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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or 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

OMB No 1545-0052

2012
Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

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 (see instructions) (201) 782-7400	
City or town, state, and ZIP code MONTVALE, NJ 07645		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ☒ \$ 394,045		J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ☐ (Part I, column (d) must be on cash basis.)	

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) (see instructions))		(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 (attach schedule)	358,194			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	2,107	2,107		
	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 21,159				
Operating and Administrative Expenses	b Less Cost of goods sold 17,106				
	c Gross profit or (loss) (attach schedule)	4,053		4,053	
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	364,354	2,107	4,053	
	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 (attach schedule)				
	b Accounting fees (attach schedule) 6,000		0	0	0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 506		0	0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) 121,012		0	0	111,737
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	127,518	0	0	111,737
	25 Contributions, gifts, grants paid	271,766			271,766
	26 Total expenses and disbursements. Add lines 24 and 25	399,284	0	0	383,503
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-34,930			
	b Net investment income (if negative, enter -0-)		2,107		
	c Adjusted net income (if negative, enter -0-)			4,053	

Part II

Balance Sheets

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

Assets	1	Cash—non-interest-bearing	28,194	36,190	36,190
	2	Savings and temporary cash investments	311,518	357,855	357,855
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ 43,965 Less allowance for doubtful accounts ▶ _____	124,469	43,965	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	1,143	1,143	
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	997	600	0	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	466,321	439,753	394,045	
Liabilities	17	Accounts payable and accrued expenses	12,992	21,354	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	12,992	21,354	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	442,804	407,874	
	25	Temporarily restricted	10,525	10,525	
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ 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 (see page 17 of the instructions)	453,329	418,399	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	466,321	439,753		

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	453,329
2	Enter amount from Part I, line 27a	2	-34,930
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	418,399
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	418,399

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					
(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) F M V 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) (see instructions) 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 page 18 of the 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))		
2011	426,085	0	0 000000		
2010	323,834	0	0 000000		
2009	289,826	0	0 000000		
2008	199,684	0	0 000000		
2007	137,354	0	0 000000		
2 Total of line 1, column (d).				2	0 000000
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	0 000000
4 Enter the net value of noncharitable-use assets for 2012 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	21
7 Add lines 5 and 6.				7	21
8 Enter qualifying distributions from Part XII, line 4.				8	383,503

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 VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here ☐ 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 ☒ and enter 1% of Part I, line 27b		1	21
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	21
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	21
6		Credits/Payments			
a		2012 estimated tax payments and 2011 overpayment credited to 2012	6a	20	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c	30	
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments Add lines 6a through 6d.		7	50
8		Enter any penalty for underpayment of estimated tax Check here ☐ 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	29
11		Enter the amount of line 10 to be Credited to 2013 estimated tax 29	Refunded	11	0

Part VII-AStatements Regarding Activities

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?		Yes	No
		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?			No
	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.			
c	Did the foundation file Form 1120-POL for this year?.	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 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.	2		No
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	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		No
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?	6		No
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	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) 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 .	8b	Yes	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶ONYXANDBREEZY.ORG				
14	The books are in care of ▶THE FOUNDATION Telephone no ▶(201) 782-7400 Located at ▶160 SUMMIT AVE MONTVALE NJ 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		
16	At any time during calendar year 2012, 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?	16		No
See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶				

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? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. ☐ Yes ☒ No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)?. ☐ Yes ☒ 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). ☐ Yes ☒ 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. ▶ ☐	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 2012?.	1c		No
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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?. ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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).	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 ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2012 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2012?	4b		No

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)? (see instructions).	☐ 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)?		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?	☐ 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		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No
	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?		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 (see instructions).				
(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	0	0	0
PO BOX 656	10 00			
TUXEDO PARK,NJ 10987				
WANDA SHEFTS	TRUSTEE	0	0	0
POBOX 656	30 00			
TUXEDO PARK,NJ 10987				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). 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	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3.	0

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	0
c	Fair market value of all other assets (see instructions).	1c	0
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	0
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 2012 from Part VI, line 5.	2a	21
b	Income tax for 2012 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	21
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	383,503
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	383,503
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 (see instructions).	5	21
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	383,482
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			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2012				
a From 2007.				
b From 2008.	199,751			
c From 2009.	289,868			
d From 2010.	323,872			
e From 2011.	426,105			
f Total of lines 3a through e.	1,239,596			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 383,503				
a Applied to 2011, 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 2012 distributable amount.				0
e Remaining amount distributed out of corpus	383,503			
5 Excess distributions carryover applied to 2012 (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	1,623,099			
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 2011 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).	0			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a.	1,623,099			
10 Analysis of line 9				
a Excess from 2008. . . .	199,751			
b Excess from 2009. . . .	289,868			
c Excess from 2010. . . .	323,872			
d Excess from 2011. . . .	426,105			
e Excess from 2012. . . .	383,503			

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

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling.

b

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

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2012	(b) 2011	(c) 2010	(d) 2009	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

See Additional Data Table

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or e-mail of the person to whom applications should be addressed

MARK SHEFTS
POBOX 656
TUXEDO PARK,NY 10987
(201) 782-7400

b

The form in which applications should be submitted and information and materials they should include

WRITTEN

c

Any submission deadlines

NONE

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

ANIMAL WELFARE RELATED

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	271,766
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion 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	2,107	
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. .					4,053
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e). .		0		2,107	4,053
13	Total. Add line 12, columns (b), (d), and (e).			13		6,160

[illegible]

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
(1)	Cash.	1a(1)	No
(2)	Other assets.	1a(2)	No
b	Other transactions		
(1)	Sales of assets to a noncharitable exempt organization.	1b(1)	No
(2)	Purchases of assets from a noncharitable exempt organization.	1b(2)	No
(3)	Rental of facilities, equipment, or other assets.	1b(3)	No
(4)	Reimbursement arrangements.	1b(4)	No
(5)	Loans or loan guarantees.	1b(5)	No
(6)	Performance of services or membership or fundraising solicitations.	1b(6)	No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c	No
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

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

*****	2013-11-13	*****	May the IRS discuss this return with the preparer shown below (see instr.)? ☐ Yes ☒ No
Signature of officer or trustee	Date	Title	

May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☐ No

**Paid
Preparer
Use
Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☒	PTIN P00482511
	BARRY WOLINETZ	BARRY WOLINETZ			
	Firm's name ☐	WOLINETZ LAFAZAN & COMPANY PC		Firm's EIN ☐ 11-2888985	
		5 N VILLAGE AVE			
	Firm's address ☐	ROCKVILLE CENTRE, NY 11570		Phone no	

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

MARK SHEFTS
WANDA SHEFTS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ANIMAL CLINIC OF MORRIS PLAINS FBO FRIENDS OF RUDOLPH ANIMAL POUND 502 MILLBROOK AVE RANDOLPH,NJ 07869	N/A	ASSOCIATION	ANIMAL CARE	18,157
ANIMAL EMERGENCY & REFERRAL ASSOCIATES FBO LAST RESORT RESCUE 139 POINT BREEZE DRIVE HEWITT,NJ 07421	N/A	N/A	ANIMAL CARE	1,000
ANIMAL EMERGENCY & REFERRAL ASSOCIATES FBO JEANETTE HELSETH 90 SAMDORDVILLE ROAD WARWICK,NY 10990	N/A	N/A	ANIMAL CARE	2,500
ANIMAL EMERGENCY & REFERRAL ASSOCIATES FBO MICHAEL RACCUIA 78-14 A CLOVERDALE BLVD OAKLAND GARDENS,NY 11364	N/A	N/A	ANIMAL CARE	2,854
ANIMAL EMERGENCY & REFERRAL FBO PATHWAY TO HOPE 120 LINDA VISTA AVENUE NORTH HALEDON,NJ 07508	N/A	N/A	ANIMAL CARE	2,000
ANIMAL MEDICAL CENTER OF SOUTHERN CALIFORNIA FBO ADOPT ME RESCUE 20116 ARCHWOOD STREET WINNETKA,CA 91306	N/A	N/A	ANIMAL CARE	3,000
ATLANTIC COAST VETERINARY SPECIALISTS FBO FORGOTTEN FRIENDS OF LONG ISLAN PO BOX 710 PLAINVIEW,NY 11803	N/A	ASSOCIATION	ANIMAL CARE	2,689
AUSTIN ANIMAL EYE CLINIC FBO COCKER SPANIEL RESCUE PO BOX 27453 AUSTIN,TX 78755	N/A	N/A	ANIMAL CARE	1,206
BABYLON ANIMAL HOSPITAL FBO ALMOST HOME ANIMAL RESCUE PO BOX 350 MEDFORD,NY 11763	N/A	ASSOCIATION	ANIMAL CARE	5,030
BATH VETERINARY HOSPITAL FBO SCOTTISH TERRIER CLUB OF GREATER NY RESCUE C/O 94 FROGTOWN ROAD ROCKAWAY,NJ 07866	N/A	N/A	ANIMAL CARE	1,029
BIG CYPRESS ANIMAL CLINIC FBO DR ROBERT KADERLY 11363 TAMIAMI TRAIL EAST NAPLES,FL 34113	N/A	CORPORATION	ANIMAL CARE	6,670
BONITA VETERINARY HOSPITAL FBO AUDREY VEALEY 3401 EAST 20 STREET ALVA,FL 33920	N/A	N/A	ANIMAL CARE	1,150
CALIFORNIA VETERINARY SPECIALIST CARLSBAD FBO SHANE LEE 450 MORSE STE 24 OCEANSIDE,CA 92054	N/A	N/A	ANIMAL CARE	3,000
COWETA ANIMAL HOSPITAL FBO GAIL LUSTIG 42 UNDERWOOD DRIVE ORLANDO,FL 07052	N/A	N/A	ANIMAL CARE	1,000
CUTHBERT CRITTER CARE FBO ANGEL DOG RESCUE 21 HIGH ST GEORGETOEN,GA 39854	N/A	ASSOCIATION	ANIMAL CARE	3,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
DR ROBERT KADERLY FBO SAVING SPOT RESCUE 534 N LA CIENEGA BLVD LOS ANGELES,CA 90048	N/A	ASSOCIATION	ANIMAL CARE	7,123
DRROBERT KADERLY FBO ANIMAL MEDICAL SERVICES 9828 LARIMAR DRIVE WILLOWICK,OH 44095	N/A	N/A	ANIMAL CARE	7,987
E&F PET SUPPLIES FBO SAVING SPOT RESCUE 534 N LA CIENEGA BLVD LOS ANGELES,CA 90048	N/A	ASSOCIATION	ANIMAL CARE	2,747
GAIL KADERLY FBO SAVINGS SPOT RESCUE 534 N LA CIENEGA BLVD LOS ANGELES,CA 90048	N/A	ASSOCIATION	ANIMAL CARE	1,240
HANCOCK PARK VET CLINIC FBO SAVING SPOT DOG RESCUE 534 N LA CIENEGA BLVD LOS ANGELES,CA 90048	N/A	ASSOCIATION	ANIMAL CARE,LISTTOTAL 9000	1,293
HESPERIA FEED BIN FBO AMEREQUINE BEAUTY 45800 TWIN LAKES DRIVE NEWBERRY SPRINGS,CA 92365	N/A	ASSOCIATION	ANIMAL CARE	4,506
JERSEY ANIMAL COALITION FBO JERSEY ANIMAL COALITION 298 WALTON AVENUE SOUTH ORANGE,NJ 07079	N/A	ASSOCIATION	ANIMAL CARE	10,000
KINDER 4 RESCUE FBO KINDER FOR RESCUE 11684 VENTURA BLVD 665 STUDIO CITY,CA 91604	N/A	ASSOCIATION	ANIMAL CARE	19,900
KINDER 4 RESCUE 11684 VENTURA BLVD 665 STUDIO CITY,CA 91604	N/A	ASSOCIATION	ANIMAL CARE	34,407
KINGS HIGHWAY ANIMAL CLINIC FBO PALS OF CENTRAL TEXAS PO BOX 401 SAN MARCOS,TX 78667	N/A	ASSOCIATION	ANIMAL CARE	3,480
LINDA HOWARD ANIMAL RESCUE - STRANGEST ANGELS 149 SOUTH BARRINGTON AVENUE 300 LOS ANGELES,CA 90049	N/A	N/A	ANIMAL CARE	3,797
MADISON VETERINARY CLINIC FBO AYL A'S ACRES PO BOX 1634 STAUGUSTINE,FL 32085	N/A	ASSOCIATION	ANIMAL CARE	1,276
MOMA KAT RESCUE FBO MOMA KAT RESCUE 2012 KNOLLWOOD PLACE BIRMINGHAM,AL 35242	N/A	ASSOCIATION	ANIMAL CARE	2,485
MUELLER ANIMAL HOSPITAL FBO GULFSTREAM GUARDIAN ANGELS ROTWEILER RESCUE 20914 NJ 74 PLACE ALACHIA,FL 32615	N/A	ASSOCIATION	ANIMAL CARE	1,631
PALOMA 26 LLC FBO SAVING SPOT RESCUE 534 N LA CIENEGA BLVD LOS ANGELES,CA 90048	N/A	ASSOCIATION	ANIMAL CARE	11,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PLANNED PETHOOD FBO PLANNED PETHOOD OF PASCO 5053 GALL BLVD ZEPHYRHILLS,FL 33542	N/A	ASSOCIATION	ANIMAL CARE	2,500
RED FERN SPAY & NEUTER MOBILE VET CLINIC FBO ST JOHN FERAL CAT FUND PO BOX 2884 PLATTSBURGH,NY 12901	N/A	ASSOCIATION	ANIMAL CARE	1,045
REVIVAL ANIMAL HEALTH FBO SCOTT CTY HUMANE SOCIETY 751 SLOANE DRIVE STE 13 GEORGETOWN,KY 40324	N/A	ASSOCIATION	ANIMAL CARE	2,793
RHINEBECK ANIMAL HOSPITAL FBO ASIAN CATS 486 WEST MAIN STREET CATSKILL,NY 12414	N/A	ASSOCIATION	ANIMAL CARE	1,500
SANTA MARGARITA FEED&FARM SUPPLY FBO HEAVEN CAN WAIT 6275 CERROS PIONEROS WAY SAN MIGUEL,CA 93451	N/A	ASSOCIATION	ANIMAL CARE	2,325
SAVINGS SPOT RESCUE FBO SAVINGS SPOT RESCUE 534 N LA CIENEGA BLVD LOS ANGELES,CA 90048	N/A	ASSOCIATION	ANIMAL CARE	8,452
SECOND CHANCE WELLNESS CENTER FBO SECOND CHANCE WELLNESS CENTER 372 NORTH MAIN STREET NORTH BROOKFIELD,MA 01535	N/A	ASSOCIATION	ANIMAL CARE	4,050
SPECIALISTS IN VETERINARY SURGERY FBO BIG HEARTS FOR BIG DOGS 18430 PIONEER BLVD FORT MEYERS,FL 33908	N/A	ASSOCIATION	ANIMAL CARE	3,400
SPECIALISTS IN VETERINARY SURGERY FBO JAIME & JAYSON WHEELER 1637 PLEASANT CIRCLE ARCADIA,FL 34266	N/A	N/A	ANIMAL CARE	1,031
SPOT FBO SAVING SPOT RESCUE 534 N LA CIENEGA BLVD LOS ANGELES,CA 90048	N/A	ASSOCIATION	ANIMAL CARE	4,200
STRUTTY'S FEED & PET SUPPLY FBO TRIPLE ME MAC EQUINE SANCTUARY 3022 VIEW RIDGE SPRING BRANCH,TX 78070	N/A	ASSOCIATION	ANIMAL CARE	2,900
SUMNER SPAY NEUTER ALLIANCE FBO SOUTHERN ALLIANCE FOR PEOPLE AND ANIMAL W PO BOX 23535 NASHVILLE,TN 37202	N/A	ASSOCIATION	ANIMAL CARE	2,500
THE HONEST KITCHEN DBA PET FOOD WITHA PASSION FBO SAVINGS SPOT RESCUE 534 N LA CIENEGA BLVD LOS ANGELES,CA 90048	N/A	ASSOCIATION	ANIMAL CARE	5,464
THE PREMIUM CONNECTION FBO HURRICANE SANDY RELIEF HUDSON CTY/STONY PT/ISLAND PK VARIOUS,NJ 07645	N/A	CORPORATION	ANIMAL CARE	12,444
VETERINARY HEALTHCARE ASSOCIATES FB ASHLEY CROSS 126 LEMON ROAD LAKE PLACID,FL 33852	N/A	ASSOCIATION	ANIMAL CARE	2,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
VETERINARY MEDICAL CENTER OF LONG ISLAND FBO STEPHANIE SCHNEIDER 103 TWIN LANE NORTH WANTAGH, NY 11793	N/A	N/A	ANIMAL CARE	1,000
WEST ALABAMA ANIMAL CLINIC FBO HOUSTON BOXER RESCUE POBOX 541712 HOUSTON, TX 77254	N/A	ASSOCIATION	ANIMAL CARE	1,224
Z NUMEROUS TRANSACTIONS - DETAILS ON FILE 160 SUMMIT AVE MONTVALE, NJ 07645	N/A	VARIOUS	ANIMAL CARE	45,781
Total  3a				271,766

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

2012

Name of the organization ONYX AND BREEZY FOUNDATION	Employer identification number 13-7437754
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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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Employer identification number
13-7437754

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table 	 \$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	 \$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	 \$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	 \$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	 \$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	 \$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	 \$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

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

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

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

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4Relationship of transferor to transferee		
—			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4Relationship of transferor to transferee		
—			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4Relationship of transferor to transferee		
—			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4Relationship of transferor to transferee		

Additional Data

Software ID:

Software Version:

EIN: 13-7437754

Name: ONYX AND BREEZY FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	ELIZA L BREWSTER 1991 GREAT BEND TURNPIKE HONESDALE, PA 18431	\$ 7,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
<u>2</u>	INETFIX 16 MARIA DRIVE SPARTA, NJ 07871	\$ 5,025	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
<u>3</u>	MARK SHEFTS PO BOX 656 TUXEDO PARK, NJ 10987	\$ 123,880	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
<u>4</u>	MYCELL TECHNOLOGIES LLC 140 E RIDGEWOOD AVE PARAMUS, NJ 07652	\$ 7,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
<u>5</u>	GERALD ECKHOFF 20107 BUTTERMERE COURT ESTERO, FL 33928	\$ 6,800	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
<u>6</u>	FRANK HUPLOSKY KIM TOWERS 29 SPRUCE STREET MERRICK, NY 11566	\$ 7,950	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
<u>7</u>	LAURENCE KING 4 BUENA VISTA ROAD NEW CITY, NY 10956	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	TD BANK PO BOX 9540 PORTLAND, ME 041129540	\$5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
9	WOLINETZLAFAZAN COMPANY 5 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570	\$6,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

TY 2012 Accounting Fees Schedule

Name: ONYX AND BREEZY FOUNDATION

EIN: 13-7437754

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & AUDIT	6,000	0	0	0

TY 2012 Other Assets Schedule**Name:** ONYX AND BREEZY FOUNDATION**EIN:** 13-7437754

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSITS	800	600	
EXCHANGE	197		

TY 2012 Other Expenses Schedule**Name:** ONYX AND BREEZY FOUNDATION**EIN:** 13-7437754

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL DINNER DANCE	89,818	0	0	89,818
OFFICE EXPENSES	909	0	0	0
BANK CHARGES	2,414	0	0	0
DUES AND FEES	450	0	0	0
RAFFLE	16,532	0	0	16,532
CRAFT FAIR	3,585	0	0	3,585
MARKETING	3,787	0	0	0
POSTAGE & DELIVERY	1,030	0	0	1,030
INSURANCE	1,715	0	0	0
WEBSITE MAINTENANCE	565	0	0	565
POSTER PROJECT EXPENSE	207	0	0	207

TY 2012 Taxes Schedule

Name: ONYX AND BREEZY FOUNDATION

EIN: 13-7437754

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL & STATE TAXES	506	0	0	0