

e-Postcard Worksheet

Form **990-N**

**2012**

For calendar year 2012, or tax year beginning , and ending

Name

**GLOUCESTERSHIRE OLD SPOTS  
OF AMERICA, INC.**

Employer Identification Number

~~XX-XXXXXXX~~

Note: Form 990-N can ONLY be filed electronically, and is filed in lieu of Forms 990 or 990-EZ, if eligibility is met.

The following items are required for a complete electronic submission:

- 1. Employer identification number (EIN), also known as a Taxpayer Identification Number (TIN) ~~XX-XXXXXXX~~ 2012
- 2. Tax year 2012
- 3. Legal name of organization **GLOUCESTERSHIRE OLD SPOTS  
OF AMERICA, INC.**  
 Mailing street address **13575 40TH ST. S**  
 Room or suite number  
 City or foreign province **AFTON**  
 State or foreign country code **MN**  
 Zip code **55001**
- 4. Any other names the organization uses (Doing Business As)
- 5. Principal officer name **SALLY DOHERTY**  
 Mailing street address **13575 40TH ST. S**  
 Street address line 2  
 City or foreign province **AFTON**  
 State or foreign country code **MN**  
 Zip code **55001**
- 6. Web site address if the organization has one **WWW.GOSAMERICA.ORG**
- 7. Organization's annual gross receipts are normally \$50,000 or less **X**
- 8. Organization is terminated or in the process of termination

**COPY**

# STATE OF MINNESOTA

## CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON  
 SUITE 1200, BREMER TOWER  
 445 MINNESOTA STREET  
 ST. PAUL, MN 55101-2130  
 (651) 757-1311  
 (651) 296-1410 (TTY)  
 www.ag.state.mn.us

Annual Reporting       Initial Registration

FEDERAL EIN NUMBER: ~~XXX-XXXXXXX~~

FOR YEAR ENDING: 12/31/12

### SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

GLOUCESTERSHIRE OLD SPOTS

1. Legal Name of Organization: OF AMERICA, INC.

If annual reporting, is this a new name since the organization's last filing?     Yes     No

If so, please state former name: \_\_\_\_\_

2. List all names under which the organization solicits contributions:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Mailing Address of Organization (required)	Physical Address of Organization (required)
<u>13575 40TH ST. S</u>	<u>13575 40TH ST. S</u>
<u>AFTON MN 55001</u>	<u>AFTON MN 55001</u>

4. Contact Person SALLY DOHERTY      E-mail SALLY@LITTLEFOOTFARM.COM  
 Tel. No. \_\_\_\_\_      Fax No. \_\_\_\_\_



5. Does the organization use the services of a professional fundraiser (outside solicitor or consultant)?  
 Yes     No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. **Attach schedule if more than one.**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Compensation \_\_\_\_\_

6. a) Does this professional fund-raiser solicit or consult in Minnesota?     Yes     No  
 b) Is this professional fund-raiser registered to solicit or consult in Minnesota?     Yes     No

7. Month and day accounting year ends: 12/31

8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?     Yes     No

Office Use Only:	ARF	\$25	\$50	N (e-Postcard)	990	EZ	PF	FES	SIG	BD	SAL	Audit
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**GLOUCESTERSHIRE OLD SPOTS**

XX-XXXXXXX

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

**INCOME**

Contributions from the public	\$ _____
Government Grants	\$ _____
Other revenue	\$ <u>3,980</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>3,980</u></b>

EXCESS or DEFICIT	\$ <u>2,046</u>
TOTAL Assets	\$ <u>5,609</u>
TOTAL Liabilities	\$ _____

**END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 5,609**

**SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY**

**ALL Annual Report filers MUST complete questions 1-6**

1. Has the organization's accounting year changed since the last report was filed?  Yes No    
 If yes, provide the new year-end date: \_\_\_\_\_

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.  None  Attached

3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1				
2				
3				
4				
5				

4. **Attach** a list of organization's board of directors.  Attached  Included in IRS Return

5. **Attach a GAAP audit** if total revenue exceeds \$750,000.  Attached  Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).  Audit not required

6. Minnesota law requires that an organization file a copy of all tax or information returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)?  Yes  No (Not required to file a return with IRS or files a group return).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).