

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2012**

Open to Public Inspection

**A For the 2012 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C** Name of organization  
**WYOFIELD**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**45 OGDEN ST. #107**  
 City, town or post office, state, and ZIP code  
**DENVER CO 80246**

**D** Employer identification number  
**27-0410642**

**E** Telephone number  
**307-259-1446**

**F** Name and address of principal officer:  
**ANNE MACKINNON**  
**635 KIRK AVENUE**  
**CASPER WY 82601**

**G** Gross receipts \$ **159,381**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.wyofile.com**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2009** **M** State of legal domicile: **WY**

**H(c)** Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	277,309	159,081
	9 Program service revenue (Part VIII, line 2g)	0	300
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	277,309	159,381
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		137,086	156,465
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>119</b>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		80,941	134,274
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	218,027	290,739	
19 Revenue less expenses. Subtract line 18 from line 12	59,282	-131,358	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 176,212	End of Year 46,170
	21 Total liabilities (Part X, line 26)	3,556	4,872
	22 Net assets or fund balances. Subtract line 21 from line 20	172,656	41,298

**Part II Signature Block**

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: **ANNE MACKINNON** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **BARBARA R HAMILTON** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P00788363**

Firm's name: **WHITTLE HAMILTON & ASSOC PC CPAS** Firm's EIN: **83-0320370**  
 Firm's address: **P.O. BOX 801 POWELL, WY 82435** Phone no.: **307-754-2962**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No