

REQUEST FOR 45R CREDIT ONLY

Form **990-T**

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

OMB No. 1545-0687

2010

Department of the Treasury
Internal Revenue Service

For calendar year 2010 or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 13118519.</p>	<p>Print or Type</p> <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HABITAT FOR HUMANITY OF NEW CASTLE COUNT</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1920 HUTTON STREET</p> <p>City or town, state, and ZIP code WILMINGTON, DE 19802</p>	<p>D Employer identification number (Employees' trust, see instructions.) 51-0294138</p> <p>E Unrelated business activity codes (See instructions.)</p>	<p>F Group exemption number (See instructions.) 7201</p> <p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **TILE MCKENNA** Telephone number **302-652-0365**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions; deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)				14
15 Salaries and wages				15
16 Repairs and maintenance				16
17 Bad debts				17
18 Interest (attach schedule)				18
19 Taxes and licenses				19
20 Charitable contributions (See instructions for limitation rules.)				20
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		22b
23 Depletion				23
24 Contributions to deferred compensation plans				24
25 Employee benefit programs				25
26 Excess exempt expenses (Schedule I)				26
27 Excess readership costs (Schedule J)				27
28 Other deductions (attach schedule)				28
29 Total deductions. Add lines 14 through 28				29 0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				30 0.
31 Net operating loss deduction (limited to the amount on line 30)				31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				32 0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)				33 1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				34 0.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning of year (1), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), Inventory at end of year (6), Cost of goods sold (7), and Do the rules of section 263A apply (8).

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) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 11/11/11 Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only

Print/Type preparer's name: JULIE M. MORGAN; Preparer's signature: [Signature]; Date: NOV 1 2011; Check self-employed: [] if PTIN: P00461163; Firm's name: CETRULO & MORGAN GROUP, LLC; Firm's address: 1700 WEST 14TH STREET WILMINGTON, DE 19806; Firm's EIN: 02-0657754; Phone no.: (302) 777-7400

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to your tax return.

Name(s) shown on return	Identifying number
HABITAT FOR HUMANITY OF NEW CASTLE COUNT	51-0294138
1 Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1 27
2 Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2 19
3 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3 26,662.
4 Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions)	4 46,524.
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5 67,516.
6 Enter the smaller of line 4 or line 5	6 46,524.
7 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	7 11,631.
8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8 4,652.
9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9 3,879.
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	10
11 Subtract line 10 from line 4. If zero or less, enter -0-	11 46,524.
12 Enter the smaller of line 9 or line 11	12 3,879.
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13 14
14 Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14 12
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15
16 Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on Schedule K; all others, go to line 17	16 3,879.
17 Credit for small employer health insurance premiums included on line 16 from passive activities (see instructions)	17
18 Subtract line 17 from line 16	18 3,879.
19 Credit for small employer health insurance premiums allowed for 2010 from a passive activity (see instructions)	19
20 Carryback of the credit for small employer health insurance premiums from 2011	20
21 Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount on Form 3800, line 29h	21 3,879.
22 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	22
23 Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount on Form 3800, line 29h	23
24 Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit (see instructions)	24 51,533.
25 Tax-exempt small employers, enter the smaller of line 21 or line 24 here and on Form 990-T, line 44f	25 3,879.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8941** (2010)