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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: MANN HOUSE, INC. D Employer identification number: 52-0911875. E Telephone number: 410-879-7619. 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).

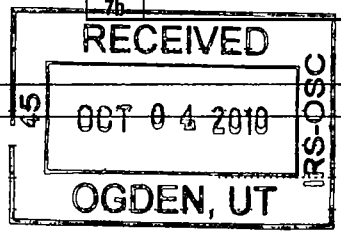
I Website: WWW.MANNHOUSEINC.COM. J Tax-exempt status (check only one) - [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527.

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 327421.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 265688. Expenses total: 193357. Net assets at end of year: 283797.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 287601. Total liabilities: 3804. Net assets: 283797.

SCANNED OCT 20 2010

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T					
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X			
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.			
37b	b Did the organization file Form 1120-POL for this year?		X			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X			
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A			
39	Section 501(c)(7) organizations Enter					
39a	a Initiation fees and capital contributions included on line 9	39a	N/A			
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	0.	section 4912	0.	section 4955	0.
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X			
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.			
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.			
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X			
41	List the states with which a copy of this return is filed	NONE				
42a	The organization's books are in care of	GREGORY HAYWOOD				
	Located at	14 WILLIAMS ST., BEL AIR, MD				
	Telephone no	410-879-7619				
	ZIP + 4	21014				
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X			
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X			
	If "Yes," enter the name of the foreign country					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X			

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

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

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ 0

- 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

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: Michael Adams Sr. Date: 9-29-10
 Type or print name and title: Michael Adams Sr. TREAS.

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 09/21/10 Check if self-employed:
 Preparer's identifying number (See instr): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: DECAPITE & DECAPITE, PA
307 S. TOLLGATE RD.
BEL AIR, MD 21014
 EIN: _____
 Phone no: (410) 893-3270

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	144471.	155149.	200361.	147395.		647376.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	144471.	155149.	200361.	147395.		647376.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						647376.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	144471.	155149.	200361.	147395.		647376.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3084.	16196.	11352.	6866.		37498.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						684874.
12 Gross receipts from related activities, etc. (see instructions)					12	183366.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.52 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING, OTHER		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	63872.		63872.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	63872.		63872.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	2500.		2500.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(2500)
	11	Net income summary. Combine line 3, column (d), and line 10			61372.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
TELEPHONE	4230.
FOOD	19393.
INSURANCE	15410.
AUTO AND TRUCK	913.
CLIENT SERVICE AND SUBSTANCE SCREENING	1777.
OFFICE SUPPLIES	5836.
CONTRIBUTIONS	950.
SUPPLIES	851.
FRINGE BENEFITS	3123.
PAYROLL TAXES	7233.
TOTAL TO FORM 990-EZ, LINE 16	59716.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
RBC WEALTH MANAGEMENT-SEE ATTACHED	51935.	59233.	0.	-7298.
TO FORM 990-EZ, LINE 5	51935.	59233.	0.	-7298.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 3

DESCRIPTION	AMOUNT
DEPRECIATION	7503.
OTHER EXPENSES	22294.
TOTAL TO FORM 990-EZ, LINE 14	29797.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

CLIENTS ARE REQUIRED TO PAY WEEKLY RENT OF \$ 100 WHILE STAYING AT THE MANN HOUSE. THIS REQUIRES RESIDENTS TO GET A JOB AND DEVELOP LIFE SKILLS THEY WILL REQUIRE ONCE THEY LEAVE THE PROGRAM.

THE MANN HOUSE IS A HALFWAY HOUSE FOR RECOVERING ADDICTS AND ALCOHOLICS AND IS A THIRTEEN BED FACILITY.

MANN HOUSE INC
14 WILLIAMS STREET

Account number:
350-78837
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SALES
(continued)

DATE	DESCRIPTION	QUANTITY	PRICE	NET PROCEEDS/ ACCRUED INTEREST	NET COST*	REALIZED GAIN/LOSS*	COMMENTS
03/19/10	GROWTH FUND AMERICA INC CLASS A SOLICITED	-450.068	\$28.190	\$12,687.42	\$12,209.21	\$478.20	
03/19/10	HARTFORD MUTUAL FUNDS INC CAPITAL APPRECIATION FUND CL B SALE OF SHARES MAY INCUR SALES CHARGE. SEE THE PROSPECTUS. SOLICITED	-0.355	\$28.140	\$9.99	\$6.60	\$3.39	
03/19/10	INVESTMENT CO AMER CLASS A SOLICITED	-194.386	\$26.530	\$5,157.06	\$6,821.91	-\$1,664.87	
03/19/10	LORD ABBETT MID-CAP VALUE FUND INC-CL A SOLICITED	-470.879	\$14.070	\$6,625.27	\$10,511.31	-\$3,886.04	
03/19/10	VAN KAMPEN COMSTOCK CL A SOLICITED	-207.804	\$14.440	\$3,000.69	\$3,446.96	-\$446.25	
03/19/10	WASHINGTON MUTUAL INVS FD CLASS A SOLICITED	-170.678	\$25.360	\$4,328.39	\$6,163.08	-\$1,834.69	
	TOTAL SALES			\$51,935.41		-\$7,297.81	
	OTHER ACTIVITY						
03/11/10 as of	AMERICAN BALANCED FD INC CL B SHS	-123.381	\$0.000	\$0.00	N/A	N/A	
03/10/10	SHARE CLASS EXCHANGE/MERGER TO CUSIP: 024071102						
03/11/10 as of	AMERICAN BALANCED FD INC CL B SHS	-33.730	\$0.000	\$0.00	N/A	N/A	
03/10/10	SHARE CLASS EXCHANGE/MERGER TO CUSIP: 024071102						
03/11/10 as of	AMERICAN BALANCED FUND INC CLASS A	123.008	\$0.000	\$0.00	N/A	N/A	
03/10/10	SHARE CLASS EXCHANGE/MERGER FROM CUSIP: 024071201						

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Account number:
350-78837
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ACCOUNT STATEMENT
MARCH 1, 2010 - MARCH 31, 2010

RBC Wealth Management



RBC Wealth Management, a Division of
RBC Capital Markets Corporation, Member NYSE/1230A/SIPC

PURCHASES
(continued)

Regular Purchases

DATE	DESCRIPTION	QUANTITY	PRICE	ACCRUED INTEREST	NET COST/ ACCRUED INTEREST	COMMENTS
03/12/10	VAN KAMPEN COMSTOCK CL A REINVEST	0.749	\$14.230		-\$10.66	REINVEST
03/19/10	BARCLAYS BK DEL WILMINGTON CD C/D FDIC LXD TO THE PERF OF BSKT OF 10 COMMON STOCKS DUE 03/27/2015 PROSPECTUS UNDER SEPARATE MAIL DISCRETION NOT EXERCISED	51,000.000	\$100.000		-\$51,000.00	
03/23/10	WASHINGTON MUTUAL INVS FD CLASS A REINVEST	1.009	\$25.360		-\$25.60	REINVEST

Total regular purchases

TOTAL PURCHASES

SALES

DATE	DESCRIPTION	QUANTITY	PRICE	NET PROCEEDS/ ACCRUED INTEREST	NET COST	REALIZED GAIN/LOSS*	COMMENTS
03/19/10	AIM BASIC VALUE FUND CL A SOLICITED	-136.333	\$20.460	\$2,789.37	\$3,508.45	-\$719.10	
03/19/10	AMERICAN BALANCED FUND INC CL C SALE OF SHARES MAY INCUR SALES CHARGE. SEE THE PROSPECTUS. SOLICITED	-89.649	\$16.590	\$1,162.44	\$1,257.52	-\$95.07	
03/19/10	AMCAP FUND INC CL C SALE OF SHARES MAY INCUR SALES CHARGE. SEE THE PROSPECTUS. SOLICITED	-284.620	\$16.560	\$4,713.31	\$4,775.24	-\$61.95	
03/19/10	AMERICAN BALANCED FUND INC CLASS A SOLICITED	-358.375	\$16.760	\$6,006.37	\$5,846.73	\$159.63	
03/19/10	COLUMBIA ACORN TR FD CL A SOLICITED	-214.430	\$25.440	\$5,455.10	\$4,686.18	\$768.94	