



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



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: RIDDLEFIELD FOUNDATION. Number and street: 14715 MUNNBERRY OVAL. City or town: NEWBURY, OH 44065

D Employer identification number: 34-1335758. E Telephone number. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$36,263

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 1,341 to 14,233.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	181,495	22	183,430
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,777	24	4,868
25 Total assets	184,272	25	188,298
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	184,272	27	188,298

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

FOR PURPOSE OF PROMOTING OWNERSHIP, BREEDING, SHOWING FIELD TRIALING AND TRAINING OF PURE BRED DOGS IN ADDITION TO PROVIDING A PLACE WHERE SUCH ACTIVITIES CAN BE HELD

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 FIELD TRIAL SHOW (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 DAY TO DAY OPERATIONS OF THE ORGANIZATION (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,551
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	5,551

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JON YENULONIS PRESIDENT	000 00	0		
STEVE SHERBONDY VICE PRESIDE	000 00	0		
KAREN SHERBONDY SECRETARY/TR	000 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here *****
 Signature of officer
 KAREN SHERBONDY TREASURER
 Type or print name and title
 2014-04-24
 Date

Paid Preparer Use Only
 Print/Type preparer's name: PATRICIA M SAUTO CPA
 Preparer's signature: _____
 Date: 2014-04-24
 Check if self-employed
 PTIN: P00227460
 Firm's name: NMS INC
 Firm's EIN: _____
 Firm's address: 5966 HEISLEY RD STE 201 MENTOR, OH 44060
 Phone no: (440) 286-5222

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2013

Open to Public Inspection

Name of the organization
RIDDLEFIELD FOUNDATION

Employer identification number

34-1335758

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	RAVENNA FIELD TRAINING PHEASANTS 2,334 ENTRY FEES 242 JUDGING EXPENSES 777 SUPPLIES 447 MISCELLANEOUS 50 EXPENSES OFFICE 250 INSURANCE 1,855 INVEST ADVISOR/BANK FEE 43 FOREIGN TAX PAID 16 MISCELLANEOUS 200 DUES 150 TOTAL 6,364
FORM 990-EZ, PART I, LINE 20	UNREALIZED APPRECIATION 2,092
FORM 990-EZ, PART II, LINE 24	UNREALIZED APPR/DEPR 2,777 4,868 TOTAL 2,777 4,868
FORM 990-EZ, PART III	FOR PURPOSE OF PROMOTING OWNERSHIP, BREEDING, SHOWING FIELD TRIALING AND TRAINING OF PURE BRED DOGS IN ADDITION TO PROVIDING A PLACE WHERE SUCH ACTIVITIES CAN BE HELD
FORM 990-EZ, PART III, LINE 31	DAY TO DAY OPERATIONS OF THE ORGANIZATION

TY 2013 Compensation Explanation

Name: RIDDLEFIELD FOUNDATION

EIN: 34-1335758

Person Name	Explanation
JON YENULONIS	
STEVE SHERBONDY	
KAREN SHERBONDY	