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Return of Private Foundation

OMB No 1545-0052

2010

Department of the Treasury
Internal Revenue Serviceor Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

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

For calendar year 2010, 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

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	Room/suite	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"/>
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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 409,437. (Part I, column (d) must be on cash basis)	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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)
1 Contributions, gifts, grants, etc., received		397,456.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		3,815.	3,815.		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		18,747.			STATEMENT 2
b Less Cost of goods sold		12,680.			
c Gross profit or (loss)		6,067.		6,067.	
11 Other income					
12 Total. Add lines 1 through 11		407,338.	3,815.	6,067.	
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 STMT 3		2,103.	0.	0.	0.
b Accounting fees STMT 4		5,000.	0.	0.	0.
c Other professional fees					
17 Interest		1.	0.	0.	0.
18 Taxes STMT 5		462.	0.	0.	0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 6		132,550.	0.	0.	124,548.
24 Total operating and administrative expenses. Add lines 13 through 23		140,116.	0.	0.	124,548.
25 Contributions, gifts, grants paid		199,324.			199,324.
26 Total expenses and disbursements. Add lines 24 and 25		339,440.	0.	0.	323,872.
27 Subtract line 26 from line 12		67,898.			
a Excess of revenue over expenses and disbursements			3,815.		
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)				6,067.	

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	16,801.	21,354.	21,354.
	2 Savings and temporary cash investments	377,094.	388,083.	388,083.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ 63,722.			
	Less: allowance for doubtful accounts ▶	24,436.	63,722.	
	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	6,154.		
	9 Prepaid expenses and deferred charges		1,143.	
	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)	2,500.	6,500.	0.
	16 Total assets (to be completed by all filers)	426,985.	480,802.	409,437.
	17 Accounts payable and accrued expenses	20,342.	6,261.	
	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)	20,342.	6,261.	
	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	396,118.	464,016.	
	25 Temporarily restricted	10,525.	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	406,643.	474,541.	
	31 Total liabilities and net assets/fund balances	426,985.	480,802.	

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	406,643.
2 Enter amount from Part I, line 27a	2	67,898.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	474,541.
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	474,541.

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) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(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		
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))
2009	289,826.	0.	.000000
2008	199,684.	0.	.000000
2007	137,354.	0.	.000000
2006	84,420.	0.	.000000
2005	83,339.	23,254.	3.583857
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 .716771
4 Enter the net value of noncharitable-use assets for 2010 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 38.
7 Add lines 5 and 6			7 38.
8 Enter qualifying distributions from Part XII, line 4			8 323,872.

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	38.
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	38.
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	38.
6 Credits/Payments			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a	58.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	58.	
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	20.	
11 Enter the amount of line 10 to be Credited to 2011 estimated tax <input checked="" type="checkbox"/> 20. Refunded <input checked="" type="checkbox"/>	11	0.	

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
b 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
c 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(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (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

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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 ► <u>ONYXANDBREEZY.ORG</u>	13	X	
14	The books are in care of ► <u>THE FOUNDATION</u> Telephone no ► <u>(201) 782-7400</u> Located at ► <u>160 SUMMIT AVE, MONTVALE, NJ</u> ZIP+4 ► <u>07645</u>			
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	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ►	16	Yes	No
				X

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 22 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 2010?		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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
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 2010 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 2010.)	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 2010?		4b
			X

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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?

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

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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.

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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 2010 from Part VI, line 5	2a	38.
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	38.
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	323,872.
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	323,872.
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	38.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	323,834.

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.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007				
d From 2008				199,751.
e From 2009				289,868.
f Total of lines 3a through e	489,619.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 323,872.				
a Applied to 2009, 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 2010 distributable amount				0.
e Remaining amount distributed out of corpus	323,872.			
5 Excess distributions carryover applied to 2010 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	813,491.			
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 2009 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				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 2005 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	813,491.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				199,751.
d Excess from 2009				289,868.
e Excess from 2010				323,872.

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling

- b**
- Check box to indicate whether the foundation is a private operating foundation described in section
- ☐
- 4942(j)(3) or
- ☐
- 4942(j)(5)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE STATEMENT 9				
Total			3a	199,324.
b Approved for future payment				
NONE				
Total			3b	0.

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	3,815.	
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					6,067.
11 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		3,815.	6,067.
13 Total. Add line 12, columns (b), (d), and (e)				13	9,882.

(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

2010

Name of the organization

Employer identification number

ONYX AND BREEZY FOUNDATION

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 foundation

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

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

General Rule

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

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

ONYX AND BREEZY FOUNDATION

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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	MARK SHEFTS 4461 WATERSEDGE LANE SANIBEL, FL 33957	\$ 31,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PENSON FINANCIAL SERVICES 1700 PACIFIC AVE DALLAS, TX 75201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	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.)
5	INETFIX 16 MARIA DRIVE SPARTA, NJ 707871	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	JOHN LANE 120 STROLL ROCK COMMON FAIRFIELD, CT 06824	\$ 7,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ONYX AND BREEZY FOUNDATION

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	LILY & CO	\$ 5,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	R PETRONE 11 DRUMHILL DRIVE SUMMIT, NJ 07901	\$ 5,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

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Part II Noncash Property (see instructions)[illegible]

Name of organization

Employer identification number

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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions) ▶ \$

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

SOURCE	AMOUNT
TEMPORARY CASH INVESTMENTS-MONEY MARKET	3,815.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	3,815.

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

1. GROSS RECEIPTS	18,747	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		18,747
4. COST OF GOODS SOLD (LINE 15)	12,680	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		6,067
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND 6)		6,067

COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR		
9. MERCHANDISE PURCHASED	12,680	
10. COST OF LABOR		
11. MATERIALS AND SUPPLIES		
12. OTHER COSTS		
13. ADD LINES 8 THROUGH 12		12,680
14. INVENTORY AT END OF YEAR		
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14) . .		12,680

FORM 990-PF	LEGAL FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	2,103.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A	2,103.	0.	0.	0.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING & AUDIT	5,000.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	5,000.	0.	0.	0.

FORM 990-PF	TAXES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAX	100.	0.	0.	0.
NYS TAX	125.	0.	0.	0.
NJS TAX	150.	0.	0.	0.
FLORIDA ANNUAL REPORT	87.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	462.	0.	0.	0.

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ANNUAL DINNER DANCE	105,254.	0.	0.	105,254.	
OFFICE EXPENSES	1,590.	0.	0.	0.	
BANK CHARGES	2,301.	0.	0.	0.	
DUES AND FEES	600.	0.	0.	0.	
RAFFLE	15,464.	0.	0.	15,464.	
CRAFT FAIR	1,314.	0.	0.	1,314.	
MARKETING	2,939.	0.	0.	0.	
POSTAGE	1,024.	0.	0.	1,024.	
INSURANCE	572.	0.	0.	0.	
ART SHOW EXPENSES/OTHER	1,492.	0.	0.	1,492.	
TO FORM 990-PF, PG 1, LN 23	132,550.	0.	0.	124,548.	

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	7
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NAME OF CONTRIBUTOR	ADDRESS
MARK SHEFTS	PO BOX 446 SANIBEL, FL 33957
THE NIR GROUP	1044 NORTHERN BLVD SUITE 305 ROSLYN, NY 11576
COREY RIBOTSKLY	3 OLD FARM LANE OLD WESTBURY, NY 11568
ROTHSTEIN, ROSENFELDT, ADLER	4010 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301

FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	8
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NAME OF MANAGER
MARK SHEFTS
WANDA SHEFTS

FORM 990-PF

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

STATEMENT 9

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ALL ABOARD ANIMAL HOSPITAL F/B/O PAWS SOUTH FLORIDA RESCUE INC 6879 NW 28TH ST FT LAURERDALE, FL 33309	N/A ANIMAL CARE	CORPORATIO	973.
ADDISON COUNTY HUMANE SOCIETY 236 BOARDMAN MIDDLEBURY, VT 05753	N/A ANIMAL CARE	ASSOCIATIO	2,524.
METROPOLITAN ANIMAL EMERGENCY F/B/O JEFFREY SMITH 120 STONEHEDGE LANE SPARTA, NJ 07871	N/A ANIMAL CARE	N/A	700.
WEPPPET HUMANE F/B/O MARSHA CALLOWAY 1090 WILVEE DRIVE DECATUR, GA 30033	N/A ANIMAL CARE	N/A	143.
METROPOLITAN ANIMAL AERA F/B/O MICHAEL & JOSEPHINE RACCUIA 78-14 A CLOVERDALE BLVD OAKLAND GARDENS, NY 11364	N/A ANIMAL CARE	N/A	2,991.
METROPOLITAN ANIMAL AERA F/B/O DAWN ROGERS 6 TRUMAN DRIVE STONY POINT, NY 10980	N/A ANIMAL CARE	N/A	134.
METROPOLITAN ANIMAL AERA F/B/O JENNIFER BRUNE 7 MEADOW LARK DRIVE GLENWOOD, NJ 07418	N/A ANIMAL CARE	N/A	1,961.
ANIMAL MEDICAL CENTER F/B/O LYNN DOLLAR 6042 POTOMAC ST SAN DIEGO, CA 92139	N/A ANIMAL CARE	N/A	333.

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ADOBE ANIMAL HOSPITAL F/B/O BRIAN MCDONALD 2815 N 52ND ST UNIT 1 PHOENIX, AR 85008	N/A ANIMAL CARE	N/A	1,468.
SAFeway STORE F/B/O RICK & KATHY LARAMIEY 121 MOUNT TRAVIER DRIVE LEADVILLE , CO 80461	N/A ANIMAL CARE	N/A	78.
UC DAVIS SCHOOL OF VETERINARY MEDICINE F/B/O LINDA BARTH 8465 LAKE FOREST DRIVE SACRAMENTO, CA 95826	N/A ANIMAL CARE	N/A	262.
ANIMAL CLINIC OF MORRIS PLAINS F/B/O FRIENDS OF RUDOLPH ANIMNLA POUND - 502 MILLBROOK AVE RANDOLPH, NJ 07869	N/A ANIMAL CARE	ASSOCIATIO	19,126.
ANIMAL HOSPITAL OF SADDLE RIVER F/B/O JOSE PENA 7 APPLEDALE LANE CHESTNUT RIDGE, NY 10977	N/A ANIMAL CARE	N/A	638.
THE ANIMAL SUPPORT PROJECT PO BOX 68 CROPSEYVILLE, NY 12052	N/A ANIMAL CARE	N/A	500.
BIDAWEE F/B/O PIPHY CAUWEL 26 GROVE ST # 6A NEW YORK, NY 10014	N/A ANIMAL CARE	NA	391.
BRIELLE ANIMAL CLINIC F/B/O VIRGINIA VAN HEST 410 PROSPECT AVE NEPTUNE, NJ 07753	N/A ANIMAL CARE	N/A	264.
NORTH TUSTIN VETERINARY CLINIC F/B/O DAVID FOLTS 6742 WESTMINISTER BLVD #516M WESTMINSTER, CA 92683	N/A ANIMAL CARE	N/A	286.
BANFIELD - THE PET HOSPITAL F/B/O COURTNEY SMITH 5225 OATS COURT COLORADO SPRINGS, CO 80922	N/A ANIMAL CARE	N/A	600.

ANIMAL HOSPITAL OF SADDLE RIVER F/B/O JOEL VALDES 29 YUMA LANE RINGWOOD, NJ 07456	N/A ANIMAL CARE	N/A	510.
MADISON VETERINARY CLINIC F/B/O GOLIATH & BEBE'S WORLD INC 1061 SW ALASKA WAY GREENVILLE, FL 32331	N/A ANIMAL CARE	CORPORATIO	2,596.
KROGER J933 F/B/O FOR THE LOVE OF PETS 1844 E 20TH RD STREATOR, IL 61364	N/A ANIMAL CARE	N/A	343.
BORADOR ANIMAL HOSPITAL F/B/O ANIMAL SUPPORT PROJECT 33 PHILLIPS RD VALLEY FALLS, NY 12185	N/A ANIMAL CARE	N/A	612.
METROPOLITAN ANIMAL AERA F/B/O ANIMAL HOSPITAL OF SADDLE RIVER 171 E SADDLE RIVER RD SADDLE RIVER, NJ 07458	N/A ANIMAL CARE	N/A	2,293.
KURTEN VETERINARY SERVICES F/B/O HOUSTON BOXER RESCUE PO BOX 541712 HOUSTON, TX 77254	N/A ANIMAL CARE	N/A	112.
HOOF'N PAW F/B/O ANIMAL SUPPORT PROJECT 33 PHILLIPS RD VALLEY FALLS, NY 12185	N/A ANIMAL CARE	N/A	300.
WEST ALABAMA ANIMAL CLINIC /F/B/O HOUSTON BOXER RESCUE PO BOX 541712 HOUSTON, TX 77254	N/A ANIMAL CARE	N/A	1,786.
ANIMAL HOSPITAL OF SADDLE RIVER F/B/O VICTORIA SIRKOWA PO BOX 247 HARRISMAN, NY 10926	N/A ANIMAL CARE	N/A	500.
ANIMAL MEDICAL CENTER F/B/O DONNA SZLOSEK 79-23 211TH ST OAKLAND GARDENS, NY 11364	N/A ANIMAL CARE	N/A	338.

WILLAMETTE VALLEY HOSPITAL F/B/O RHONDA FRALEY 1295 SW CEDAR HILLS BLVD PORTLAND, OR 97225	N/A ANIMAL CARE	N/A	522.
VCA BRAELINN VILLAGE ANIMAL HOSPITAL F/B/O THE GOOD SHEPHERD HUMANE SOCIETY - 10 DIVER SQUARE SHARPSBURG, GA 30277	N/A ANIMAL CARE	N/A	1,880.
METROPOLITAN ANIMAL AERA F/B/O ELVENTH HOUR RESCUE 21 MT PLEASANT AVE ROCKAWAY , NJ 07866	N/A ANIMAL CARE	N/A	2,595.
ANIMAL CLINIC OF MORRIS PLAINS F/B/O ELEVENTH HOUR RESCUE PO BOX 218 ROCKAWAY, NJ 07866	N/A ANIMAL CARE	N/A	12,000.
CORNELL UNIVERSITY HOSPITAL FOR ANIMALS F/B/O ANNA KOVACH 15 BARRIER RD BINGHAMPTON, NY 13905	N/A ANIMAL CARE	N/A	211.
NEW YORK VETERINARY SPECIALTY CENTER F/B/O ALMOST HOME ANIMAL RESCUE - PO BOX 350 MEDFORD, NY 11763	N/A ANIMAL CARE	N/A	3,959.
BANFIELD - THE PET HOSPITAL F/B/O PETER SCHMIDT 255 HIGH ST EUGENE, OR 97401	N/A ANIMAL CARE	N/A	599.
CONNERSVILLE VETERINARY CLINIC F/B/O MOORE LOVE RESCUE 808 SE HURTON TR GREENSBURGH, IN 47240	N/A ANIMAL CARE	N/A	350.
KNIGS HIGHWAY ANIMAL CLINIC F/B/O PREVENT A LITTER OF CENTRAL TEXAS - PO BOX 401 SAN MARCOS, TX 78667	N/A ANIMAL CARE	N/A	1,550.
ALL FRIENDS ANIMAL CLINIC F/B/O ALLEN BABCOCK DOG & CAT RESCUE INC - 9715 W BROWARD BLVD #173 PLANTATION, FL 33324	N/A ANIMAL CARE	N/A	2,005.

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ALL ANIMAL CLINIC F/B/O RODERICK VIRGES 4605 W 4TH ST HATTIESBURG, MS 39402	N/A ANIMAL CARE	N/A	750.
BRAELINN ANIMAL HOSPITAL F/B/O THE GOOD SHEPHERD HUMANE SOCIETY 892 BEAVERS RD NEWMAN, GA 30263	N/A ANIMAL CARE	N/A	3,650.
MAINE VETERINARY REFERRAL CENTER F/B/O ELSIE SWIFT 33 MUNJOY SOUTH PORTLAND, ME 04101	N/A ANIMAL CARE	N/A	500.
BERKLEY PET HOSPITAL F/B/O JESSICA MORENO 8277 NORTON AVE W HOLLYWOOD, CA 90046	N/A ANIMAL CARE	N/A	300.
WEST ALABAMA ANIMAL CLINIC /F/B/O HOUSTON BOXER RESCUE PO BOX 541712 HOUSTON, TX 77254	N/A ANIMAL CARE	N/A	1,233.
ANIMAL SPECIALTY CENTER F/B/O IVONNE SANCHEZ 6629 BROADWAY APT 2E RIVERDALE, NY 10471	N/A ANIMAL CARE	N/A	347.
BABYLON ANIMAL HOSPITAL F/B/O ALMOST HOME ANIMAL RESCUE PO BOX 350 MEDFORD, NY 11763	N/A ANIMAL CARE	N/A	585.
CUTHBERT CRITTER CARE F/B/O ANGEL DOG RESCUE 21 HIGH ST GEORGETOEN, GA 39854	N/A ANIMAL CARE	N/A	2,250.
LANSINGBURGH VETERINARY HOSPITAL F/B/O ANNA & JACK LEIBACK 179 MAIN ST COHOES, NY 12047	N/A ANIMAL CARE	N/A	400.
ANIMAL SPECIALTY CENTER F/B/O IVONNE SANCHEZ 6629 BROADWAY APT 2E RIVERDALE, NY 10471	N/A ANIMAL CARE	N/A	550.

SADDLE RIVER HOSPITAL F/B/O HANNAH HOWARD 171 E SADDLE RIVER RD SADDLE RIVER, NJ 07458	N/A ANIMAL CARE	N/A	37.
CARPINTERIA VETERINARY HOSPITAL F/B/O DON & GAYLE TEAGUE 7032 OXNARD AVE VENTURA, CA 93001	N/A ANIMAL CARE	N/A	200.
PETSVET F/B/O MARTIN RIDGEWAY 15620 GREASEWOOD ST SURPRISE, AR 85374	N/A ANIMAL CARE	N/A	536.
NEW HORIZON ANIMAL HOSPITAL F/B/O THE GENTLE BARN 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	N/A ANIMAL CARE	N/A	5,000.
ANIMAL SAMARITANS SPCA INC F/B/O ERICA GARCIA 52112 GENOA DRIVE COACHELLA, CA 92236	N/A ANIMAL CARE	CORPORATIO	152.
PETFOOD EXPERTS F/B/ A PURRFECT WORLD PO BOX 1907 BLOOMFIELD, NJ 07003	N/A ANIMAL CARE	N/A	2,749.
ANIMAL MEDICAL CENTER F/B/O LI GOLDEN RETRIEVER RESCUE PO BOX 566 PLAINVIEW, NY 11803	N/A ANIMAL CARE	N/A	2,039.
SAINT FRANCIS VETERINARY SPECIALISTS F/B/O ANIMAL ACTION RESCUE - 3734 MARKET ST CLARKSTON, GA 30021	N/A ANIMAL CARE	N/A	1,153.
SUGARLAND VETERINARY SPECIALISTS PC F/B/O HOUSTON BOXER RESCUE 886 WEST 41ST ST HOUSTON, TX 77018	MARK SHEFTS ANIMAL CARE	CORPORATIO	825.
HILLSIDE ANIMAL HOSPITAL F/B/O STACEY MOORE 4032 N TAYLOR ST ST LOUIS, MS 63115	N/A ANIMAL CARE	N/A	87.

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BAY AREA VET SPECIALISTS F/B/O PEPITO FRANCISCO 1695 15TH ST #9 OAKLAND , CA 954607	N/A ANIMAL CARE	N/A	394.
BAHAMA ROAD VETERINARY HOSPITAL F/B/O SHELLEY REAVES 652 LINFIELD DRIVE - APT A DURHAM, NC 27701	N/A ANIMAL CARE	N/A	467.
ISLAND RESCUE F/B/O MICHAEL DISHIARA 830 MILLGAN LANE WEST ISLIP, NY 11795	N/A ANIMAL CARE	N/A	188.
UPSTATE VET SPECIALISTS F/B/O GEORGE & LINDA FERGUSON 110 GLENNVIEW DRIVE CHERRYVILLE, NC 28021	N/A ANIMAL CARE	N/A	255.
BLUE CROSS PET HOSPITAL F/B/O PAMELA MEADOWS 1331 D ST #2 SACRAMENTO, CA 95814	N/A ANIMAL CARE	N/A	186.
METROPOLITAN ANIMAL AERA F/B/O JACWUELINE TOLLIVER PO 4322 51 N 21ST ST EAST ORAGNE, NJ 07017	N/A ANIMAL CARE	N/A	2,458.
UPSTATE VET SPECIALISTS F/B/O THE ANIMAL SUPPORT PROJECT 33 PHILLIPS RD VALLEY FALLS, NY 12185	N/A ANIMAL CARE	N/A	884.
APPLE VALLEY ANIMAL HOSPITAL F/B/O TAMERA SIMA 17868 HWY 18 #442 APPLE VALLEY, CA 92307	N/A ANIMAL CARE	N/A	600.
HOOF'N PAW F/B/O ANIMAL SUPPORT PROJECT 33 PHILLIPS RD VALLEY FALLS, NY 12186	N/A ANIMAL CARE	N/A	500.
BLUE RAVINE ANIMAL HOSPITAL F/B/O NORSLED PO BOX 5784 VALLEJO, CA 94591	N/A ANIMAL CARE	N/A	1,365.

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METROPOLITAN ANIMAL AERA F/B/O MICHELLE AUSTIN 452 W LOOKOUT AVE HACKENSACK, NJ 07601	N/A ANIMAL CARE	N/A	822.
ARTHUR VETERINARY CLINIC F/B/O SANDY MCMILLAN PO BOX 78 ROCHESTER, IL 62563	N/A ANIMAL CARE	N/A	275.
PALMDALE VETERINARY HOSPITAL F/B/O KAREN TILT 43850 20TH ST EAST #42 LANCASTER, CA 93535	N/A ANIMAL CARE	N/A	536.
NOAHS ARK VETERINARY HOSPITAL F/B/O DOROTHY FUHRMAN 4773 HIGHWAY 93 DARBY , MT 59829	N/A ANIMAL CARE	N/A	161.
HUNTERS CREEK ANIMAL HOSPITAL F/B/O KARNE LEVINE 724 PALM WAY STREET KISSIMMEE, FL 34744	N/A ANIMAL CARE	N/A	160.
ANIMAL CLINIC OF NORTHVIEW INC F/B/O RENEE TRENT 135 PRESTON ST ELYRIA, OH 44035	N/A ANIMAL CARE	N/A	604.
VCA VETERINARY SPECIATLY CENTER F/B/O LAURIE KLINGER 2326 NOWLAND AVE INDIANAPOLIS, IN 46201	N/A ANIMAL CARE	N/A	660.
FOUR PAWS ANIMAL HOSPITAL F/B/O 1 AT A TIME RESCUE 2919 E GEORGIA VANCOUVER, BC 30666	N/A ANIMAL CARE	N/A	700.
ANIMAL HOSPITAL OF SADDLE RIVER F/B/O MARIANNE TONNESSEN 186 COOMBS DRIVE PARAMUS, NJ 07652	N/A ANIMAL CARE	N/A	1,915.
METROPOLITAN ANIMAL AERA F/B/O JESSICA & COREY OSMON 112 STATE HIGHWAY 17 REMSEY, NJ 07446	N/A ANIMAL CARE	N/A	2,916.

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ANIMAL ARK OF ARCADIA F/B/O CANINE CASTAWAYS INC PO BOX 3295 ARCADIA, FL 34265	N/A ANIMAL CARE	CORPORATIO	2,203.
BRAELINN ANIMAL HOSPITAL F/B/O THE GOOD SHEPHERD HUMANE SOCIETY 10 DIVER SQUARE SHARPSBURG, GA 30277	N/A ANIMAL CARE	N/A	1,700.
SHIMANEK VETERINARY SERVICES F/B/O OK SAVE A DOG 990214 S 3580 RD PRAGUE, OK 74864	N/A ANIMAL CARE	N/A	2,225.
VCA SANTA ANITA ANIMAL HOSPITAL F/B/O HEAVEN ON EARTH SOCIETY FOR ANIMALS - 16122 CANTLAY ST NAM NUYS, CA 91406	N/A ANIMAL CARE	N/A	1,261.
VETERINARY NEUROLOGICAL CENTER F/B/O SHEILA & ZIG MOBLEY PO BOX 12437 GLENDALE, AZ 85318	N/A ANIMAL CARE	N/A	355.
LANSINGBURGH VETERINARY HOSPITAL F/B/O BONNIE MUNDELL 87 PARK AVE COHOES, NY 12047	N/A ANIMAL CARE	N/A	806.
CITY ANIMAL HOSPITAL F/B/O LYNDSY MIRASOLA 137 MURPHY ST GRASS VALLEY, CA 95945	N/A ANIMAL CARE	N/A	425.
PALMER ANIMAL HOSPITAL F/B/O LIZZYS LODGE RESCUE 9213 MINTWOOD ST SILVER SPRING, MD 20901	N/A ANIMAL CARE	N/A	575.
VCA TAMPA BAY ANIMAL HOSPITAL F/B/O LOURDES ARVELO 9014 CORMORANT CT TAMPA, FL 33647	N/A ANIMAL CARE	N/A	330.
ROUEMENT VET CLINIC F/B/O CHRISTA LONG 1343 BULINGTON RD ROXBORO, NC 27573	N/A ANIMAL CARE	N/A	77.

KENNETH JONES ANIMAL HOSPITAL F/B/O ONE DOG RESCUE 20116 ARCHWOOD ST WINNETKA, CA 91306	N/A ANIMAL CARE	N/A	500.
HORSE CART VETERINARY HOSPITAL F/B/O LEIAOHA FARIAS 8303 31ST AVE LAKEWOOD, WA 98499	N/A ANIMAL CARE	N/A	100.
CITY ANIMAL HOSPITAL F/B/O LYNDSY MIRASOLA 137 MURPHY ST GRASS VALLEY, CA 95945	N/A ANIMAL CARE	N/A	76.
KENNETH JONES ANIMAL HOSPITAL F/B/O ONE DOG RESCUE 20116 ARCHWOOD ST WINNETKA, CA 91306	N/A ANIMAL CARE	N/A	500.
METROPOLITAN ANIMAL AERA F/B/O THE LAST RESORT 139 POINT BREEZE DRIVE HEWITT, NJ 07421	N/A ANIMAL CARE	N/A	2,300.
DEER RIDGE ANIMAL HOSPITAL F/B/O MOLLY DEARFIELD 131 S BAY ST JACKSON, MO 63755	N/A ANIMAL CARE	N/A	253.
MY PETS VET F/B/O FORGOTTEN FRIENDS OF LI PO BOX 710 PLAINVIEW, NY 11803	N/A ANIMAL CARE	N/A	2,376.
CLIFF AMBERS WOCUS RANCH F/B/O BLUE SKY HORSE RESCUE INC 1510 CROSS ROAD KLAMATH FALLS, OR 97603	N/A ANIMAL CARE	N/A	5,000.
CRITTER FIXER VETERINARY HOSPITAL F/B/O PROTECTING & ENSURING THEIR SURVIV - PO BOX 9553 WARNER ROBINS, GA 31095	N/A ANIMAL CARE	N/A	187.
DURDAN VETERINARY CLINIC F/B/O FOR THE LOVE OF PETS 1844 E 20TH RD STREATOR, IL 61364	N/A ANIMAL CARE	N/A	320.

EMERSON PET CLINIC F/B/O CATS HAVEN LTD 2603 N COLLEGE AVE INDIANAPOLIS, IN 46205	N/A ANIMAL CARE	CORPORATIO	600.
WEST PARK ANIMAL HOSPITAL F/B/O DAISY PARK ANIMAL RESCUE 27028 CASCASE COURT OLMSTED FALLS, OH 44138	N/A ANIMAL CARE	N/A	1,596.
MIKES FEED FARM F/B/O FRIENDS OF WAYNE ANIMAL SHELTER 28 PELHAM RD WAYNE, NJ 07470	N/A ANIMAL CARE	N/A	2,488.
FRIENDS OF RANDOLPH ANIMAL POND 502 MILLBROOK AVE RANDOLPH, NJ 07869	N/A ANIMAL CARE	N/A	1,503.
KINDER 4 RESCUE 11684 VENTURA BLVD #665 STUDIO CITY, CA 91604	N/A ANIMAL CARE	N/A	11,250.
METROPOLITAN ANIMAL AERA F/B/O KIM NIRMAIER 17184 TOWNVILLE RD TOWNVILLE, PA 16360	N/A ANIMAL CARE	N/A	1,000.
MY PETS VET F/B/O FORGOTTEN FRIENDS OF LI PO BOX 710 PLAINVIEW, NY 11803	N/A ANIMAL CARE	N/A	2,277.
NORTH JERSEY ANIMAL HOSPITAL F/B/O FRIENDS OF WAYNE ANIMALS INC - PO BOX 3701 WAYNE, NJ 07470	N/A ANIMAL CARE	CORPORATIO	1,630.
NY VET SPECIALLY CENTER F/B/O ALMOST HOME ANIMAL RESCUE PO BOX 350 MEDFORD, NY 11763	N/A ANIMAL CARE	N/A	921.
STANLEY PALMER F/B/O FORGOTTEN FRIENDS PET RESCUE 6930 STATE ROUTE 10 SHARON SPRINGS, NY 13459	N/A ANIMAL CARE	N/A	2,668.

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PROJECT	N/A	N/A	
PROJECT CATSNIP F/B/O WINGING CAT RESCUE 2055 JANET LANE SOUTHSIDE , AL 35907	N/A ANIMAL CARE	N/A	425.
RED FERN SPAY & NEUTER MOBILE VET CLINIC F/B/O ST JOHN FERAL CAT FUND - PO BOX 2884 PLATTSBURGH, NY 12901	N/A ANIMAL CARE	N/A	4,581.
ROCKLAND VETERINARY F/B/O DEBORAH FIGLUIZZII PO BOX 49 STONY POINT, NY 10980	N/A ANIMAL CARE	N/A	764.
SACRAMENTO ANIMAL CLINIC PO BOX 161043 SACRAMENTO, CA 95816	N/A ANIMAL CARE	N/A	2,000.
SANFORD OAKS ANIMAL CLINIC F/B/O TAMRA BRAGG 3301 HAPPY MEADOW DRIVE ALVARADO, TX 76009	N/A ANIMAL CARE	N/A	289.
SPCA OF WESTCHESTER F/B/O DAWN ROGERS 6 TRUMAN DRIVE STONY POINT, NY 10980	N/A ANIMAL CARE	N/A	80.
SUNSET VIEW PET HOSPITAL F/B/O SPAY NEUTER ASSISTANCE FOR PETS (SNAP) - 36346 MONROE DRIVE ZEPHYRHILLS, FL 33541	N/A ANIMAL CARE	N/A	50.
TAILS OF JOY 11684 VENTURA BLVD #881 STUDIO CITY, CA 91604	N/A ANIMAL CARE	N/A	10,000.
WALLYS FRIENDS SPAY & NEUTER CLINIC F/B/O ANIMAL ALLIANCE SOUTH CUMBERLAND - PO BOX 627 TRACY CITY, TN 37387	N/A ANIMAL CARE	N/A	310.
WAYNE HILLS ANIMAL CLINIC F/B/O START II OF BERGEN COUNTY 35 CLEAR LAKE RD WHITTING, NJ 08759	N/A ANIMAL CARE	N/A	1,796.

SUMMERLIN ANIMAL HOSPITAL F/B/O COURTNEY LIVERMON 155 BUNTING LANE SANIBEL, FL 33957	N/A ANIMAL CARE	N/A	168.
ANIMAL REFUGE CENTER 18011 OLD BAYSHORE RD N. FORT MEYERS, FL 33917	N/A ANIMAL CARE	N/A	3,352.
SPECIALISTS IN VETERINARY SERVICE F/B/O SHIMON & SHANTEL RYLAND - 510 SE 8TH ST CAPE CORAL, FL 33991	N/A ANIMAL CARE	N/A	500.
FORT MEYERS VETERINARY HOSPITAL F/B/O WOOF PO BOX 62250 FORT MEYERS, FL 33906	N/A ANIMAL CARE	N/A	687.
SPECIALISTS IN VETERINARY SERVICE F/B/O TINA HEAVLIN 220 NW 24TH PLACE CAPE CORAL, FL 33993	N/A ANIMAL CARE	N/A	1,562.
LEE COUNTY ANIMAL CARE TRUST FUND F/B/O MATCHING ISLAND PAW 5600 BANNER DRIVE FORT MEYERS, FL 33912	N/A ANIMAL CARE	TRUST	3,877.
LEE COUNTY ANIMAL CARE TRUST FUND F/B/O DOMESTIC ANIMCAL SERVICES - 5600 BANNER DRIVE FORT MEYERS, FL 33912	N/A ANIMAL CARE	TRUST	250.
FUTURE FEED STORES F/B/O LEE COUNTY ANIMAL TRUST 5600 BANNER DRIVE FORT MEYERS, FL 33912	N/A ANIMAL CARE	TRUST	3,001.
KURANDA USA F/B/O COLLIER COUNTU DOMESTIC ANIMALS 7610 DAVID BLD NAPLES, FL 34104	N/A ANIMAL CARE	N/A	3,589.
FLORIDA VETERINARY REFERRAL CANTER F/B/O JASMINE JACOBSEN 201 MIRAMAR ST FORT MEYERS, FL 33931	N/A ANIMAL CARE	N/A	2,000.

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DEL PRADO & PIN E ISLAND PET VET F/B/O MILLIE & JERRY HUBBARD 1797 SEAFAN CIRCLE N FORT MEYERS, FL 33903	N/A ANIMAL CARE	N/A	461.
SPECIALISTS IN VETERINARY SERVICE F/B/O LIDIA PONCE 2811 DARLING PLACE LEHIGH, FL 33971	N/A ANIMAL CARE	N/A	1,947.
CORAL VETERINARY CLINIC PA F/B/O SHARON & TIM CHAMBERLAIN 414 AIRPORT WAY SANIBEL, FL 33957	N/A ANIMAL CARE	N/A	1,103.
PET PERADISE ANIMAL HOSPITAL F/B/O DENISE MENDEZ 408 NORTHLAKE DRIVE SANFORD, FL 32773	N/A ANIMAL CARE	N/A	708.
HUDSON ANIMAL HOSPITAL F/B/O PAT MCSHERA 11 BERKLEY ST MARLBORO, MA 01752	N/A ANIMAL CARE	N/A	500.

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

199,324.

- 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 your 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		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONTVALE, NJ 07645			

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

0 4

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

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, 2011.

5 For calendar year 2010, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 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	\$	58.
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	\$	58.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, 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 ► TRUSTEE

Date ►

Form 8868 (Rev. 1-2011)