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)											
6	Public support. Subtract line 5 from line 4.											
	ction B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total					
	Amounts from line 4		. ,	()	,	,						
	Gross income from interest,						_					
	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar sources											
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 VI.)											
11	Total support. Add lines 7 through 10											
	Gross receipts from related activities,	etc. (see instruction	ons)			12	_					
	First five years. If the Form 990 is for	•	,			n 501(c)(3)						
	organization, check this box and stop						▶□					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage									
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	%					
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%					
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and					
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶□					
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box					
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□					
17a	10% -facts-and-circumstances test	t - 2014. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,					
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and stop h	nere. Explain in Pa	rt VI how the organ	ization					
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□					
b	10% -facts-and-circumstances test	t - 2013. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or					
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	neck this box and	stop here. Explain	n in Part VI how the						
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□					
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s 🕨 🔲					

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.)

Se	ction A. Public Support	ciew, piedee cemp	noto i uit iii)				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	` ,	, ,	, ,	,
	membership fees received. (Do not						
	include any "unusual grants.")	995,590.	853,860.	1014512.	786,609.	5711766.	9362337.
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	2336878.	2082179.	1945743.	2201331.	2890623.	11456754.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3332468.	2936039.	2960255.	2987940.	8602389.	20819091.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	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						0.
,	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						20819091.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	3332468.	2936039.	2960255.	2987940.	8602389.	20819091.
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	17,380.	5,704.	290.	149.	7,461.	30,984.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	17,380.	5,704.	290.	149.	7,461.	30,984.
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	3349848.	2941743.	2960545.	2988089.	8609850.	20850075.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2014 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	99.85 %
	Public support percentage from 2013					16	%
Se	ction D. Computation of Inves					1	1 -
17						17	.15 %
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2014. If the						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	713		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	0-		
	9с		
	10a		
	10b		
_			

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
800	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations		V	
_	Managaranik, af the granging time to an automate and reliable to the state of the s		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. Type III Supporting Organizations	1		<u> </u>
Sec	tion b. Type in Supporting Organizations		V	
_	Did the second of the second o		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	•
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	1 v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Name of the organization

Employer identification number

HAZON, INC. 13-1623922 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to

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) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 20,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 4	Name, address, and ZIP + 4	\$ 21,400. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
10	Name, audiess, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
12		\$ 400,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 20,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15	Nume, address, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 16	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, audress, and ZIF + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	—— n
25		\$ 5,400. Person X Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	n
26		Person X Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	
27		\$ 345,000. Person X Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	
28	Name, address, and ZIF + +	Person X Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	'n
29		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions)	·.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	n
30		\$ 20,842. Person X Payroll Noncash (Complete Part II for noncash contributions	·)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$ <u>842,307.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$,000.	Person X Payroll
(a) No.	(b)	(c)	(d)
34	Name, address, and ZIP + 4	\$ 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

HAZON, INC.

13-1623922

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
35	RESIDENTIAL PROPERTY IN TOWN OF NORFOLK, CT (MAP/LOT 6-12/89)		10/27/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of orga	nization		Employer identification n	number				
HAZON,	INC.		13-1623922)				
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional completing Part III if additional copies.	s, charitable, etc., contributions of \$1,000	bed in section 501(c)(7), (8), or (10) that total more than \$ ollowing line entry. For organizations	\$1,000 for				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld				
		(e) Transfer of s						
	Transferee's name, address, ar	nd 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 he	eld				
	(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 he	eld				
		(e) Transfer of s	gift					
- - -	Transferee's name, address, ar	nd 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 he	eld				
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

SCHEDULE D

Name of the organization

(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.

OMB No. 1545-0047 Open to Public

Employer identification number

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Inspection

	HAZON, INC.	13-1623922
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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 value of contributions to (during year)	
3	Aggregate value of 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 fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	Yes No
Pai		
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)	y important land area
	Protection of natural habitat Preservation of a certified h	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contr	onservation easement on the last
	day of the tax year.	
	•	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic 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 organic	nization 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)(line)	
	and section 170(h)(4)(B)(ii)?	Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganization's accounting for
Da	conservation easements.	Oinsilan Assats
Pai	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 a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
р	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	• •
	(i) Revenue 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	Revenue included in Form 990, Part VIII, line 1	
a	Assets included in Form 990, Part X	🏲 🖣

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

Schedule D (Form 990) 2014

13-1623922 Page 2 HAZON, INC. Schedule D (Form 990) 2014 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 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): Dublic exhibition Loan or exchange programs b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 No on Form 990, Part X? Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table: **Amount** 1c c Beginning balance d Additions during the year 1d e Distributions during the year 1e Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year **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 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 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

Yes No bv: (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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	,	592,000.	'	592,000.				
b Buildings		3,988,482.	2,599,797.	1,388,685.				
c Leasehold improvements								
d Equipment		63,962.	63,962.	0.				
e Other		625,201.	418,817.	206,384.				
Total. Add lines 1a through 1e. (Column (d) must equ	2,187,069.							

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 HAZON, INC.			13-	-1623922 _{Page}
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11e or 11f. See Form	n 990. Part X. line 25.	
1. (a) Description of liability	, ,	(b) Book value	, ,	
(1) Federal income taxes				
(2) TENANT DEPOSITS		10,075.		
(3)		,,,,,,		
(4)				
(5)				
(6)				
(7)				
(8)				
\ \ \	ı			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

10,075.

Par	T XI Reconciliation of Revenue per Audited Financial		Revenue per F	teturn	·
	Complete if the organization answered "Yes" to Form 990, Part I				0 120 500
1	Total revenue, gains, and other support per audited financial statements	s		1	9,130,582.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		77 501	_	
b	Donated services and use of facilities		77,581.	_	
C	Recoveries of prior year grants			_	
	Other (Describe in Part XIII.)	•			77 E01
	Add lines 2a through 2d			2e	77,581. 9,053,001.
3	Subtract line 2e from line 1			3	9,033,001.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			+ ,	0
_	Add lines 4a and 4b			4c	0. 9,053,001.
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XII Reconciliation of Expenses per Audited Financia	e /2.) I Statemente With	Evnances ner	Dotu	
Fai	Complete if the organization answered "Yes" to Form 990, Part I		Lxperises per	netu	
1	Total expenses and losses per audited financial statements			1	6,618,683.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	0,010,000.
	Donated services and use of facilities	2a	77,581.		
b	Prior year adjustments		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
C	Other losses				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	77,581.
3	Subtract line 2e from line 1			3	6,541,102.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				.,,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)			-	
	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li			5	6,541,102.
	t XIII Supplemental Information.	/			
Provi	de 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.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			,	, ,
		•			
PAF	RT X, LINE 2:				
ГОИ	T APPLICABLE				

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

HA2	ZON, INC.				13-162392					
Pa	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "	Yes" on				
	Form 990, Part I									
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 X No									
2	For grantmakers. Desc	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance out	tside 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				
VAR I	IOUS	0	0			0.				
3 a	Sub-total	0	0			0.				
	Total from continuation sheets to Part I	0	0			0.				
С	Totals (add lines 3a and 3b)	0	0			0.				
111	For Paparwork Poduct	ion Act Notice	and the Instruc	tions for Form 000	Sabadula E	(Earm 990) 2014				

HAZON, INC.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	ISRAEL FOOD TOUR	89,569.	WIRE PAYMENT	0.		воок
			NEW HORIZONS IN			_		
		MIDDLE EAST	JEWISH EXPREIENCE	6,051.	WIRE PAYMENT	0.		воок
2 Enter total number of	recipient organizatio	ns listed above that are	I recognized as charities by the	foreign country.	recognized as tax-e	xempt by		
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
3 Enter total number of other organizations or entities								

13-1623922 HAZON, INC. Schedule F (Form 990) 2014 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

Employer identification number

HAZON, IN	IC.						13-1623922
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	ts or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	1	i
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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFTER OIL IS SAID AND DONE							
4514 CONNECTICUT AVE NW, #203							GRANTEE SHARES SIMILAR
WASHINGTON, DC 20008	46-4160134		65,000.	0.			GOALS
JEWISH FARM SCHOOL							
25 BROADWAY, 17TH FLOOR							GRANTEE SHARES SIMILAR
NEW YORK, NY 10004	45-4100890		48,304.	0.			GOALS
STORAHTELLING							
125 MAIDEN LANE, SUITE 8B	46 200000		160 126				GRANTEE SHARES SIMILAR
NEW YORK, NY 10038	46-3877785		162,136.	0.			GOALS
GANEI BEANTOWN							
34 OAKVIEW TERRACE, #12							GRANTEE SHARES SIMILAR
JAMAICA PLAIN, MA 02130	00-1105679		7,693.	0.			GOALS
WILDERNESS TORAH							
2095 ROSE ST, #202							GRANTEE SHARES SIMILAR
BERKLEY, CA 94709	45-4437061		7,603.	0.			GOALS
BORO PARK YMHA / YWHA							
4912 14TH AVENUE							GRANTEE SHARES SIMILAR
BROOKLYN, NY 11219	11-1630917	501(C)(3)	9,500.	0.			GOALS
2 Enter total number of section 501(c)(3)	1		· · · · · · · · · · · · · · · · · · ·			1	•
3 Enter total number of other organization	· ·	•					11.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2014

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	. ag
(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
BRIGHTON BEACH HOUSING							
247 WEST 37TH STREET, 9TH FLOOR							GRANTEE SHARES SIMILAR
NEW YORK, NY 10018	13-3042331	501(C)(3)	6,400.	0.			GOALS
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
CONGREGATION ANSHE CHESED							
251 WEST 100TH STREET							GRANTEE SHARES SIMILAR
NEW YORK, NY 10025	13-1624204	501(C)(3)	7,700.	0.			GOALS
CONGREGATION BAITH ISRAEL ANSHEI							
EMES - 236 KANE STREET - BROOKLYN,							GRANTEE SHARES SIMILAR
NY 11231	11-6003230	501(C)(3)	6,112.	0.			GOALS
MEMOLE TODANI ODVIMUD							
TEMPLE ISRAEL CENTER 280 OLD MAMARONECK ROAD							GRANTEE SHARES SIMILAR
WHITE PLAINS, NY 10605	13-1740409	501(C)(3)	8,000.	0.			GOALS
WHITE THAIRS, NI 10005	13 1740403	501(0)(3)	0,000.	0.			GOALD
TEMPLE SHAARAY TEFILA							
89 BALDWIN ROAD							GRANTEE SHARES SIMILAR
BEDFORD CORNERS, NY 10549	13-2849928	501(C)(3)	7,600.	0.			GOALS
· · · · · · · · · · · · · · · · · · ·			,				
	l .	1	ı	<u> </u>	I	1	Cabadula I /Farma 00

13-1623922 HAZON, INC. Schedule I (Form 990) (2014) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of non-cash assistance cash assistance recipients cash grant Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 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)

Compensation Information

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

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

Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HAZON, INC.

Employer identification number 13-1623922

Pa	art 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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), 501(c)(4), and 501(c)(29) 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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	l	l

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

Schedule J (Form 990) 2014

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

HAZON, INC.

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

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990	
(1) NIGEL SAVAGE	(i)	155,338.	0.	0.	0.	10,794.		0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DAVID WEISBERG	(i)	160,000.	0.	0.	0.	26,772.		0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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Schedule J (Form 990) 2014	HAZON,	INC.				13-1623922	Page 3
Schedule J (Form 990) 2014 Part III Supplemental Information	on						_
		s required for Par	t I, lines 1a, 1b, 3, 4a, 4b, 4d	c, 5a, 5b, 6a, 6b, 7, and	8, and for Part II. Also comp	olete this part for any additional inforr	mation.
, 1	,	·	, , , , , ,		,	. ,	
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HAZON, INC.

13-1623922

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

HAZON, INC.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 13-1623922

(a) (b) Number of Applicable Securities - Publicly traded (a) (b) Number of Applicable Securities - Closely held stock (b) Number of Applicable Securities - Closely held stock (d) Method of determining Amounts reported on Form 990, Part VIII, line 1g Securities - Closely held stock (d) Method of determining Amounts reported on Form 990, Part VIII, line 1g Securities - Closely held stock	
applicable contributions or items contributed form 990, Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock	
items contributed Form 990, Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock	nts
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock	
3 Art - Fractional interests	
4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock	
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock	
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock	
7 Boats and planes	
8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock	
9 Securities - Publicly traded	
10 Securities - Closely held stock	
44 0 % B 1 1 1 1 0	
11 Securities - Partnership, LLC, or	
trust interests	
12 Securities - Miscellaneous	
13 Qualified conservation contribution -	
Historic structures	
14 Qualified conservation contribution - Other	
15 Real estate - Residential X 1 230,510. TAX ASSESSMENT VA	4LUE
16 Real estate - Commercial	
17 Real estate - Other	
18 Collectibles	
19 Food inventory	
20 Drugs and medical supplies	
21 Taxidermy	
22 Historical artifacts	
23 Scientific specimens	
24 Archeological artifacts	
25 Other ▶ ()	
26 Other ()	
27 Other ()	
28 Other ► (
29 Number of Forms 8283 received by the organization during the tax year for contributions	
for which the organization completed Form 8283, Part IV, Donee Acknowledgement	
Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it	
must hold for at least three years from the date of the initial contribution, and which is not required to be used for	١
exempt purposes for the entire holding period?	X
b If "Yes," describe the arrangement in Part II.	
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	
contributions?	X
b If "Yes," describe in Part II.	
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	
describe in Part II.	

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

Schedule M (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Inspection

Name of the organization

HAZON, INC.

Employer identification number 13-1623922

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE FIELDS OF JEWISH AND ENVIRONMENTAL KNOWLEDGE AND (3) SUPPORT OF THE

JEWISH ENVIRONMENTAL MOVEMENT IN NORTH AMERICA AND ISRAEL.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

WITH THE MERGER OF HAZON INC (EIN 13-4087102) AND ISABELLA FREEDMAN JEWISH RETREAT CENTER (EIN 13-1623922) EFFECTIVE JANUARY 2, 2014, ALL THE NEW PROGRAMS MENTIONED IN THE ORGANIZATION'S MISSION STATEMENT WERE TAKEN ON.

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 PRESIDENT'S AND CFO'S SALARY IS RECOMMENDED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD EACH YEAR. LIKEWISE, THE PRESIDENT AND CFO UNDERGO AN ANNUAL REVIEW WHICH IS DISCUSSED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S PLACE OF BUSINESS DURING REGULAR BUSINESS HOURS.

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization **Employer identification number** HAZON, INC. 13-1623922 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: RICHARD SHUSTER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ADINA ABRAMOWITZ - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RICHARD DALE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ROBERT FRIEDMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 SUSAN FRIEDMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 MARTY FRIEDMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ELLEN GOODMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 DR ORAN HESTERMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 JAKIR MANELA - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 TRISHA MARGULIES - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RUTH MESSINGER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 HOWARD METZENBERG - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RABBI JAY MOSES - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ANNA OSTROVSKY - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RABBI JOSHUA RATNER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 SANDY ROCKS - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 HOWIE RODENSTEIN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 MARK RUSSO - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 DR MAYA SHETREAT-KLEIN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RABBI MARC SOLOWAY - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 VAL YASNER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 DAVID WOLFE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 NIGEL SAVAGE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization HAZON, INC.	Employer identification number 13-1623922
DAVID WEISBERG - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY	10038
CHERYL COOK - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 100)38
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSETS ACQUIRED FROM MERGER	409,163.
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OR SELECTION PROCESSION OF THE PROCESSION	ROCESS SINCE
THE PRIOR YEAR.	

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

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

Attach to your tax return. ► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

HA		INC.					PAGE 10		13-1623922
Pa	rt I E	lection To Expense Certain Prope	rty Under Section 1	79 Note: If you	u have any lis	ted property,	complete Part		
									500,000.
		st of section 179 property plac							0.000.000
		ld cost of section 179 property							2,000,000.
4	Reduction	on in limitation. Subtract line 3	from line 2. If zero	or less, ente	r -0				
5	Dollar limita	ation for tax year. Subtract line 4 from lin		-0 If married filin					
6		(a) Description of pr	operty		(b) Cost (busine	ess use only)	(c) Electe	d cost	
		roperty. Enter the amount from							
		ected cost of section 179 prope							
		e deduction. Enter the smaller							
		er of disallowed deduction from							
		s income limitation. Enter the s		•		•			
		179 expense deduction. Add I						12	
		er of disallowed deduction to 2 of use Part II or Part III below for				🕨 13			
	rt II	Special Depreciation Allowa				to listed pror	aorty)		
		depreciation allowance for qua		-			• •		
							ū	14	
	the tax y Proporty	vear v subject to section 168(f)(1) el							
		' ' ' ' A CDO'						16	
	rt III	MACRS Depreciation (Do no	ot include listed pr					10	
					ction A	<u>'</u>			
17	MACRS	deductions for assets placed	in service in tax ve	ears beginning	a before 2014	1		17	165,189.
		lecting to group any assets placed in ser							-
		Section B - Assets						ation Syst	em
	(:	a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use nstructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-ve	ar property			5,649.	3 YRS	. HY	200DB	1,883.
<u></u>		ar property		2	21,648.	5 YRS		200DB	,
		ar property	_		•				,
d		ear property		1	19,269.	10 YR	S. HY	200DB	1,926.
е		ear property			•				
f		ear property							
g	25-y	ear property				25 yrs.		S/L	
			/			27.5 yrs.	MM	S/L	
h	Resi	dential rental property	/			27.5 yrs.	MM	S/L	
			/			39 yrs.	MM	S/L	
i	Non	residential real property	/			-	MM	S/L	
		Section C - Assets I	Placed in Service	During 2014	Tax Year Us	ing the Alte	rnative Depre	ciation Sy	stem
20a	Clas	s life						S/L	
b	12-y	ear				12 yrs.		S/L	
c	(/			40 yrs.	MM	S/L	
Pa	rt IV	Summary (See instructions.)							
	-	roperty. Enter amount from line						21	
		dd amounts from line 12, lines							450 040
	Enter he	re and on the appropriate lines	s of your return. Pa	artnerships ar	nd S corporat	ions - see ins	str	22	173,248.

416251 01-08-15 LHA For Paperwork Reduction Act Notice, see separate instructions.

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the

50

Form 4562 (2014)

HAZONNE1

23

2014) HAZON, INC. 13-1623922 Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation or amusement.) Form 4562 (2014)

Part V

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	- Depreciati	on and Other In	formation (Caution	on: See the instruc	tions for lii	nits for pa	ssenge	er automobiles.)
24a Do you have evidence to	support the bu	siness/investment	use claimed?	Yes No	24b If "Y	es," is the	evider	ice written?	Yes No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(d) (e) (f) (g) (h) Cost or Basis for depreciation (husiness/fuvestment (husiness/fuvestment)		(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation a	llowance for o	ualified listed pr	operty placed in s	ervice during the ta	ax year an	d			
used more than 50% i	n a qualified b	usiness use					25		
26 Property used more th	an 50% in a c	ualified busines	s use:						
	: :	%							
	: :	%							
	: :	%							
27 Property used 50% or	less in a qual	fied business us	e:						
	: :	%				S/L -			
	: :	%				S/L -			
	: :	%				S/L -			
28 Add amounts in colum	ın (h), lines 25	through 27. Ent	er here and on line	21, page 1			28		
29 Add amounts in colum								29	
	***		· · ·	ion on Use of Ver				•	•

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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a Veh	a) iicle	(I Veh	o) nicle	Veh	c) iicle	Veh	•	(€ Veh	•	(1 Veh	f) icle
31 Total commuting miles driven during the year32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32				•								
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization												
(a) Description of costs	(e) Amortizat period or pero		(f) Amortization for this year									
begins period or percentage period or per												
WEBSITE	041114 6,719. 481					1,120.						
	: :											
43 Amortization of costs that began before your	43 Amortization of costs that began before your 2014 tax year 43											
4 Total. Add amounts in column (f). See the instructions for where to report												

416252 01-08-15

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)		are filing for an Automatic 3-Month Extension, comple					▶ 🔼
Electronic filing \$\(\alpha \)_{en_{10}} \text{Vo.} can electronically file Form 8868 ft you need a 3-month automatic extension of time to file on provided to life Form 9807, or an additional for automatic) amonth extension of time Vo. can electronically file Form 8868 ft very executed to life Form 9807 and electronically file Form 8807 for time to file any of the forms 1814 of Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Part I or	• If you	,	•		•		
toff 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, which wave it is given to the instructions of the instructions (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time for the instructions (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time for the file income tax returns. Name of exempt organization or other filer, see instructions.	Electror	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of ti	me to file (6	6 months fo	
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, visits twwires, govietie 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 with the comporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time for file income tax returns. Type or I only with the comporation of the filer, see instructions. Type or I was est extens. Type or I was est exte	required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically	file Form 8	368 to reque	est an extension
Waste wave inc.govietifie and click on e-file for Chartries & Notprofits.	of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	Associated \	With Certain
Accorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Accorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Accorporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the increme tax returns. Enter filer's identifying number	Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing	of this form,
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. Enter filer's identifying number Employer identification number (EIN) or print HAZON, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 125 MATDEN LANE, NO. 81 125 MATDEN LANE, NO. 88 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is Form 990-E. Application Return Application Return Application Return Porm 990 or Form 990 EZ Form 990-BL O2 Form 1041-A O3 Form 1041-A O8 Form 990-DE Form 990-DT (see, 401(a) or 408(a) trust) D5 Form 990-T (see, 401(a) or 408(a) trust) D6 Form 990-T (see, 401(a) or 408(a) trust) D7 SNERSON The books are in the care of \$\infty\$ 125 MATDEN LANE, SUTTE 8B - NEW YORK, NY 10038 Telephone No. \$\infty\$ 212-644-7933 If the organization does not have an office or place of business in the United States, check this box D7 Control of this form 400-T (see, 401(a) or 408(a) trust) In Group 90-T (see, 401(a) or 408(a) trust) O5 Form 900-T (see, 401(a) or 408(a) trust) O6 Form 900-T (see, 401(a) or 408(a) trust) O7 Form 900-T (see, 401(a) or 408(a) trust) O8 Form 900-T (see, 401(a) or 408(a) trust) O8 Form 900-T (see, 401(a) or 408(a) trust) O9 SNERSON The books are in the care of \$\infty\$ 125 MATDEN LANE, SUTTE 8B - NEW YORK, NY 10038 Telephone No. \$\infty\$ 212-644-7933 If the organization does not have an office or place of business in the United States, check this box O 11 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 I of file the axy ear entered in line 1 is for less than 12 months, check reason: O 11 I request an automatic 3-month (6 months for a corporation required to file Form 990-	visit www	v.irs.gov/efile and click on e-file for Charities & Nonprofits	ì.				
Part Lony	Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
Application Return the Return code for the return that this application is for (file a separate application for each return) Town 90-12 Town 90-12 Town 90-12 Town 90-12 Town 90-12 (individual) Town 90-12 (individ	A corpor	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Type or print	Part I on	ly					▶ □
Name of exempt organization or other filer, see instructions.			IICs, and t	rusts must use Form 7004 to reque			
Namber, street, and room or suite no. If a P.O. box, see instructions. 13-1623922	Type or	Name of exempt organization or other filer, see instru			*		
HAZON, INC. Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)		Traine of exempt organization of other mor, see mora	Linployo	idon imodin	or riamber (Enty or		
Number, street, and room or suite no. If a P.O. box, see instructions.	print	HAZON, INC.				13-16	23922
Enter the Return code for the return that this application is for (flie a separate application for each return) City, town or post office, state, and ZIP code. For a foreign address, see instructions.		Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se		
Application Return Application Return Application Sear Code Is For Code Is	return. See	City, town or post office, state, and ZIP code. For a fo	oreign add	dress, see instructions.			
Application Return Code Is For Code Code Is For Code		NEW TORK, NI 10036					
Sefor Code Is For Company or Form 990 or Form 990 or Form 990 or Form 990 or Form 990.EZ 01 Form 990.T (corporation) 08 08 Form 4720 (individual) 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 Form 990.T (trust other than above) 06 Form 8870 12 Form 990.T (trust other than above) 125 MAIDEN LANE SUITE 8B - NEW YORK NY 10038 Telephone No. 212-644-2332 Fax No. 212-644-7993 Fax No. 212-644-7993 Fax No. Fax No	Enter the	e Return code for the return that this application is for (file	e a separa	tte application for each return)			0 1
Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (individual) 03 Form 4720 (individual) 09 Form 990-F 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 890-T (sec. 401(a) or 408(a) trust) 06 Form 8870 11 Form 990-T (trust other than above) 12 12 13 15 16 17 18 17 18 18 18 18 18 18 18		tion					
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Dox ▶ 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 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ ※ calendar year 2014 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 Forms 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 Forms 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. 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment							▶ ∟
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tax year beginning , and ending . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 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. 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. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment	is	for the organization's return for:					
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Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 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. 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. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment	>	tax year beginning	, an	nd ending		_ ·	
Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 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. 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. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment	2 If t	he tax year entered in line 1 is for less than 12 months. c	heck reas	on: Initial return	Final retur	n	
If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 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. 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. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment							
nonrefundable credits. See instructions. b If this application is for Forms 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. by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 0. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment	3a If t	<u> </u>	or 6069	enter the tentative tax. less anv			_
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. b 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. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment			,	, . 	За	\$	0.
estimated tax payments made. Include any prior year overpayment allowed as a credit. 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. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment			, enter an	v refundable credits and		Ŧ	<u> </u>
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by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 • Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment						*	
	by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.			0.
instructions.		• •	(direct de	ebit) with this Form 8868, see Form	8453-EO aı	nd Form 887	79-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 423841

Form 8868 (Rev. 1-2014)

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

STATE COPY

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2014

Open to Public Inspection

1.General Information 01/01/2014 and Ending (mm/dd/yyyy) 12/31/2014 For Fiscal Year Beginning (mm/dd/yyyy) Check if Applicable: Name of Organization: Employer Identification Number (EIN): 13-1623922 HAZON, INC. X Name Change Mailing Address: NY Registration Number: 44-52-97 125 MAIDEN LANE, NO. 8B Initial Filing J Final Filing City / State / ZIP: Telephone: 212 644-2332 NEW YORK, NY 10038 Amended Filing $oldsymbol{ol}}}}}}}}}}}}}$ \endremting Reg ID Pending probaby on the produnt of the production of the boldsymbol{oldsymbol{oldsymbol{oldsymbol{ol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol{oldsymbol{ol{ol}}}}}}}}}}}}}}}} Website: WWW.HAZON.ORG INFO@HAZON.ORG Check your organization's Find your registration category in the EPTL only X DUAL (7A & EPTL) EXEMPT ___ 7A only registration category: Charities Registry at www.CharitiesNYS.com 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. 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. NIGEL SAVAGE President or Authorized Officer: PRESIDENT Signature Print Name and Title Date ADINA ABRAMOWITZ TREASURER Chief Financial Officer or Treasurer: Signature Print Name and Title Date 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, 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 the fiscal year. Or the organization qualifies for another 7A exemption (see instructions). 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for a checklist of for fund raising activity in NY State? If yes, complete Schedule 4a. schedules and attachments to No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. complete your filing. 5. Fee See the checklist on the 7A filing fee: EPTL filing fee: Total fee: Make a single-check or money order next page to calculate your payable to: fee(s). Indicate fee(s) you "Department of Law" 275. 25. 250. \$ are submitting here:

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

theck the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants									
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules including Schedule B (Schedule of Co	ontributors).								
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publicable Review Report if you received total revenue and support greater than \$250,0 X Audit Report if you received total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required by the support greater than \$500,000 No Review Report States Report States Report States Report States Report States Report States Report S	000 and up to \$500,000. O								
Note: The Audit and Review requirements are set to change in 2017 and 2021 in action for more details, visit www.CharitiesNYS.com.	ccordance with the Non Profit Revitalization Act of 2013.								
Calculate Your Fee	Is my organization a 7A_EPTI_or DLIAL_filer?								
Calculate Your Fee For 7A and DUAL filers, calculate the 7A fee: \$0, if you marked the 7A exemption in Part 3a X \$25, if you did not mark the 7A exemption in Part 3a	Is my organization a 7A, EPTL or DUAL filer? - 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") - EPTL filers are registered under the Estates, Powers & Trust: Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. - DUAL filers are registered under both 7A and EPTL.								

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	2014 calendar year, or tax year beginning	and	ending		
В с	heck if pplicable	C Name of organization			D Employer identifi	cation number
	Addres change					
X	Name change	Doing business as			13-1	623922
	Initial return Final return/	Number and street (or P.O. box if mail is not delived 125 MAIDEN LANE		Room/suite 8B	E Telephone numbe	r 644–2332
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	9,053,001.
	Amend return	MEM TOKK, MI TOOSO			H(a) Is this a group re	
	Applica tion pendin	F name and address of principal officer: N + G +	L SAVAGE B, NEW YORK, N	Y 100	for subordinates H(b) Are all subordinates in	
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)		1	list. (see instructions)
J۷	Vebsit	e: ► WWW.HAZON.ORG			H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Asso	ociation Other >	∟ Year	of formation: 1893	■ State of legal domicile: NY
Pa		Summary				
е	1 [Briefly describe the organization's mission or most s	ignificant activities: HAZO	N WORK	S TO CREATE	A
Activities & Governance]	HEALTHIER AND MORE SUSTAIN	ABLE JEWISH CO	MMUNIT	Y AND WORLD	•
ığ	2	Check this box 🕨 🔲 if the organization discont	inued its operations or dispo	sed of more	than 25% of its net as	
ŏ	3 1	Number of voting members of the governing body (F	Part VI, line 1a)		3	22
2	4 1	Number of independent voting members of the gove	erning body (Part VI, line 1b)		4	22
es	5	Total number of individuals employed in calendar ye	ar 2014 (Part V, line 2a)		5	154
Viti	6	Fotal number of volunteers (estimate if necessary) $_{\dots}$			6	750
ξ	7 a ⁻	Fotal unrelated business revenue from Part VIII, colu	ımn (C), line 12		7a	0.
\perp	1 d	Net unrelated business taxable income from Form 9	90-T, line 34		7b	0.
					Prior Year	Current Year
e l	8 (Contributions and grants (Part VIII, line 1h)			786,609.	
en					2,201,331.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, a			149.	0.
۳	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		0.	274,543.
_		Total revenue - add lines 8 through 11 (must equal F			2,988,089.	
	13 (Grants and similar amounts paid (Part IX, column (A)), lines 1-3)		0.	383,505.
		Benefits paid to or for members (Part IX, column (A),			0.	0.
es		Salaries, other compensation, employee benefits (Pa			1,252,636.	3,511,570.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), lin	le 11e)		0.	0.
χ̈́		Fotal fundraising expenses (Part IX, column (D), line			1 052 110	0.646.007
" ا		Other expenses (Part IX, column (A), lines 11a-11d,			1,853,448.	
		Fotal expenses. Add lines 13-17 (must equal Part IX			3,106,084.	
_ o	19	Revenue less expenses. Subtract line 18 from line 1	2		<117,995.	
t Assets or nd Balances				Ве	ginning of Current Year	End of Year
Sse Bala		, , , , , , , , , , , , , , , , , , , ,			2,566,882. 437,557.	5,808,716.
Net A Fund		Fotal liabilities (Part X, line 26)			2,129,325.	-
		Net assets or fund balances. Subtract line 21 from li Signature Block	ne 20		2,129,325.	3,030,307.
		ties of perjury, I declare that I have examined this return, in	ncluding accompanying schedule	es and statem	ents, and to the hest of m	v knowledge and helief it is
		and complete. Declaration of preparer (other than officer)				y kilowidago alia bollol, it lo
,	1	Name of the contract of the co	, to based on an information of th	mon propuror	That any knowledge.	
Sigr	,	Signature of officer			Date	_
Here		NIGEL SAVAGE, PRESIDENT	1			
1101	٠	Type or print name and title				_
		Print/Type preparer's name	Preparer's signature	T	Date Check	PTIN
Paid		YUSSIE STEIER	1	lo	7/09/15 if self-employ	P00178538
Prep	- +	Firm's name BILLET, FEIT & PR		Firm's EIN	13-2839033	
Use			TE 1815			
		NEW YORK, NY 1000			Phone no. 21	2-425-3300
Mav	the IR	S discuss this return with the preparer shown abov			1 1-11-11-1	X Yes No

Form 990 (2014) HAZON, INC. 13-1623922 Page 2

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line 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. HAZ	ZON
	EFFECTS CHANGE IN THE WORLD IN THREE WAYS; (1) TRANSFORMATIVE	
	EXPERIENCES FOR INDIVIDUALS AND COMMUNITIES, (2) THOUGHT LEADERSHI	IP 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?	es L No
	If "Yes," describe these new services on Schedule O.	
3	— · · · · · · · · · · · · · · · · · · ·	es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expen	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	es, and
	revenue, if any, for each program service reported.	- 025
4a		5,237.
	TRANSFORMATIVE EXPERIENCES: HAZON'S TRANSFORMATIVE EXPERIENCES AF	
	IMMERSIVE-INTENSIVE-INCLUSIVE MULTI-DAY RETREATS, BIKE RIDES, HOLD	LDAYS,
	ADVENTURES, WORKSHOPS, CONFERENCES, FESTIVALS, AND VACATIONS.	
		IN THE
	WORLD, AND IN THE PROCESS ENABLE THEM TO RENEW AND REFRAME THEIR OF	
	JEWISH JOURNEYS. INDIVIDUALS, FAMILIES, AND COMMUNITIES MAKE A JOURNEY OF THE PROPERTY OF THE	
	TO EXPERIENCE A JUDAISM THAT CONNECTS WITH THEIR PASSIONS - AND THE TRANSPORTED THE PROPERTY OF THE PROPERTY O	
	RETURN HOME TRANSFORMED: REFRESHED, INSPIRED, AND WITH A RENEWED S	SENSE
	OF PURPOSE AND POSSIBILITY FOR A SUSTAINABLE FUTURE IN THE JEWISH	
	COMMUNITY AND BEYOND.	
	2 220 507 42 404 1 175	<u> </u>
4b	<u> </u>	5,488.
	THE POWER OF NEW IDEAS AND FRESH THINKING, INCLUDING WRITING, TEAC CURRICULUM-DEVELOPMENT AND ADVOCACY. CAPACITY-BUILDING MEANS SEER	
	TO EFFECT CHANGE NOT JUST BY IMPACTING INDIVIDUALS AS INDIVIDUALS,	
	ALSO BY SEEKING TO STRENGTHEN ORGANIZATIONS, CREATE AND DEVELOP	, 601
	NETWORKS AND HUBS, AND FOSTER LEADERSHIP DEVELOPMENT. CAPACITY-BUI	TT DTNC
	INCLUDES CATALYZING AND SUPPORTING THE JEWISH FOOD MOVEMENT AND FU	
	DEVELOPING THE WORLD OF JEWISH OUTDOOR, FOOD & ENVIRONMENTAL EDUCA	
	(JOFEE) IN MULTIPLE WAYS.	71 1011
	TOOLDE) IN MODILITED WAID:	
4c	(Code:) (Expenses \$ including grants of \$ 285, 183.) (Revenue \$ 284	1,102.)
	FISCAL SPONSORSHIPS: HAZON PROVIDES FISCAL SPONSORSHIP TO	,
	ORGANIZATIONS THAT WORK TO FURTHER ITS MISSION OF CREATING HEALTHY	Z AND
	SUSTAINABLE COMMUNITIES. FOR INCORPORATED ENTITIES THAT DO NOT YE	<u>ST</u>
	HAVE THEIR OWN 501(C)3, HAZON CAN PROVIDE A PATH TO RAISING	
	TAX-DEDUCTIBLE DONATIONS, AS WELL AS ORGANIZATIONAL DEVELOPMENT	_
	RESOURCES AND ACCESS TO A LARGER COMMUNITY OF JEWISH NON-PROFITS.	_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 5,377,411.	
	Forr	n 990 (2014)

13-1623922 Page **3**

Form 990 (2014) HAZON, INC. Part IV Checklist of Required Schedules

			Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?								
	If "Yes," complete Schedule A	1	Х						
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for								
	public office? If "Yes," complete Schedule C, Part I								
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect								
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or								
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to								
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37					
	Schedule D, Part III	8		Х					
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for								
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			Х					
40	If "Yes," complete Schedule D, Part IV	9		Λ					
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х					
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		21					
11	as applicable.								
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,								
ŭ	Part VI	11a	Х						
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total								
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х					
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total								
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х					
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in								
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X					
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X						
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses								
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X					
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete								
	Schedule D, Parts XI and XII	12a	X						
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			**					
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,								
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	Х						
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	41						
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 15							
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,								
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines								
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"								
	complete Schedule G, Part III	19		Х					
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X					
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b							

13-1623922 Page **4**

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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			, v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):	00		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
		28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	Х	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete scriedule in	29	25	
30		30		x
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		22
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
. =	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form 990 (2014) HAZON, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part v									
			0.11		Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	81							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				v					
_	(gambling) winnings to prize winners?	 I I		1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		154							
	filed for the calendar year ending with or within the year covered by this return			01-	х					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	^					
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			3a		Х				
	 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 									
	At any time during the calendar year, did the organization have an interest in, or a signature or other			3b						
-t a	financial account in a foreign country (such as a bank account, securities account, or other financial		, ·	4a		Х				
h	If "Yes," enter the name of the foreign country:	account	J:	T a						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts	(FRAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-						
	any contributions that were not tax deductible as charitable contributions?	-		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution									
	were not tax deductible?		-	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pro	ovided to the payor?	7a		X				
b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requi	red							
	to file Form 8282?			7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract	?	7e		<u> </u>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
_				8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a								
р 11	Section 501(c)(12) organizations. Enter:	וטטן								
''	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	' '								
~	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a						
		12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b						
				Form	990	(2014)				

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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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	ıcial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JED SNERSON - 212-644-2332			
	125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038			

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

Check if Schedule O contains a response or note to any line 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.

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

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

(A)	(B)	0.9		((C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	Pos heck ss pe nd a d	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD SHUSTER CHAIR	2.00	X						0.	0.	0.
(2) ADINA ABRAMOWITZ	2.00	^						0.	0.	<u> </u>
TREASURER	2.00	X						0.	0.	0.
(3) RICHARD DALE	1.00	Δ						0.	· ·	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(4) ROBERT FRIEDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) SUSAN FRIEDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MARTY FRIEDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ELLEN GOODMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DR ORAN HESTERMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JAKIR MANELA	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) TRISHA MARGULIES	1.00	l							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) RUTH MESSINGER	1.00								0	•
DIRECTOR	1 00	Х						0.	0.	0.
(12) HOWARD METZENBERG	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) RABBI JAY MOSES	1.00	x						0.	0.	0.
DIRECTOR (14) ANNA OSTROVSKY	1.00	Δ						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(15) RABBI JOSHUA RATNER	1.00	Δ						0.	· ·	
DIRECTOR	1.00	Х						0.	0.	0.
(16) SANDY ROCKS	1.00							-	<u> </u>	
DIRECTOR		x						0.	0.	0.
(17) HOWIE RODENSTEIN	1.00	ᢡ								
DIRECTOR		x						0.	0.	0.
432007 11-07-14	•	_		_	_		_		•	Form 990 (2014)

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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable)	Es	timate	ed
	hours per	nours per box			rson	is bot	h an	compensation	compensation	I	nount		
	week	\vdash	cer ar	lu a u	lirecto	or/trus	iee)	from	from related		I	other	
	(list any hours for	irecto						the	organization		l	pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om th anizat	
	organizations	ruste	l trus		ee ee	mpen		(***2/1099****100)				d relat	
	below	dualt	Institutional trustee	_	nploy	st co	in 1				l	anizati	
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Form						
(18) MARK RUSSO	1.00												
DIRECTOR		Х						0.		0.			0.
(19) DR MAYA SHETREAT-KLEIN	1.00												
DIRECTOR		Х						0.		0.			0.
(20) RABBI MARC SOLOWAY	1.00												
DIRECTOR		Х						0.		0.			0.
(21) VAL YASNER	1.00												
DIRECTOR		Х						0.		0.			0.
(22) DAVID WOLFE	1.00												
DIRECTOR		Х						0.		0.			0.
(23) NIGEL SAVAGE	40.00												
PRESIDENT		Х		Х				155,338.		0.	1	0,7	94.
(24) DAVID WEISBERG	40.00												
CEO		Х		Х				160,000.		0.	2	6,7	72.
(25) CHERYL COOK	40.00											-	
C00				Х				114,429.		0.			0.
		1											
1b Sub-total							▶	429,767.		0.	3	7,5	66.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								429,767.		0.	3	7,5	66.
2 Total number of individuals (including but r							no re	eceived more than \$100	0,000 of reportab	ole			
compensation from the organization													3
												Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J f	for such individual			4	X	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	any	/ uni	elat	ted organization or indiv	idual for services	6			
rendered to the organization? If "Yes," com	nplete Schedul	e J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A)								(B)			(C) 	
Name and business	address						_	Description of s	services		Compe	nsatio	υn
THE FORWARD ASSOCIATION	72 3777 1 A	٠ <i>٠</i> ٠	2 0								2.4	0 6	27
125 MAIDEN LANE, NEW YOR	K, NY I	J U .	ס ס					OCCUPANCY			34	9,6	4/.

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

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Form 990 (2014)

HAZON, INC.

Pa	rt VI	Statement of Revenue					
		Check if Schedule O contains a response	e or note to any li	1 / 1 1			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns 1a					
iran	b			-			
Å,G		Fundraising events 1c					
ar /		Related organizations 1d		-			
s, G		Government grants (contributions) 1e		-			
Sign		All other contributions, gifts, grants, and		-			
Contributions, Gifts, Grants and Other Similar Amounts	-		,658,174.				
들던	ď	Noncash contributions included in lines 1a-1f: \$	233,613.				
and	_	Total. Add lines 1a-1f		5,658,174.			
			Business Code				
g.	2 a	PROGRAM FEES		2,419,788.	2,419,788.		
Program Service Revenue	_ b	DADETOTDANE DINIDDATOTAL		308,466.	308,466.		
Sel	c	TTGGAT GRONGORGITH TNG	611710		284,102.		
am	d	VED CITATION CAN DC	611710	107,928.			
Pg	е			, , ,	, , ,		
Pr	f						
		Total. Add lines 2a-2f		3,120,284.			
	3	Investment income (including dividends, inter					
		other similar amounts)	•				
	4	Income from investment of tax-exempt bond					
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b						
	С	5					
	d	Net rental income or (loss)	>				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)	>				
Other Revenue		Gross income from fundraising events (not including \$					
)		contributions reported on line 1c). See					
Ř		Part IV, line 18	,				
the	b						
Ó		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19					
	b			-			
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances	<u>.</u>				
	b						
		Net income or (loss) from sales of inventory		1			
		Miscellaneous Revenue	Business Code				
	11 a	INSURANCE PROCEEDS	611710	212,641.	212,641.		
		OTHER INCOME	611710	43,806.			
	С	FISCAL SPONSORSHIP FEE	611710	18,096.	18,096.		
	d	All other revenue					
		Total. Add lines 11a-11d	>	274,543.			
	12	Total revenue. See instructions.	>	9,053,001.	3,394,827.	0.	0.

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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 or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Fundraising expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 383,505 383,505. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 429,767. 117,486. 133,486. 178,795. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,559,395. 2,303,735. 225,214. 30,446. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 249,947. 202,457. 29,994. 17,496. 9 Other employee benefits 272,461. 220,693. 19,072. 32,696. Payroll taxes 10 Fees for services (non-employees): a Management Legal 26,640. 26,640. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 365,010. 309,715. 54,345. 950. column (A) amount, list line 11g expenses on Sch O.) 14,811. 7,405. 7.405. 29,621. Advertising and promotion 12 23,980. 29,605. 3,553. 2,072. 13 Office expenses 94,694. 76,702. 11,363. 6,629. 14 Information technology 15 Royalties 141,785. 175,043. 21,005. 12,253. 16 Occupancy 20,004. 166,702. 135,029. 11,669. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 111,826. 90,579. 13,419. 7,828. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 20,790. 140,331. 173,248. 12,127. Depreciation, depletion, and amortization 22 157,525. 127,595. 18,903. 11,027. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 383,508. 325,982. 57,526. FOOD SERVICES UTILITIES 232,099. 185,679. 46,420. 208,911. 208,911. PROGRAM EXPENSES d REPAIRS & MAINTENANCE 76,920. 61,536. 15,384. 306,900. 82,876. 24,899. 414,675. e All other expenses 6,541,102. 5,377,411. 821,023. 342,668. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form **990** (2014)

Check here

educational campaign and fundraising solicitation.

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

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Part X | Balance Sheet HAZON, INC.

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	228,433.	1	290,949.
2	Savings and temporary cash investments		2	16,342.
3	Pledges and grants receivable, net		3	2,902,820.
4	Accounts receivable, net	42,338.	4	94,342.
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			
_ω	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 6 2	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	36,244.	9	31,894.
	a Land, buildings, and equipment: cost or other	37, 222		3=732=
	basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation 10b 3,082,576.	2,259,867.	10c	2.187.069.
11	Investments - publicly traded securities		11	2,187,069. 3,103.
12	Investments - other securities. See Part IV, line 11		12	42,420.
13	Investments - program-related. See Part IV, line 11		13	, -
14	Intangible assets		14	0.
15	Other assets. See Part IV, line 11		15	239,777.
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,566,882.	16	5,808,716.
17	Accounts payable and accrued expenses	129,172.	17	400,515.
18	Grants payable	·	18	26,875.
19	Deferred revenue	211,338.	19	254,109.
20	Tax-exempt bond liabilities	·	20	·
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
iţi	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	Complete Part II of Schedule L		22	
ت ₂₃	Secured mortgages and notes payable to unrelated third parties	70,476.	23	57,890.
24	Unsecured notes and loans payable to unrelated third parties	26,571.	24	8,865.
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	0.	25	10,075.
26	Total liabilities. Add lines 17 through 25	437,557.	26	758,329.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ဖွ	complete lines 27 through 29, and lines 33 and 34.			
ğ 27	Unrestricted net assets	2,129,325.	27	1,687,635.
g 28	Temporarily restricted net assets		28	3,362,752.
필 29	Permanently restricted net assets		29	
돌	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ъ	and complete lines 30 through 34.			
ह 30	Capital stock or trust principal, or current funds		30	
§ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	2,129,325.	33	5,050,387.
34	Total liabilities and net assets/fund balances	2,566,882.	34	5,808,716.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				01.
2	Total expenses (must equal Part IX, column (A), line 25)	2				02.
3	Revenue less expenses. Subtract line 2 from line 1	3				99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	129	, 3	25.
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		409	7,1	63.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	5,	050),3	87.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		:	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
За	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?	-		3a		Х
b	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			3b		
				orm (990 ((2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HAZON, INC. Employer identification number 13-1623922

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.		
he o	organi	zation is not a private found	ation because it is: (For lines 1 through 11.	check only	one box.)			
1		ization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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		•	ection 170	//b)(1)(A)(ii	i).		
4		A medical research organiz					-	the hospital's name	
•		city, and state:		njanotion with a noopita	. 400011501			ino moopital o mario,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or onera	ted by a g	overnmental unit describ	ned in	
J		section 170(b)(1)(A)(iv). (C		moge of armiversity owner	a or opera	tou by a g	Svorimontal and accord	, ca 111	
6		A federal, state, or local gov	•	nontal unit described in	soction 17	70/h\/1\/A\	(v)		
7		An organization that norma	_				•	nublic described in	
'		section 170(b)(1)(A)(vi). (Co	•	intial part of its support	iioiii a gov	emmema	unit or norm the general	public described in	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \				
	77					contribution	ana mambarahin fasa a	nd arose receipts from	
9		An organization that norma	*	•	-			-	
		activities related to its exen	-	•				-	
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ired by the organization	arter June 30, 1975.	
40		See section 509(a)(2). (Cor		ively to toot for public or	ofativ Can	aastian EC	10(a)(4)		
10		An organization organized a	•	•	•			numaco of one or	
11		An organization organized a	•	•	-		•		
		more publicly supported or	~					neck the box in	
_		lines 11a through 11d that	• •			•		aivina	
а		Type I. A supporting orga	· ·	•	•				
		the supported organization			a majority	or the alree	ctors or trustees of the s	upporting	
		organization. You must o	-				- d	. de e	
b		Type II. A supporting org	•					-	
		control or management o			same perso	ons that co	ontrol or manage the sup	ропеа	
_		organization(s). You mus			:			مانند، ام	
С		Type III functionally inte	-				• •	ea with,	
		its supported organization							
d		Type III non-functionally	=				• • • •		
		that is not functionally int	-		•			iveness	
_		requirement (see instruct	•	· ·					
е		Check this box if the orga					турет, турет, туретт		
	Ento	functionally integrated, or							
· ·		r the number of supported of							
9	-	ide the following informatior Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	•	organization	.,	(described on lines 1-9	listed i	n your	support (see	other support (see	
				above or IRC section	Yes	No	Instructions)	Instructions)	
				(see instructions))	100	140			
ota	ı								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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.)

Calendar year (or fiscal year beginning in) ► (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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	2014 (f) Total								
membership fees received. (Do not include any "unusual grants.") 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									
include any "unusual grants.") 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									
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									
ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to									
or expended on its behalf The value of services or facilities furnished by a governmental unit to									
3 The value of services or facilities furnished by a governmental unit to									
furnished by a governmental unit to									
furnished by a governmental unit to									
4 Total. Add lines 1 through 3									
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)									
6 Public support. Subtract line 5 from line 4.									
Section B. Total Support									
Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e)	2014 (f) Total								
7 Amounts from line 4	,,								
8 Gross income from interest,									
dividends, payments received on									
securities loans, rents, royalties									
and income from similar sources									
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 VI.)									
11 Total support. Add lines 7 through 10									
12 Gross receipts from related activities, etc. (see instructions) 12									
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	>								
Section C. Computation of Public Support Percentage									
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14	%								
15 Public support percentage from 2013 Schedule A, Part II, line 14	%								
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, ch	eck this box and								
stop here. The organization qualifies as a publicly supported organization	▶□								
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more	e, check this box								
and stop here. The organization qualifies as a publicly supported organization	▶□								
17a 10% -facts-and-circumstances test - 2014. 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 VI how	v the organization								
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□								
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and	l 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	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	າ▶∐								
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								

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.)

Se	ction A. Public Support	elow, please comp	nete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Gifts, grants, contributions, and	(u) 2010	(2) 2011	(0) 2012	(4) 2010	(0) 2011	(i) rotal	
·	membership fees received. (Do not							
	include any "unusual grants.")	995,590.	853,860.	1014512.	786,609.	5711766.	9362337.	
2	Gross receipts from admissions,						-	
_	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose	2336878.	2082179.	1945743.	2201331.	2890623.	11456754.	
3	Gross receipts from activities that							
·	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	3332468.	2936039.	2960255.	2987940.	8602389.	20819091.	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
k	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						0.	
(: Add lines 7a and 7b						0.	
	Public support (Subtract line 7c from line 6.)						20819091.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total 20819091.	
9	Amounts from line 6	3332468.	2936039.	2960255.	2987940.	8602389.	20819091.	
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar sources	17,380.	5,704.	290.	149.	7,461.	30,984.	
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b	17,380.	5,704.	290.	149.	7,461.	30,984.	
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 VI.)	2242242	0044540	0060545	000000	0600050		
13	Total support. (Add lines 9, 10c, 11, and 12.)	3349848.	2941743.	2960545.	2988089.	8609850.	20850075.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi:	zation,	
_	check this box and stop here						<u></u> ▶□	
	ction C. Computation of Publ					<u> </u>	00 05	
	Public support percentage for 2014 (I					15	99.85 %	
16	Public support percentage from 2013 etion D. Computation of Invest					16	<u>%</u>	
	· · · · · · · · · · · · · · · · · · ·			o 12 column (fl)		17	.15 %	
17	Investment income percentage for 20 Investment income percentage from 2					73		
							% 17 is not	
19a 33 1/3% support tests - 2014. 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								
				ues as a Duducty S		41 II II I	■ 43	
L								
k	33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%,	and	

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
3b		
- OD		
3с		
4a		
4.		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9с		
10a		
10b		

Pai	t IV Supporting Organizations (continued)			
	(continuou)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
<u> </u>	tion of Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		
800	the supported organization(s). tion D. Type III Supporting Organizations	1		
Sec	tion b. Type in Supporting Organizations		V	NIa
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All			
	other Type III non-functionally integrated supporting organizations must con-	mplete \$	Sections A through E.	
C1	ion A. Adiuskad Nak Income		(A) Dries Vees	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Soot	ion B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year
Seci	ION B - MINIMUM Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting org	janization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2014

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
.		Distribution Allocations (see instance)	Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distrib	outable amount for 2014 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2014			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2014:			
а					
b					
С					
d					
е	From	2013			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2014 distributable amount			
i	Carry	over from 2009 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2014 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2014 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2014, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6	Rema	ining underdistributions for 2014. Subtract lines 3h			
	and 4	o from line 1 (if amount greater than zero, see			
	instru	ctions).			
7	Exces	ss distributions carryover to 2015. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а					
b					
С					
d	Exces	s from 2013			
е	Exces	s from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 HAZON, INC.	13-1623922 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, li Also complete this part for any additional information. (See instructions).	ine 10; Part II, line 17a or 17b; and Part III, line 12.
PART II, LINE 17A	
THE ORGANIZATION FILED A SHORT YEAR RETURN FOR	THE PERIOD MARCH 1, 2013
THROUGH DECEMBER 31, 2013.	

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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Name of the organization

Employer identification number

HAZON, INC. 13-1623922 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to

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) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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			Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		_ \$10,000. _	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No. 4	Name, address, and ZIP + 4	Total contributions - \$ 21,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5			Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$70,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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		\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10		\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11		\$ <u>160,000</u> .	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12		\$\$	Person X Payroll	

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		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14			Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15			Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16	Name, audiess, and Zir + +	- \$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17			Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18			Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$60,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll

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		
25		\$5,400.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27		\$ 345,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29		\$50,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30		\$	Person X Payroll		

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		
31		\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32		\$ 842,307.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
34		\$ 2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35		\$ 230,510.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

HAZON, INC.

13-1623922

Part II	art 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
	RESIDENTIAL PROPERTY IN TOWN OF		
35	NORFOLK, CT		
	(MAP/LOT 6-12/89)		
		<u>\$</u> 230,510.	10/27/14
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
	-14	\$	90. 990-EZ. or 990-PF) (20

Name of orga	nization			Employer identification numb	ber
HAZON,	INC.			13-1623922	
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,00	Ded in section 50 Dillowing line entry 10 or less for the year	(c)(7), (8), or (10) that total more than \$1,0	000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	nship 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		Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relation	nship 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

13-1623922 HAZON, INC.

Par	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
•	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied 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
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		l l
3	Number of conservation easements modified, transferred, rele		
	year▶		-
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	mn		. .
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2014

13-1623922 Page 2 HAZON, INC. Schedule D (Form 990) 2014 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 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): ☐ Public exhibition Loan or exchange programs а b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? 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 No on Form 990, Part X? Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table: **Amount** 1c c Beginning balance d Additions during the year 1d e Distributions during the year 1e Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year **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 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 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 Yes No bv: (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Part VI Land, Buildings, and Equipment.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

Complete if the organization answered	Complete if the digarization answered Test to Ferri 600, Fart 17, into Tra. Coo Ferri 600, Fart 7, into Te.										
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value							
	basis (investment)	basis (other)	depreciation								
1a Land		592,000.		592,000.							
b Buildings		3,988,482.	2,599,797.	1,388,685.							
c Leasehold improvements											
d Equipment		63,962.	63,962.	0.							
e Other		625,201.	418,817.	206,384.							
Total. Add lines 1a through 1e. (Column (d) must equa	2,187,069.										

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 HAZON, INC.			13-	-1623922 Page
Part VII Investments - Other Securities.				_
Complete if the organization answered "Yes" t	o Form 990, Part IV,	ine 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t	o Form 990, Part IV,	ine 11c. See Form 990, I	Part X, line 13.	
(a) Description of investment	(b) Book value		aluation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" t	o Form 990, Part IV,	ine 11d. See Form 990,	Part X, line 15.	
	Description	,	,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities.	10.)			
Complete if the organization answered "Yes" t	o Form 990 Part IV	ine 11e or 11f See Form	1990 Part X line 25	
1. (a) Description of liability	1	(b) Book value	1 000, 1 0, 1, 1, 1, 10 20.	
(1) Federal income taxes		(-)		
(2) TENANT DEPOSITS		10,075.		
(-)		10,015		
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

10,075.

Schedule D (Form 990) 2014

13-1623922 Page 4 Schedule D (Form 990) 2014 HAZON, INC. 13-1

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return HAZON, INC.

Pai		neconcination of nevertue per Addited Financial Statem		nevenue per n	Cluii	l•
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				0 120 502
1		evenue, gains, and other support per audited financial statements			1	9,130,582.
2		ts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a		realized gains (losses) on investments		77,581.		
b		d services and use of facilities		11,301.		
C		eries of prior year grants				
d	•	Describe in Part XIII.)	•			77 501
е		es 2a through 2d			2e	77,581.
3		ct line 2e from line 1			3	9,000,001.
4		ts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a		nent expenses not included on Form 990, Part VIII, line 7b				
b	•	Describe in Part XIII.)				0.
_		es 4a and 4b			4c	9,053,001.
5 D a		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State n			5 Dotu	
га				Expenses per	netu	111.
_		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			1	6,618,683.
1		xpenses and losses per audited financial statements			1	0,010,003.
2		ts included on line 1 but not on Form 990, Part IX, line 25:	اما	77,581.		
a		d services and use of facilities		11,301.		
b		ear adjustments	_			
С.	Other lo					
d	•	Describe in Part XIII.)				77,581.
e		es 2a through 2d			2e	6,541,102.
3		ct line 2e from line 1			3	0,541,102.
4		ts included on Form 990, Part IX, line 25, but not on line 1:	اءا			
a		nent expenses not included on Form 990, Part VIII, line 7b				
b	,	Describe in Part XIII.)			4-	0.
		es 4a and 4b			4c	6,541,102.
		xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . Supplemental Information.			5	0,541,102.
		lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			4; Part	X, line 2; Part XI,
PAI	RT X,	LINE 2:				
NO	r App	PLICABLE				

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

HA2	ZON, INC.				13-162392	22
Par		rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part IV	V, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other assistance,	[]
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes X No
2		cribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance out	side the
•	United States.	la a fallaccia a Dad	. I. lian o O talala an		and de div	
3				an be duplicated if additional space is r		(6) T-+-1
	(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
VARI	OUS	0	0			0.
3 a	Sub-total	0	0			0.
b	Total from continuation sheets to Part I	0	0			0.
С	Totals (add lines 3a	0	0			0.
	and 3b)	1 0	<u> </u>			<u> </u>

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 HAZON, INC. 13-1623922 Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	ISRAEL FOOD TOUR	89,569.	WIRE PAYMENT	0.		воок
		MIDDLE EAST	NEW HORIZONS IN JEWISH EXPREIENCE	6,051.	WIRE PAYMENT	0.		воок
2 Enter total number of	recipient organization	I ons listed above that are	recognized as charities by the	foreian country	recognized as tax-e	xempt by		1
			n 501(c)(3) equivalency letter					0
3 Enter total number of	other organizations	or entities						0

Schedule F (Form 990) 2014 HAZON, INC. 13-1623922 Page 3

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

Part III can be duplicated if additional space is needed.

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

13-1623922 Page 4

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization HAZON, IN	ic.						Employer identification number 13-1623922
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr	stance?					sistance, and the selec	₹
Part II Grants and Other Assistance to	Domestic Organi	zations and Domest	ic Governments. C	omplete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addi	tional space is need	ded.	(6) NA - 411 - 6	1	
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
AFTER OIL IS SAID AND DONE							
4514 CONNECTICUT AVE NW, #203							GRANTEE SHARES SIMILAR
WASHINGTON, DC 20008	46-4160134		65,000.	0.			GOALS
JEWISH FARM SCHOOL 25 BROADWAY, 17TH FLOOR							GRANTEE SHARES SIMILAR
NEW YORK, NY 10004	45-4100890		48,304.	0.			GOALS
STORAHTELLING 125 MAIDEN LANE, SUITE 8B							GRANTEE SHARES SIMILAR
NEW YORK, NY 10038	46-3877785		162,136.	0.			GOALS
GANEI BEANTOWN 34 OAKVIEW TERRACE, #12							GRANTEE SHARES SIMILAR
JAMAICA PLAIN, MA 02130	00-1105679		7,693.	0.			GOALS
WILDERNESS TORAH							
2095 ROSE ST, #202	45 4425061		T (02				GRANTEE SHARES SIMILAR
BERKLEY, CA 94709	45-4437061		7,603.	0.			GOALS
BORO PARK YMHA / YWHA 4912 14TH AVENUE							GRANTEE SHARES SIMILAR
BROOKLYN, NY 11219	11-1630917	501(C)(3)	9,500.	0.			GOALS
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in t	he line 1 table				>
3 Enter total number of other organization	s listed in the line	1 table					11.

13-1623922 Pa

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(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		
BRIGHTON BEACH HOUSING 247 WEST 37TH STREET, 9TH FLOOR NEW YORK, NY 10018	13-3042331	501(C)(3)	6,400.	0.			GRANTEE SHARES SIMILAR GOALS		
CONGREGATION ANSHE CHESED 251 WEST 100TH STREET NEW YORK, NY 10025	13-1624204	501(C)(3)	7,700.	0.			GRANTEE SHARES SIMILAR GOALS		
CONGREGATION BAITH ISRAEL ANSHEI EMES - 236 KANE STREET - BROOKLYN, NY 11231	11-6003230	501(C)(3)	6,112.	0.			GRANTEE SHARES SIMILAR GOALS		
TEMPLE ISRAEL CENTER 280 OLD MAMARONECK ROAD WHITE PLAINS, NY 10605	13-1740409	501(C)(3)	8,000.	0.			GRANTEE SHARES SIMILAR GOALS		
TEMPLE SHAARAY TEFILA 89 BALDWIN ROAD BEDFORD CORNERS, NY 10549	13-2849928	501(C)(3)	7,600.	0.			GRANTEE SHARES SIMILAR GOALS		

Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" to Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
GRANT RECIPIENTS MUST SUBMIT A FIR	NAL PROGR	ESS REPORT	r DETAILING	THE PROGRESS	
MADE IN					
ACCOMPLISHING THE GOALS AND OBJECT	rives of	THE GRANT.	•		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HAZON, INC.

Employer identification number 13-1623922

Pa	art 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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), 501(c)(4), and 501(c)(29) 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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	l	l

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 HAZON, INC. 13-1623922 Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellents	(15)(1)-(15)	reported as deferred in prior Form 990	
(1) NIGEL SAVAGE	(i)	155,338.	0.	0.	0.	10,794.		0.	
	(ii)	0.	0.	0.	0.	0.		0.	
(2) DAVID WEISBERG	(i)	160,000.	0.	0.	0.	26,772.		0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Schedule J (Form 990) 2014	HAZON, INC.				13-1623922	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part III Supplemental Informat						
	Provide the information, explanation	on, or descriptions required for	r Part I, lines 1a, 1b, 3, 4a, 4b, 4c	c, 5a, 5b, 6a, 6b, 7, and 8, and	d for Part II. Also complete this	s part for any additional informa	tion.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

HAZON, INC.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

Name of the organization

13-1623922

Pa	rt I Types of Property								
		(a) Check if	(b) Number of	(c) Noncash contribut	tion	(d) Method of de	termir	ning	
		applicable		amounts reported Form 990, Part VIII, li		noncash contribu		_	S
1	Art - Works of art		items contributed	T OITH 550, T are viii, ii	iic ig				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential	Х	1	230,51	.0.	TAX ASSESSM	ENT	VA	LUE
16	Real estate - Commercial			,	-				
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 828		•		9				
		, ,						Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1	throug	gh 28, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31							31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
						32a		X	
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2014)

432142 08-12-14

Schedule M (Form 990) (2014)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HAZON, INC.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

Employer identification number 13-1623922

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.

WITH THE MERGER OF HAZON INC (EIN 13-4087102) AND ISABELLA FREEDMAN JEWISH RETREAT CENTER (EIN 13-1623922) EFFECTIVE JANUARY 2, 2014, ALL THE NEW PROGRAMS MENTIONED IN THE ORGANIZATION'S MISSION STATEMENT WERE TAKEN ON.

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 PRESIDENT'S AND CFO'S SALARY IS RECOMMENDED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD EACH YEAR. LIKEWISE, THE PRESIDENT AND CFO UNDERGO AN ANNUAL REVIEW WHICH IS DISCUSSED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S PLACE OF BUSINESS DURING REGULAR BUSINESS HOURS.

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization **Employer identification number** HAZON, INC. 13-1623922 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: RICHARD SHUSTER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ADINA ABRAMOWITZ - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RICHARD DALE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ROBERT FRIEDMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 SUSAN FRIEDMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 MARTY FRIEDMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ELLEN GOODMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 DR ORAN HESTERMAN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 JAKIR MANELA - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 TRISHA MARGULIES - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RUTH MESSINGER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 HOWARD METZENBERG - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RABBI JAY MOSES - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 ANNA OSTROVSKY - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RABBI JOSHUA RATNER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 SANDY ROCKS - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 HOWIE RODENSTEIN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 MARK RUSSO - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 DR MAYA SHETREAT-KLEIN - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 RABBI MARC SOLOWAY - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 VAL YASNER - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 DAVID WOLFE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 NIGEL SAVAGE - 125 MAIDEN LANE, SUITE 8B, NEW YORK, NY 10038 Schedule O (Form 990 or 990-EZ) (2014)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179**

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

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

HAZON, INC.		F	ORM 990	PA	GE 10		13-1623922
Part I Election To Expense Certain Pro	operty Under Section 1	79 Note: If you have any	listed propert	ty, coi	mplete Part	V before y	ou complete Part I.
Maximum amount (see instructions)						1	500,000.
2 Total cost of section 179 property p	laced in service (see	instructions)				2	
3 Threshold cost of section 179 prope							2,000,000.
4 Reduction in limitation. Subtract line							
5 Dollar limitation for tax year. Subtract line 4 from							
6 (a) Description of	of property	(b) Cost (b	isiness use only)		(c) Elected	d cost	
7 Listed property. Enter the amount fr	om line 29		7				
8 Total elected cost of section 179 pr	operty. Add amounts	in column (c), lines 6 a	nd 7			8	
9 Tentative deduction. Enter the small	ller of line 5 or line 8					9	
10 Carryover of disallowed deduction f							
11 Business income limitation. Enter th	e smaller of business	income (not less than	zero) or line 5			11	
12 Section 179 expense deduction. Ad	ld lines 9 and 10, but	do not enter more that	n line 11 <u></u>			12	
13 Carryover of disallowed deduction t			🕨 13				
Note: Do not use Part II or Part III below	for listed property. I	nstead, use Part V.					
Part II Special Depreciation Allo	wance and Other D	epreciation (Do not in	clude listed pr	opert	y.)		
14 Special depreciation allowance for o	qualified property (oth	ner than listed property	placed in ser	vice c	during		
the tax year						14	
15 Property subject to section 168(f)(1)	15						
16 Other depreciation (including ACRS						16	
Part III MACRS Depreciation (Do	not include listed pr	operty.) (See instructio	ns.)				
		Section A					465 400
17 MACRS deductions for assets place	ed in service in tax ye	ears beginning before 2	014			<u></u> 17	165,189.
18 If you are electing to group any assets placed in							
Section B - Ass		e During 2014 Tax Ye	ar Using the (Gener	ral Deprecia	ation Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recove period		(e) Convention		(g) Depreciation deduction
19a 3-year property		5,649			HY	200DB	
b 5-year property		21,648	3. 5 YRS	S.	HY	200DB	4,250.
c 7-year property							
d 10-year property		19,269). 10 YI	RS.	HY	200DB	1,926.
e 15-year property							
f 20-year property							
g 25-year property			25 yrs			S/L	
h Docidential rental area arts.	/		27.5 yr	s.	MM	S/L	
h Residential rental property	/		27.5 yr	s.	MM	S/L	
i Nonropidontial roal property	/		39 yrs		MM	S/L	
i Nonresidential real property	/				MM	S/L	
Section C - Asset	ts Placed in Service	During 2014 Tax Year	Using the Al	terna	tive Depre	ciation Sy	stem
20a Class life						S/L	
b 12-year			12 yrs	i.		S/L	
c 40-year	/		40 yrs	i.	MM	S/L	
Part IV Summary (See instructions	s.)						
21 Listed property. Enter amount from	line 28					21	
22 Total. Add amounts from line 12, lin	es 14 through 17, lin	es 19 and 20 in columr	(g), and line 2	21.			
Enter here and on the appropriate li	nes of your return. Pa	artnerships and S corp	orations - <u>see i</u>	nstr.	<u></u>	22	173,248.
23 For assets shown above and placed	d in service during the	e current year, enter the)				
portion of the basis attributable to s	ection 263A costs		23				

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2014)

HAZON,

Form 4562 (2014)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Yes No Yes No (b) (c) (i) (e) (f) (g) (a) Type of property Date Business/ Elected Basis for depreciation Method/ Depreciation Cost or Recovery placed in investment (business/investment section 179 (list vehicles first) other basis period Convention deduction service use percentage 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: % % % 27 Property used 50% or less in a qualified business use: % S/L % S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 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. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles **33** Total miles driven during the year. Add lines 30 through 32 Yes Yes 34 Was the vehicle available for personal use Yes Yes Yes No No Νo No Yes No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal

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

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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
P	art VI Amortization		

Part VI Amortization									
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or per		(f) Amortization for this year			
42 Amortization of costs that begins during your 2014 tax year:									
WEBSITE 041114 6,719. 48M						1,120.			
43 Amortization of costs that began before your 2	43								
44 Total. Add amounts in column (f). See the instructions for where to report						1,120.			

Form 4562 (2014) 416252 01-08-15