



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2009

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions	Name of foundation ONYX AND BREEZY FOUNDATION		A Employer identification number 13-7437754
	Number and street (or P.O. box number if mail is not delivered to street address) 160 SUMMIT AVE		B Telephone number (201) 782-7400
	City or town, state, and ZIP code MONTVALE, NJ 07645		C If exemption application is pending, check here <input type="checkbox"/>
			D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 393,895. (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc., received	371,523.				
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
	3 Interest on savings and temporary cash investments	4,178.	4,178.		STATEMENT 1	
	4 Dividends and interest from securities					
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10					
	b Gross sales price for all assets on line 6a					
	7 Capital gain net income (from Part IV, line 2)		0.			
	8 Net short-term capital gain					
	9 Income modifications					
	10a Gross sales less returns and allowances	5,882.			STATEMENT 2	
b Less Cost of goods sold	3,909.					
c Gross profit or (loss)	1,973.		1,973.			
11 Other income						
12 Total. Add lines 1 through 11	377,674.	4,178.	1,973.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.	
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
	16a Legal fees					
	b Accounting fees					
	c Other professional fees					
	17 Interest					
	18 Taxes	STMT 3	369.	0.	0.	0.
	19 Depreciation and depletion					
	20 Occupancy					
	21 Travel, conferences, and meetings					
	22 Printing and publications					
	23 Other expenses	STMT 4	139,335.	0.	0.	106,859.
	24 Total operating and administrative expenses. Add lines 13 through 23		139,704.	0.	0.	106,859.
	25 Contributions, gifts, grants paid		183,009.			183,009.
26 Total expenses and disbursements. Add lines 24 and 25		322,713.	0.	0.	289,868.	
27 Subtract line 26 from line 12		54,961.				
a Excess of revenue over expenses and disbursements			4,178.			
b Net investment income (if negative, enter -0-)						
c Adjusted net income (if negative, enter -0-)				1,973.		

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	52,787.	16,801.	16,801.
	2 Savings and temporary cash investments	239,629.	377,094.	377,094.
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶	255.		
	4 Pledges receivable ▶ 24,436.			
	Less allowance for doubtful accounts ▶	51,594.	24,436.	
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use	7,534.	6,154.	
	9 Prepaid expenses and deferred charges			
	10a Investments - U S and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶ DEPOSITS)	200.	2,500.	0.
	16 Total assets (to be completed by all filers)	351,999.	426,985.	393,895.
	17 Accounts payable and accrued expenses	317.	20,342.	
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	317.	20,342.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	351,682.	396,118.	
	25 Temporarily restricted		10,525.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	351,682.	406,643.		
31 Total liabilities and net assets/fund balances	351,999.	426,985.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	351,682.
2 Enter amount from Part I, line 27a	2	54,961.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	406,643.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	406,643.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a				
b	NONE			
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	199,684.	0.	.000000
2007	137,354.	0.	.000000
2006	84,420.	0.	.000000
2005	83,339.	23,254.	3.583857
2004			

2 Total of line 1, column (d)	2	3.583857
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.895964
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	0.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	42.
7 Add lines 5 and 6	7	42.
8 Enter qualifying distributions from Part XII, line 4	8	289,868.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	42.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	42.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	42.
6 Credits/Payments			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	100.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		100.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		58.
11 Enter the amount of line 10 to be Credited to 2010 estimated tax	11	58.	Refunded

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> NY, NJ, FL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(i)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

Form 990-PF (2009)

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► NONE	13	X	
14	The books are in care of ► THE FOUNDATION Located at ► 160 SUMMIT AVE, MONTVALE, NJ	Telephone no ► (201) 782-7400 ZIP+4 ► 07645		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	► 15 N/A		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b X

Form 990-PF (2009)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

6b

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARK SHEFTS	TRUSTEE			
PO BOX 446				
SANIBEL, FL 33957	10.00	0.	0.	0.
WANDA SHEFTS	TRUSTEE			
PO BOX 446				
SANIBEL, FL 33957	30.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Form 990-PF (2009)

Part VIII**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Form 990-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	0.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	42.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	42.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	289,868.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	289,868.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	42.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	289,826.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				199,751.
f Total of lines 3a through e	199,751.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$	289,868.			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	289,868.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	489,619.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	489,619.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008	199,751.			
e Excess from 2009	289,868.			

N/A

- ▶

☐ 4942(I)(3) or ☐ 4942(I)(5)

- [illegible]

2009.04020 ONYX AND BREEZY FOUNDATION ONYX 1

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	4,178.		
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						1,973.
11 Other revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0.		4,178.		1,973.
13 Total. Add line 12, columns (b), (d), and (e)						6,151.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2009**Name of the organization**

ONYX AND BREEZY FOUNDATION

Employer identification number

13-7437754

Organization type(check one):**Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization	Employer identification number
ONYX AND BREEZY FOUNDATION	13-7437754

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ASSENT LLC 5 MARINE VIEW PLAZA SUITE 102 HOBOKEN, NJ 07030	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LMB FUNDING 160 SUMMIT AVENUE MONTVALE, NJ 07645	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MARK SHEFTS 4461 WATERSEDGE LANE SANIBEL, FL 33957	\$ 54,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PENSON FINANCIAL SERVICES 1700 PACIFIC AVE DALLAS, TX 75201	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE NIR GROUP 1044 NORTHERN BLVD SUITE 305 ROSLYN, NY 11576	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ROTHSTEIN ROSENFELDT ADLER 4010EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
TEMPORARY CASH INVESTMENTS-MONEY MARKET	4,178.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	4,178.

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 2
-------------	--	-------------

INCOME

1. GROSS RECEIPTS	5,882	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		5,882
4. COST OF GOODS SOLD (LINE 15)	3,909	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,973
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND 6)		1,973

COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR		
9. MERCHANDISE PURCHASED.	3,909	
10. COST OF LABOR.		
11. MATERIALS AND SUPPLIES		
12. OTHER COSTS.		
13. ADD LINES 8 THROUGH 12		3,909
14. INVENTORY AT END OF YEAR		
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14)		3,909

FORM 990-PF	TAXES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL TAX	69.	0.	0.	0.	
NYS TAX	150.	0.	0.	0.	
NJS TAX	150.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	369.	0.	0.	0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ANNUAL DINNER DANCE	81,485.	0.	0.	81,485.	
OFFICE EXPENSES	706.	0.	0.	0.	
BANK CHARGES	1,535.	0.	0.	0.	
DUES AND FEES	300.	0.	0.	0.	
RAFFLE	15,145.	0.	0.	15,145.	
CRAFT FAIR	1,153.	0.	0.	1,153.	
MARKETING	8,322.	0.	0.	0.	
POSTAGE	7,651.	0.	0.	7,651.	
INSURANCE	1,613.	0.	0.	0.	
ART SHOW EXPENSES/OTHER	1,425.	0.	0.	1,425.	
LOSS ON SETTLEMENT OF CONTRIBUTOR BANKRUPTCY	20,000.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	139,335.	0.	0.	106,859.	

FORM 990-PF	GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STATEMENT 5
-------------	--	-------------

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ANIMAL OUTREACH PO BOX 1225 N CAPE MAY, NJ 08204	N/A ANIMAL CARE	N/A	370.
A CHANCE FOR BLISS 1865 WILLOW BROOK LANE PENRYN, CA 95663	N/A ANIMAL CARE	N/A	10,500.
ADDISON COUNTY HUMANE SOCIETY 236 BOARDMAN MIDDLEBURY, VT 05753	N/A ANIMAL CARE	ASSOCIATIO	2,532.
DR. JOHN AGOSTINI F/B/O LINDA BREITER 245 AVENUE, M,ADRID #3 SAN CLEMENTE, CA 92672	N/A ANIMAL CARE	N/A	100.
AIRPORT ANIMAL HOSPITAL F/B/O 4 LUV OF DOG RESCUE 2836 169 AVE SE HARWOOD, ND 58042	N/A ANIMAL CARE	ASSOCIATIO	1,018.
AKRON VET REF& EMERG/F/B/O ERIE SHORE HUMANE SOCIETY INC. PO BOX 1041 ELYRIA, OH 44035	N/A ANIMAL CARE	CORPORATIO	1,000.
ALL CREATURES GREAT AND SMALL F/B/O MRS TERIANN PALMISANO 92 CEDAR LAKE EAST DENVILLE, NJ 07834	N/A ANIMAL CARE	N/A	204.
ALL CREATURES VET SERVICES/F/B/O THE GINNY FUND 470 EAST BROADWAY APT 1 LONG BEACH, NY 11561	N/A ANIMAL CARE	N/A	3,494.

ONYX AND BREEZY FOUNDATION

13-7437754

PET EMERGENCY ROOM F/B/O DIAHANN RUSSELL	N/A ANIMAL CARE	N/A	75.
AMERICAN HEALTH SOLUTIONS PHARMACY F/B/O JENNIFER DURANT 19120 BESSEMER STREET TARZANA, CA 91335	N/A ANIMAL CARE	N/A	436.
SOUTHERN ALLIANCE FOR ANIMAL WELFARE 642 BROOK HOLLOW ROAD NASHVILLE, TN 37205	N/A ANIMAL CARE	N/A	1,500.
NOTTINGHAM ANIMAL HOSPITAL F/B/O TERRI DUNLAP 74 DANIELS AVENUE HAMILTON, NJ 08690	N/A ANIMAL CARE	N/A	801.
LI VET SPECIALISTS F/B/O TABATHA CLIFFORD 121 ORMOND PLACE SHIRLEY, NY 11967	N/A ANIMAL CARE	N/A	818.
ANIMAL CLINIC OF MORRIS PLAINS F/B/O FRIENDS OF RANDOLPH ANIMAL POUND - C/O TOWN HALL 502 MILLBROOK AVENUE RANDOLPH, NJ 07869	N/A ANIMAL CARE	N/A	23,922.
ANIMAL EMERGENCY & REF ASSOC F/B/O PET RESQ INC 24W RAILROAD AVENUE TENAFLY, NJ 07670	N/A ANIMAL CARE	ASSOCIATIO	1,719.
ANIMAL EMERGENCY & REF ASSOC F/B/O CLARENCE GWALTNEY 285 LINCO LINCOLN AVENUE APT 5 ORANGE, NJ 07050	N/A ANIMAL CARE	ASSOCIATIO	2,063.
ANIMAL EMERGENCY & REF ASSOC F/B/O KIMBERLY & FRANK HUPLOSKY 29 SPRUCE STREET MERRICK, NY 11566	N/A ANIMAL CARE	ASSOCIATIO	127.
ANIMAL EMERGENCY & REF ASSOC F/B/O PET RESQ INC 24 W RAILROAD AVENUE TENAFLY, NJ 07670	N/A ANIMAL CARE	ASSOCIATIO	1,577.

ONYX AND BREEZY FOUNDATION

13-7437754

ANIMAL EMERGENCY & REF ASSOC F/B/O VICTORIA DOMINGO 159 3RD STREET ENGLEWOOD, NJ 07631	N/A ANIMAL CARE	ASSOCIATIO	3,867.
ANIMAL EMERGENCY & REF ASSOC F/B/O ANGELS OF ANIMALS 34 CRAIG PLACE CLIFTON, NJ 07013	N/A ANIMAL CARE	N/A	1,500.
ANIMAL HOSPITAL F/B/O DOUGLAS & PATRICIA NARON 532 BAILEY ROAD FARMERVILLE, LA 71241	N/A ANIMAL CARE	NA	1,226.
ANIMAL HOSPITAL OF SADDLE RIVER F/B/O JOSE & ALMA PENA 7 APPLIEDALE LANE CHESTNUT RIDGE, NY 10977	N/A ANIMAL CARE	N/A	806.
ANIMAL MEDICAL CENTER F/B/O EDWIN GOLDWIN 260 NORTH MAIN STREET APT 3A SPRING VALLEY, NY 10977	N/A ANIMAL CARE	N/A	900.
ANIMAL SPECIALTY GROUP INC. F/B/O M.TRUJILLO & G.VILLARREAL 2225 EFFLE STREET LOS ANGELES, CA 90026	N/A ANIMAL CARE	N/A	1,903.
ANIMAL REFUGE CENTER 18011 OLD BAYSHORE ROAD NORTH FORT MYERS, FL 33917	N/A ANIMAL CARE	N/A	11,907.
AVON LAKE ANIMAL CLINIC F/B/O ST FRANCIS ANIMAL SANCTUARY 12516 CHERRY ROAD VERMILION , OH 44089	N/A ANIMAL CARE	N/A	2,217.
BAYSEA VETERINARY HOSPITAL F/B/O ANIMAL OUTREACH P.O. BOX 1225 CAPE MAY, NJ 08204	N/A ANIMAL CARE	N/A	410.
BUTLER ANIMAL HEALTH SUPPLY F/B/O JERSEY ANIMAL COALITION 298 WALTON AVENUE ORANGE, NJ 07079	N/A ANIMAL CARE	N/A	482.

JEN DETULLIO 3 EAST STREET FREEHOLD, NJ 07728	N/A ANIMAL CARE	N/A	1,315.
SCOOTER'S PALS 225 COMMERCIAL STREET NEVADA CITY, CA 95959	N/A ANIMAL CARE	N/A	1,900.
CASSELTON VETERINARY SERVICE, INC F/B/O 4 LUV OF DOG RESCUE 2839 169TH AVENUE SOUTHWEST HARWOOD, ND 58042	N/A ANIMAL CARE	N/A	184.
CHILLICOTHE ANIMAL CLINIC F/B/O PEGGY LISLE 455 MURPHY LANE FRANKFORT, OH 45628	N/A ANIMAL CARE	CORPORATIO	386.
CLOSTER ANIMAL HOSPITAL F/B/O PET RESQ INC 24 W RAILROAD AVENUE TENAFLY, NJ 07670	N/A ANIMAL CARE	N/A	304.
FRANCES COHN 8125 RIVER ROAD NORTH BERGEN, NJ 07047	N/A ANIMAL CARE	N/A	824.
CRITTER FIXER VET HOSPITAL/F/B/O PROTECTING AND ENSURING THEIR SURVIVAL INC - P.O. BOX 9553 WARNER ROBINS , GA 31095	N/A ANIMAL CARE	N/A	535.
CROSSROADS VETERINARY HOSPITAL F/B/O DONNA KRISTOSIK 139 TERRACE CIRCLE LEXINGTON, GA 30648	N/A ANIMAL CARE	N/A	100.
DETROIT-DOVER ANIMAL HOSPITAL F/B/O STEVE LUTSOCK 4210 WELLINGTON AVENUE PARMA, MI 44134	N/A ANIMAL CARE	N/A	650.
DUMONT ANIMAL HOSPITAL F/B/O PET RESQ, INC 24 W RAILROAD AVENUE TENAFLY, NJ 07670	N/A ANIMAL CARE	N/A	606.

ONYX AND BREEZY FOUNDATION

13-7437754

MAURICE DURBIN & ASSOCIATE -SHELTER F/B/O PET RESQ INC LOUISIANA RESCUE - 24 W RAILROAD AVENUE TENAFLY, NJ 07670	N/A ANIMAL CARE	N/A	4,037.
EAST VALLEY VET CLINIC F/B/O BRYAN & ERICA DIAMOND 5733 FAIR AVENUE NORTH HOLLYWOOD, CA 91601	N/A ANIMAL CARE	N/A	351.
ELM HILL VET CLINIC F/B/O GLORIA REECE 3211 TRAILS END LANE NASHVILLE, TN 37214	N/A ANIMAL CARE	N/A	453.
KHALILAH EUBANKS F/B/O NJAC 298 WALTON AVENUE SOUTH ORANGE, NJ 07079	N/A ANIMAL CARE	N/A	1,300.
FARGO MOORHEAD ANIMAL HOSP F/B/O 4 LUV OF DOG RESCUE 2839 169TH AVENUE SOUTHWEST HARWOOD, ND 58042	N/A ANIMAL CARE	N/A	564.
MSU VET TEACHING HOSP. F/B/O REFURBISHED PETS OF SOUTHERN MICHIGAN - P.O. BOX 83 COLDWATER, MI 49036	N/A ANIMAL CARE	N/A	1,500.
METROPOLITAN ANIMAL AERA F/B/O SPEAK WITH PURNINA 24 W RAILROAD AVENUE TENAFLY, NJ 07670	N/A ANIMAL CARE	N/A	1,435.
METROPOLITAN ANIMAL AERA F/B/O PET RESQ, INC. 24 W RAILROAD AVENUE TENAFLY, NJ 07670	N/A ANIMAL CARE	N/A	653.
KURANDA USA F/B/O FREEPORT HUMANE SOCIETY 2 RIDER PLACE FREEPORT, NY 11520	N/A ANIMAL CARE	N/A	1,599.
FRANKLIN LAKES ANIMAL HOSPITAL F/B/O LINDA MYCEK 774 ASPEN WAY FRANKLIN LAKES, NJ 07417	N/A ANIMAL CARE	N/A	300.

ONYX AND BREEZY FOUNDATION

13-7437754

FREEPORT ANIMAL SHELTER F/B/O ISLAND RESCUE 1500 N CLINTON AVENUE BAYSHORE, NY 11706	N/A ANIMAL CARE	N/A	1,539.
PATRICIA FREITAS 575 QUINTON AVENUE KENILWORTH, NJ 07033	N/A ANIMAL CARE	N/A	140.
THE GINNY FUND P.O.BOX 967 LONG BEACH, NY 11561	N/A ANIMAL CARE	TRUST	1,000.
SUSAN GOLDBERGER C/O BALDWIN ANIMAL HOSPITAL & BIRD CLINIC 1864 GRAND AVENUE BALDWIN, NY 11510	N/A ANIMAL CARE	N/A	849.
HATTON VETERINARY HOSPITAL F/B/O PATTY LETAESKY P.O. BOX 177 WILTON, CA 95693	N/A ANIMAL CARE	N/A	1,000.
HOME VETERINARY SERVICES LLC F/B/O THE FREEPORT ANIMAL SHELTER, INC. - 2 RIDER PLACE FREEPORT, NY 11520	N/A ANIMAL CARE	LLC	13,800.
CINDY INHULSEN F/B/O NJAC 298 WALTON AVENUE SOUTH ORANGE, NJ 07079	N/A ANIMAL CARE	N/A	3,013.
IOWA VETERINARY SERVICES F/B/O CHRISTINA COLE 1422 GORDON LANE GALESBURG, IL 61401	N/A ANIMAL CARE	N/A	500.
JERSEY ANIMAL COALITION 289 WALTON AVENUE SOUTH ORANGE, NJ 07079	N/A ANIMAL CARE	N/A	10,000.
MAPLEWOOD ANIMAL HOSPITAL F/B/O MARI THELANDER 7 NORTH STREET SUMMIT, NJ 07901	N/A ANIMAL CARE	N/A	500.

ONYX AND BREEZY FOUNDATION

13-7437754

MAPLEVIEW ANIMAL HOSPITAL F/B/O LEE DUSHANE 1942 68TH AVENUE FENNVILLE, MD 49408	N/A ANIMAL CARE	N/A	240.
MARSH HOSPITAL FOR ANIMALS F/B/O CARYN FITZPATRICK 37 SEAMEN ROAD WEST ORANGE, NJ 07052	N/A ANIMAL CARE	N/A	1,000.
MOUNTAINVIEW VET HOSPITAL F/B/O ELEVENTH HOUR RESCUE P.O. BOX 218 ROCKAWAY, NJ 07866	N/A ANIMAL CARE	N/A	2,406.
NATURE'S EARTH PRODUCTS INC. F/B/O A PURREFECT WORLD 60 NEWARK AVENUE BLOOMNFIELD, NJ 07003	N/A ANIMAL CARE	N/A	1,212.
NC STATE UNIVERSITY VET F/B/O DEBRA KERR 110 JODHPUR DRIVE CARY, NC 27513	N/A ANIMAL CARE	N/A	494.
NORTH JERSEY ANIMAL HOSPITAL F/B/O FRIENDS OF WAYNE (FOWA) P.O. BOX 3701 WAYNE, NJ 07470	N/A ANIMAL CARE	N/A	1,248.
NOTTINGHAM ANIMAL HOSPITAL F/B/O TERRI DUNLAP 74 DANIELS AVENUE HAMILTON, NJ 08690	N/A ANIMAL CARE	N/A	510.
OLD TAPPAN VETINARY F/B/O PET RESQ, INC. 24 W RAILROAD AVENUE TENAFLY, NJ 07670	N/A ANIMAL CARE	N/A	5,275.
OSUVTH F/B/O ALISA DUNLAP 608 VINITA AVENUE AKRON, OH 44320	N/A ANIMAL CARE	N/A	1,000.
PARADISE PET F/B/O A PURFECT WORLD 60 NEWARK AVENUE BLOOMFIELD, NJ 07003	N/A ANIMAL CARE	N/A	1,300.

ONYX AND BREEZY FOUNDATION

13-7437754

PARKVIEW PET CLINIC F/B/O ANNA BOUDINOT 516 S. ST ANDREWS PLACE APT 409 LOS ANGELES, CA 90020	N/A ANIMAL CARE	N/A	115.
PENN VETERINARY SUPPLY F/B/O JERSEY ANIMAL COALITION 298 WALTON AVENUE SOUTH ORANGE, NJ 07040	N/A ANIMAL CARE	N/A	3,920.
F.A.PERRIN DVM F/B/O NJAC 298 WALTON AVENUE SOUTH ORANGE, NJ 07079	N/A ANIMAL CARE	N/A	9,185.
PETRESQ INC. F/B/O PET RESQ, INC. 24 W RAILROAD AVENUE TENAFLY, NJ 07670	N/A ANIMAL CARE	N/A	6,800.
PETS FOR ELDERLY FOUNDATION F/B/O P.O. BOX 226 WICKSVILLE, OH 44092	N/A ANIMAL CARE	N/A	1,000.
PREVENT A LITTER VETERINARY F/B/O RING DOG RESCUE P.O. BOX 28632 RICHMOND, VA 23228	N/A ANIMAL CARE	N/A	1,000.
REISINGER OXYGEN SERVICE INC. F/B/O NJAC 298 WALTON AVENUE SOUTH ORANGE, NJ 07079	N/A ANIMAL CARE	N/A	83.
PET RESCUE F/B/O PET RESQ, INC. 24 W RAILROAD AVENUE TENAFLY, NJ 07670	MARK SHEFTS ANIMAL CARE	N/A	241.
METROPOLITAN ANIMAL HOSPITAL F/B/O HENRY HURTADO 4 CORSI ROAD BLOOMFIELD, NJ 07003	MARK SHEFTS ANIMAL CARE	N/A	3,330.
LESLIE TISHLER 65 PARKVIEW PLACE BALDWIN, NY 11550	N/A ANIMAL CARE	N/A	67.

TOWN & COUNTRY VETERINARY F/B/O FRIENDS OF WAYNE ANIMALS INC. (F.O.W.A.) - P.O. BOX 3701 WAYNE, NJ 07470	N/A ANIMAL CARE	N/A	739.
UNIVERSITY OF PENNSYLVANIA F/B/O ANIMAL FRIENDS FOREVER 2527 MAXWELL PHILADELPHIA, PA 19152	N/A ANIMAL CARE	N/A	978.
UNIVERSITY OF TENNESSEE F/B/O WILLIAM GREFFIN JR 310 BROOKSHORE AVENUE BOWLING GREEN, KY 42101	N/A ANIMAL CARE	N/A	1,500.
UPSTATE VET SUPPLY PLLC F/B/O COLLEEN GRABER 30 MOHAWK AVENUE LATHAM, NY 12110	N/A ANIMAL CARE	N/A	500.
VALLEY COTTAGE ANIMAL HOSPITAL F/B/O PET RESQ, INC. 24 W RAILROAD AVENUE TENAFLY, NJ 07670	N/A ANIMAL CARE	N/A	519.
VCA SACRAMENTO VET REFERRAL F/B/O GINA HUSSEIN 8507 DARTFORD DRIVE SACROMENTO, CA 95823	N/A ANIMAL CARE	N/A	1,045.
VERONA ANIMAL HOSPITAL F/B/O ANGLES OF ANIMALS INC. P.O. BOX 534 CLIFTON, NY 07012	N/A ANIMAL CARE	N/A	1,500.
VETERINARY MRI & RADIOTHERAPY CTR F/B/O ELEVETH HOUR RESCUE 17 WOODSIDE AVENUE WEST CALDWELL, NJ 07006	N/A ANIMAL CARE	N/A	2,460.
VILLAGE ANIMAL HOSPITAL F/B/O NJAC 298 WALTON AVENUE SOUTH ORANGE, NJ 07079	N/A ANIMAL CARE	N/A	500.
VETERINARY MEDICAL TEACHING F/B/O MICHELLE DENAULT 4110 KARL DRIVE DIAMOND SPRINGS, CA 95619	N/A ANIMAL CARE	N/A	2,000.

ONYX AND BREEZY FOUNDATION

13-7437754

WACONIA VETERINARY CLINIC F/B/O REFUGE SANCTUARY ANIMAL 7828 BAILEY DRIVE EDEN PRAIRE, NM 55347	N/A ANIMAL CARE	N/A	1,000.
WAYNE HILLS ANIMAL HOSPITAL F/B/O F.O.W.A.S. VANERHOOK P.O. BOX 3701 WAYNE, NJ 07470	N/A ANIMAL CARE	N/A	331.
FALLS ROAD ANIMAL HOSPITAL F/B/O JESSICA BAIR 1646 YAKONA ROAD BALTIMORE, MD 21286	N/A ANIMAL CARE	N/A	200.
F/B/O JANET RIVARD MICHAUD 14 QUINCE STREET PROVIDENCE, RI 02905	N/A ANIMAL CARE	N/A	500.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

183,009.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	ONYX AND BREEZY FOUNDATION	13-7437754
	Number, street, and room or suite no. If a P.O. box, see instructions. 160 SUMMIT AVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONTVALE, NJ 07645	

Check type of return to be filed (File a separate application for each return)

- ☐ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☒ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE FOUNDATION

- The books are in the care of **160 SUMMIT AVE - MONTVALE, NJ 07645**

Telephone No **(201) 782-7400**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

INFORMATION REQUIRED FOR A COMPLETE AND ACCURATE REPORT IS PENDING

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	100.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	100.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐

Title ☐

Date ☐

Form **8868** (Rev 4-2009)