# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

nd proxy tax under section	6033(e))	
2010 or other tax year beginning	7/01	201

OMB No. 1545-0687

For calendar year 2010 or other

Depa	Department of the Treasury Internal Revenue Service See separate instructions.								Open to Public Inspection for 501(c)(3) Organizations Only			
A	Check box if	1			e changed and see inst	ructions.)	)	D Employer identification number				
	address changed	s changed Croopbill Hyman Codicty CDCA							(Employees' trust, see instructions.)			
	Exempt under section	or	88530 Greenhill Roa		1	93-046						
	X 501( c )(3)	W	Eugene, OR 97402		E		siness activity					
	408(e) 220(e) 408A 530(a)	'.	_						codes (See in	structions.)		
	529(a)							1	452000			
c	Book value of all assets at end of year	E Crouin	I exemption number (See instructi	ione \	<b>&gt;</b>			<u> </u>	432000			
•	end of year 1 596 533		corganization type ► X			5017	c) trust 4	01 <i>(</i> a)	trust	Other trust		
н			y unrelated business activity.	501(0	) corporation	1301(	<u> </u>	or (a)	tiust	Other trust		
	Retail sales of											
			ration a subsidiary in an affilia	ted or	oup or a parent-s	ubeidia	ery controlled are	un7	<b>▶</b> □\	es X No		
			fying number of the parent con			absidio	ary controlled gre	лар	Ш,	C3 [ <u>11</u> ] 110		
	The books are in care of.		<del>*                                    </del>	porati	JIE	Té	lephone number.	▶ 5	41-689-	-1503		
	rt I Unrelated Ti			· · · · · ·	(A) Income		(B) Expense	_		C) Net		
	a Gross receipts or sale			Π	0.0		(S) Expense			57.10.		
•	b Less returns and allowance:		c Balance. ►	1c	32,9	993						
			line 7)	2	25,0							
			line 1a	3		939.						
	•		Schedule D)	4a	· · · · · · · · · · · · · · · · · · ·	,03.						
		•	7) (attach Form 4797)	4b								
		-		4c								
	Income (loss) from pa	rtnerships	and S corporations									
				5								
6				6								
7			(Schedule E)	7			· · · · · · · · ·		<u> </u>			
8	Interest, annuities, ro organizations (Schedi	yanies, and Jle F)	rents from controlled	8								
9		-	(9), or (17) organization (Sch G)	9								
10			(Schedule I)	10	,							
11	-	-	· · · · · · · · · · · · · · · · · · ·	11	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
12	Other income (See in					ŝ						
	•		,	12								
13	Total. Combine lines	3 through 1	2	13	7,9	939.		0		7,939.		
Pa	t II Deductions	Not Take	en Elsewhere (See instru	ction	s for limitation	s on (	deductions.)					
	(Except for d	contributi	ons, deductions must be	direc	tly connected	with !	the unrelated	bus	siness in	come.)		
14	Compensation of office	ers, directo	ors, and trustees (Schedule K)					14				
15	Salaries and wages.							15				
16								16				
17	Bad debts							17				
18	Interest (attach sched	ule)						18				
19	Taxes and licenses							19				
20	Charitable contribution	ns (See ins	structions for limitation rules.).			,		20				
21	Depreciation (attach F	orm 4562)										
22	Less depreciation clai	med on Sc	hedule A and elsewhere on ret	urn	22a			22	b			
23	Depletion							23				
24	Contributions to defer	red compe	nsation plans					24				
25	Employee benefit pro	grams						25				
26			duie I)					26				
27			ule J)					27				
28			le)					28				
29			hrough 28					29		5,767.		
30 31			me before net operating loss de nited to the amount on line 30)					30 31	-	2,172.		
32			me before specific deduction. S					32	<del>- </del>	2,172.		
33			,000, but see line 33 instruction					33		1,000.		
34	Unrelated business to	axable inco	me. Subtract line 33 from line	32. If	line 33 is greater	than li	ine 32. enter		1			
	the smaller of zero or	line 32			9.00.01			34	1	1,172.		

Part III	Tax Computation						
35 Or	ganizations Taxable as Corporations. Se	e instructions for tax comput	ation.	•			
Co	ntrolled group members (sections 1561 a	nd 1563) check here 🏲 🗌 .	See inst	tructions and:			
<b>a</b> En	ter your share of the \$50,000, \$25,000, a	nd \$9,925,000 taxable incom	e bracke	ets (in that order):			
(1)		(3) \$					
	ter organization's share of: (1) Additional						
(2)	Additional 3% tax (not more than \$100,0	00)		\$			
	ome tax on the amount on line 34				▶	35 c	176.
36 Tru	ists Taxable at Trust Rates. See instruction						
on	line 34 from: Tax rate schedule or	Schedule D (Form 1	041)		,	36	
37 Pr	oxy tax. See instructions				▶	37	
<b>38</b> Alt	ernative minimum tax					38	
39 To	tal. Add lines 37 and 38 to line 35c or 36,	, whichever applies			<u> </u>	39	176.
Part IV	Tax and Payments						
	reign tax credit (corporations attach Form						
	ner credits (see instructions)						
	neral business credit. Attach Form 3800.				176.		
<b>d</b> Cre	edit for prior year minimum tax (attach Fo	orm 8801 or 8827)		40 d			
	tal credits. Add lines 40a through 40d					40 e	176.
<b>41</b> Su	btract line 40e from line 39			. <u></u>		41	0.
42 Otl	per taxes. Check if from: Torm 4255	Form 8611Form	8697	Form 8866		j	
	Other (attach schedule)					42	<u>:</u>
	tal tax. Add lines 41 and 42					43	0.
	yments: A 2009 overpayment credited				340.		
	10 estimated tax payments						
	x deposited with Form 8868						
	reign organizations: Tax paid or withheld						
	ckup withholding (see instructions)						
	edit for small employer health insurance p		)	44 f			
	her credits and payments:	m 2439					
		er Tot					
45 To	tal payments. Add lines 44a through 44g.				. <u></u>	45	340.
<b>46</b> Es	timated tax penalty (see instructions). Ch	eck if Form 2220 is attached				46	
47 Ta	x due. If line 45 is less than the total of li	nes 43 and 46, enter amount	t owed			47	
48 Ov	erpayment. If line 45 is larger than the to	otal of lines 43 and 46, enter	amount	overpaid	▶	48	340.
<b>49</b> En	ter the amount of line 48 you want: Cred	ited to 2011 estimated tax 🕨		F	Refunded 🟲	49	340.
Part V	Statements Regarding Certain	n Activities and Other I	nforma	ation (see instruc	ctions)		
	any time during the 2010 calendar year,					ority ov	rer a Yes No
	ancial account (bank, securities, or other) in						
	port of Foreign Bank and Financial Accounts				▶		X
	ring the tax year, did the organization rec			<b>_</b>	neferor to a	foreign	<del></del>
	YES, see instructions for other forms the			o grantor or, or tre	11310101 10, 4	lorcign	dust
		-		<b>►</b> ċ	0.		
	ter the amount of tax-exempt interest recule A — Cost of Goods Sold. Ente			7.9			
					T	6	
	ventory at beginning of year	1		entory at end of y		6	
	rchases	2	7 Cos	st of goods sold. e 6 from line 5. En	Subtract		
	st of labor	3	and	in Part I, line 2.	iter nere	7	
4a Add	ditional section 263A costs (attach schedule)	1					Yes No
		4a	• •		0524 ( :::		
	er costs ach sch) — — — — — — — — — — — — — — — — — — —	4b		the rules of section perty produced or			
	tal. Add lines 1 through 4b	5	to t	he organization?.		,	
	Under penalties of penjury, I declare that I have excorrect, and complete. Declaration of preparer (otl	camined this return, including accompa	nying sche	dules and statements, a	and to the best of	my knowl	adge and belief, it is true,
Sign	30/5/5	111717	_ \ 6		ا جيأي	May the IR	S discuss this return with
Here	Signature of officer	Date	— <b>→</b> ਜ	itle		the prepar instruction	er shown below (see s)? [v] v [] n_
			- 15	)ata	<u></u> f	1	/ X Yes No
Paid	Print/Type preparer's name	Breparer's signature		Date V-10-12-	Check i	· [	
Pre-	Melinda Handy	I to Munos / INAMAN		1 TV TSF	self-employed		0547769
parer	Firm's name Focus 4 CPA				Firm's EIN 5	<u>1-049</u>	<u> </u>
Use Only	Firm's address ► 1782 5th St						
Only	Springfield C	IR 47/177			Phone no	/5/11	) 744-0000

Schedule C - Rent Incon	ne (From Real P	roperty and	d Persor	nal Property	Lease	ed With Rea	l Prop	erty) (see instructions)		
1 Description of property	•									
(1)										
(2)										
(3)										
(4)	2 Rent received of	or accruied								
(a) From personal pro	· · · · · · · · · · · · · · · · · · ·		an bác lec	reanal property				directly connected		
(a) From personal pro (if the percentage of rent for the property is more than not more than 50)	or personal 10% but %)	(if the personal personal is	percentage property ex based on	rsonal property e of rent for ceeds 50% or profit or incom	e)	with the inc	ome in c (attach :	columns 2(a) and 2(b) schedule)		
(1)										
(2)								<u> </u>		
(3)										
(4)	T_1					•				
Total	Tot	·				(b) Total deducti	ons. Enter			
(c) Total income. Add totals of here and on page 1, Part I, line	6, column (A)	<u></u>				here and on page I, line 6, column (I	1, Part B) •	<b>-</b>		
Schedule E — Unrelated	Dept-Financed I	ncome (see	instructio	ns)	30			alad		
1 Description of de	ebt-financed property	ſ	or a	income from llocable to		debt-	financed	cted with or allocable to property		
			dept-lina	inced property	(a) Straight line depreciation (attach sch)			(b) Other deductions (attach schedule)		
(1)	·			<del></del>		· · · ·				
(2)										
(4)	·						:			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	on debt on or or allocable to debt-financed or allocable to debt-financed		div	Column 4 vided by olumn 5		Gross income reportable imn 2 x colum		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%		· · · · · · · · · · · · · · · · · · ·	·	·		
(2)			8							
(3)				શ						
(4)				왕		4				
TotalsTotal dividends-received deduc	ctions included in co							nter here and on page 1, art I, line 7, column (B).		
Schedule F - Interest, A								uctions)		
		Exempt Con								
1 Name of Controlled Organization	<b>2</b> Employer Identification Number	<b>3</b> Net unr income ( (see instru	(loss)	<b>4</b> Total of spe payments n	ecified nade	ified de de state of column that is included in the controllin organization's gross income		d connected with income in column 5		
(1)										
(2)					<u> </u>					
(3)										
(4) Nonexempt Controlled Organiza	ations									
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		f specified its made	included	in the	nn 9 that is controlling oss income		11 Deductions directly connected with income in column 10		
(1)										
(2)										
(3)		1								
Totals		1		8, column (/	page	I 10. Enter I, Part I, line	here ar	olumns 6 and 11. Enter nd on page 1, Part I, line mn (B).		
Totals	<u></u>	<u></u>	<u></u>	.			1			

Schedule G - Investment Inco	me of a Section	501(c)(7), (9	), or (17) Orga	nization (see ins	tructions)	
1 Description of income	2 Amount of inc	ome 3	Deductions ctly connected tach schedule)	4 Set-asides (attach schedu	<b>5</b> Total set-as	deductions and sides (column 3 is column 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on Part I, line 9, colur	nn (A).			Part I, li	re and on page 1, ne 9, column (B).
Schedule I - Exploited Exempt	Activity Incon	ne, Other Tha	n Advertising	<b>Income</b> (see inst	tructions)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or	5 Gross income from activity	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.
Totals						
Schedule J – Advertising Inco			ded Desig			<del></del>
Part I Income From Periodica	T .					7 Funna anadambia
1 Name of periodical	2 Gross advertising income	<b>3</b> Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	<b>5</b> Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
						- Caronica i in a describina de la Caronica de Caronic
Totals (carry to Part II, line (5))  Part II Income From Periodica 7 on a line-by-line basis.)	<u> </u>	<u> </u>		· 	Part II, fill in co	<u> </u>
1 Name of periodical	2 Gross advertising income	<b>3</b> Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Schedule K – Compensation of	f Officers Dire	ctors and Ti	ructees (and inst	ructions)		
1 Name	or Officers, Dire	Ctors, and Ti	2 Title	3 Percent o time devote to business	d 4 Compens	ation attributable ated business
		-				
					<u> </u>	
was .					8	
					%	
Total Enter here and on page 1 Part	U 1: 1.6				%	

## Form **4562**

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2010

Attachment Sequence No. **67** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

Greenhill Humane Society, SPCA Business or activity to which this form relates

Identifying number 93-0467412

	m 990-T							
Par	Election To Expo Note: If you have an	ense Certain F ny listed property,	Property Under Sec complete Part V before	tion 179 you complete F	Part I.			
1	Maximum amount (see inst	ructions)					1	
2	Total cost of section 179 pr	roperty placed in	service (see instructions	)			2	
3	Threshold cost of section 1	79 property befor	e reduction in limitation	(see instruction	s)		3	
4	Reduction in limitation. Sub	otract line 3 from	line 2. If zero or less, er	iter -0			4	
5	Dollar limitation for tax yea separately, see instructions	r. Subtract line 4	from line 1. If zero or le	ss, enter -0 If	married fil	ling	5	
6		Description of property		(b) Cost (business	s use only)	(c) Elected cos	t	
7	Listed property. Enter the a							
8	Total elected cost of section						8	
9	Tentative deduction. Enter						9	
10	Carryover of disallowed ded		_				10	
11	Business income limitation.						11	
12 13	Section 179 expense deduction Carryover of disallowed dec						12	
	: Do not use Part II or Part				- 13			
			ce and Other Depre		at includo	listed property.	<b>/</b> S00	instructions \
-							(See	instructions.)
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).							14	
15	Property subject to section						15	
16							16	2,048.
Par	t III MACRS Deprec	iation (Do not in	clude listed property.) (	See instructions	<u>)                                    </u>			
		<u> </u>	Section				·	
17	MACRS deductions for asse	ets placed in serv	ice in tax years beginnir	ng before 2010.			17	
18	If you are electing to group asset accounts, check here	any assets place	d in service during the t	ax year into one	e or more	general ► □		
	***************************************		n Service During 2010 1				Svste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f)		(g) Depreciation deduction
19a	3-year property							
	5-year property							
	7-year property							·
	110-year property							
	15-year property							
	20-year property							
<u>c</u>	25-year property			25 yrs		S/L		
r	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
	Section C -	Assets Placed in	Service During 2010 Ta	x Year Using th	e Alternat	ive Depreciatio	n Sys	tem
20 a	Class life					S/L		
	12-year			12 yrs		S/L		
	: 40-year			40 yrs	MM	S/L		
	LIV Summary (See in	structions.)		<del></del>	•			
21	Listed property. Enter amou						21	
22	Total. Add amounts from line 12, I the appropriate lines of your return	lines 14 through 17. Iir	nes 19 and 20 in column (n) ar	nd line 21. Enter her	e and on		22	2,048.
23	For assets shown above an the portion of the basis attr	nd placed in service	ce during the current vea	ar. enter	23			

### **General Business Credit**

▶ See separate instructions.

OMB No. 1545-0895

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Part I

4

5

6

7

8

▶ Attach to your tax return.

Attachment Sequence No. 22 Identifying number

Greenhill Humane Society, SPCA

**Current Year Credit** 

93-0467412

Impo	rtant: You may not be required to complete and file a separate credit form (shown in parenthes	es bel	ow) to claim the c	redit.
For d	etails, see the instructions.			
1a	Investment credit (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved for future use	1b		
C	Credit for increasing research activities	1c		
d	Low-income housing credit (Form 8586, Part I only) (enter EIN if claiming this credit from a			
	pass-through entity:)	1d		
е	Disabled access credit (Form 8826) (do not enter more than \$5,000)	1e		
f	Renewable electricity production credit (Form 8835) (see instructions)	1f		
g	Indian employment credit	1g		
h	Orphan drug credit (Form 8820)	1h		
i	New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity:			
	)	1i		
j	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than \$500)	1j		
k	Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if			
	claiming this credit from a pass-through entity:	1k		
l	Biodiesel and renewable diesel fuels credit (attach Form 8864)	11		
m	Low sulfur diesel fuel production credit (Form 8896)	1m		
n	Distilled spirits credit (Form 8906)	1n		
o	Nonconventional source fuel credit (Form 8907)	10		
р	Energy efficient home credit	1p		
ġ	Energy efficient appliance credit (Form 8909)	1q		
r	Alternative motor vehicle credit (Form 8910) (enter EIN if claiming this credit from a			
	pass-through entity:)	1r		ı
s	Alternative fuel vehicle refueling property credit (Form 8911)	1s		
t	Employer housing credit	1t		
u	Mine rescue team training credit	1u		
V	Agricultural chemicals security credit (Form 8931) (do not enter more than \$2 million)	1v		
, ŵ	Credit for employer differential wage payments	1w		;
x	Carbon dioxide sequestration credit (Form 8933)	1x		j
У	Qualified plug-in electric drive motor vehicle credit (Form 8936)	1y		
Z	Qualified plug-in electric vehicle credit (Form 8834, Part I only)	1z		
aa	New hire retention credit (Form 5884-B)	1aa	1000	00
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
2	Add lines 1a through 1bb	2	1000	00
3	Passive activity credits included on line 2 (see instructions)	3		

Carryback of general business credit from 2011 (see instructions)

Carryforward of general business credit to 2010. See instructions for the schedule to attach.

Add lines 4 through 7. Subtract from that sum any eligible small business credits and enter the 

4

5

6

7

Form 3800 (2010)

Part	Allowable Credit			
9	Regular tax before credits:  Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 42.  Corporations. Enter the amount from Form 1120, Schedule J, line 2; or the	9	176	00
	applicable line of your return	9	176	
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return			
10	Alternative minimum tax:			
	• Individuals. Enter the amount from Form 6251, line 35			
	• Corporations. Enter the amount from Form 4626, line 14	10	0	00
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56			
11	Add lines 9 and 10	11	176	00
				,
12a	9			
b	Personal credits from Form 1040 or 1040NR (see instructions) . 12b			
С	Add lines 12a and 12b	12c	0	00
13	Net income tax. Subtract line 12c from line 11. If zero, skip lines 14 through 17 and enter -0- on line 18a	13	176	00
14	Net regular tax. Subtract line 12c from line 9. If zero or less, enter -0-   14   0   00			
17	THE TEGULAR CADALACT INTO 120 NOTIFICE 9. II 2010 OF 1005, OFFICE 10-			
15	Enter 25% (.25) of the excess, if any, of line 14 over \$25,000 (see			
	instructions)			
16	Tentative minimum tax. If line 8 is zero and line 24 would be zero.			
10	skip lines 16 through 25 and go to line 26. Otherwise, see			
	instructions			
			_	
17	Enter the greater of line 15 or line 16	17	. 0	00
18a	Subtract line 17 from line 13. If zero or less, enter -0	18a	176	00
b	For a corporation electing to accelerate the research credit, enter the bonus depreciation			
	amount attributable to the research credit. (see instructions)	18b		
С	Add lines 18a and 18b	18c	176	00
19a	Enter the smaller of line 8 or line 18c	19a	176	00
	C corporations: See the line 19a instructions if there has been an ownership change,			
_	acquisition, or reorganization.			
b				
С	skip line 19c (see instructions)	19b	176	00
C	accelerate the research credit. Include this amount on line 32g of Form 1120 (or the applicable			
	line of your return)	40-		

Part	Allowable Credit (Continued)			
Note.	lf you are not filing Form 8844, skip lines 20 through 24 and enter -0- on line 25.			
20	Multiply line 16 by 75% (see instructions)	. 20	0	00
21	Enter the greater of line 15 or line 20	. 21	0	00
22	Subtract line 21 from line 13. If zero or less, enter -0	. 22	176	00
23	Subtract line 19b from line 22. If zero or less, enter -0	. 23	0	00
24	Enter the amount from Form 8844, line 10 or line 12, excluding any portion of the credit that an eligible small business credit (see instructions)	t is 24	0	00
25	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 23 or line 24	of . 25	0	00
26	Subtract line 15 from line 13. If zero or less, enter -0	26	176	00
27	If you skipped lines 16 through 25, enter -0 Otherwise, add lines 19b and 25	. 27	176	00
28	Subtract line 27 from line 26. If zero or less, enter -0	. 28	0	00
e f g	Enter the investment credit from Form 3468, Part III, line 20 (attach Form 3468)			
30	Add lines 29a through 29h and increase that sum by any eligible small business credits a enter the result (see instructions)	ınd - <b>30</b>	0	00
31	Enter the smaller of line 28 or line 30	. 31	0	<b>0</b> 0
32	Credit allowed for the current year. Add lines 27 and 31.  Report the amount from line 32 (if smaller than the sum of lines 8, 24, and 30, see instructional as indicated below or on the applicable line of your return:  • Individuals Form 1040 line 53 or Form 1040NB line 50	ns)		

## Form **5884-B**

(December 2010)

Department of the Treasury Internal Revenue Service

### **New Hire Retention Credit**

► Attach to your tax return.

► Use Part II to list additional retained workers.

OMB No. 1545-2202

Attachment Sequence No. **65** 

Name(s) shown on return

Greenhill Humane Society, SPCA

Identifying number 93-0467412

A credit of up to \$1,000 is allowed for each retained worker. A retained worker generally is a qualified employee (see instructions) whose first 52 consecutive weeks of employment ended in the current tax year. However, the worker's wages (as defined for income tax withholding purposes) for the second 26 consecutive weeks must equal at least 80% of the worker's wages for the first 26 consecutive weeks.

Par	New Hire Retention Credit for Retained Wor	Kers	1		r				
	Use a separate column for each retained worker. If you need more columns, use Part II and include the totals on line 10.		(a) Retained Worker No. 1		<b>(b)</b> Retained Worker No. 2		(c) Retained Worker No. 3		
1	Enter the retained worker's social security number .	1	533-96-4861						
2	Enter the first date of employment from the retained worker's Form W-11 or similar statement	2	3 / 29 / 20	s / 29 / 2010 / / 2010		010	/ / 201		010
3	Enter the retained worker's wages for the first 26 consecutive weeks of employment	3	9486	82					
4	Multiply line 3 by 80% (.80)	4	7589	46					
5	Enter the retained worker's wages for the second 26 consecutive weeks of employment. If line 4 is larger than this amount, the qualified employee is not a retained worker and should not be listed on this form	5	7925	87					
6	Add lines 3 and 5	6	17412	69					
7	Multiply line 6 by 6.2% (.062)	7	1079	59					
8	Maximum credit allowable	8	1,000	00	1,000	00		1,000	00
9	Enter the smaller of line 7 or line 8	9	1000	00					
10	Add columns (a) through (c) on line 9 above and columns Parts II	s (a) th	nrough (c) on line	s 9 c	of any attached	10		1000	00
11	Enter the total number of retained workers for whom credit on line 10 (see instructions)	•	are receiving a	11	1				
12	New hire retention credit from partnerships and S corpor	ations	s (see instructions	s) .		12			
13	Current year credit. Add lines 10 and 12. Partnerships a Schedule K; all others, report this amount on the applica 2010 Form 3800)	ble lir	ne of Form 3800	e.g.,		13		1000	00

Name(s) shown on return. Do not enter name and identifying number if shown on other side.

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Part	Continuation Sheet for Additional Retained	Nork	ers									
iumbei column Part II v idditioi	separate column for each retained worker. Keep track of rof workers listed by entering a number at the top of a series of the first retained worker listed on the first attack would be Retained Worker No. 4. If you need more columns had copies of Part II. Include the totals from columns (a) three lines 9 from all copies of Part II on Part I, line 10.	each ched use	<b>(a)</b> Retained Worker		Ret Wo	<b>(b)</b> ained orker	e de la company de charge de la	Ret	<b>c)</b> ained orker			
		1 2 1	No.		No.			No.	· 			
1 2	Enter the retained worker's social security number.  Enter the first date of employment from the retained worker's Form W-11 or similar statement	1 2	/ /2	010	/	/ /2010		/ 2010 /		/	/ 20	 010
3	Enter the retained worker's wages for the first 26 consecutive weeks of employment	3										
4	Multiply line 3 by 80% (.80)	4										
5	Enter the retained worker's wages for the second 26 consecutive weeks of employment. If line 4 is larger than this amount, the qualified employee is not a retained worker and should not be listed on this form	5										
6	Add lines 3 and 5	6										
7	Multiply line 6 by 6.2% (.062)	7										
8	Maximum credit allowable	8	1,000	00		1,000	00	1	,000	00		
9	Enter the <b>smaller</b> of line 7 or line 8	9				· .						
			<b>(a)</b> Retained Worker No.	j	<b>(b)</b> Retained Worker No.		etained Retaine		ained			
1	Enter the retained worker's social security number	1							,			
2	Enter the first date of employment from the retained worker's Form W-11 or similar statement	2	/ /2	010	/ / 2010		010	10 /		010		
3	Enter the retained worker's wages for the first 26 consecutive weeks of employment	3								*******		
4	Multiply line 3 by 80% (.80)	4						· · · · · · · · · · · · · · · · · · ·				
5	Enter the retained worker's wages for the second 26 consecutive weeks of employment. If line 4 is larger than this amount, the qualified employee is not a retained worker and should not be listed on this form	5										
6	Add lines 3 and 5	6										
7	Multiply line 6 by 6.2% (.062)	7										
8	Maximum credit allowable	8	1,000	00		1,000	00		1,000	00		
9	Enter the smaller of line 7 or line 8	9										
			<b>(a)</b> Retained Worker No.		Ret	(b) ained orker		Ret	(c) ained orker			
1	Enter the retained worker's social security number .	1										
2	Enter the first date of employment from the retained worker's Form W-11 or similar statement	2	/ /2	010	/	/ 2	010	1.	/ 20	010		
3	Enter the retained worker's wages for the first 26 consecutive weeks of employment	3										
4	Multiply line 3 by 80% (.80)	4										
5	Enter the retained worker's wages for the second 26 consecutive weeks of employment. If line 4 is larger than this amount, the qualified employee is not a retained worker and should not be listed on this form	5										
6	Add lines 3 and 5	6										
7	Multiply line 6 by 6.2% (.062)	7		$oxedsymbol{oxedsymbol{oxed}}$								
8	Maximum credit allowable	8	1,000	00		1,000	00		1,000	00		
9	Enter the <b>smaller</b> of line 7 or line 8	9		1			1			1		