

**Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form1023 for instructions and the latest information.**Note:** *If exempt status is approved, this application will be open for public inspection.*

Use the "?" buttons throughout this form for help in completing this application. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500.

If you cannot complete required responses within the textbox limits throughout this form, upload your additional narratives with the other required documents.

Part I Identification of Applicant

1a Full Name of Organization (exactly as it appears in your organizing document) MAGDALENES INC			b Care of Name (if applicable) SUSAN JUNOT		
c Mailing Address (Number, street and room/suite) 3311 GULF BREEZE PARKWAY NUMBER 228		d City GULF BREEZE		e Country UNITED STATES	
f State FLORIDA		g Zip Code + 4 32563	h Foreign Province (or State)		i Foreign Postal Code
2 Employer Identification Number 85-0807127		3 Month Tax Year Ends DECEMBER		4 Person to Contact if More Information is Needed (officer, director, trustee, or authorized representative) JACKIE BELL	
5 Contact Telephone Number 850-359-2545		6 Fax Number (optional)			7 User Fee Submitted \$600.00
8 Organization's Website (if available): www.magdalenes.org					
9 List the names, titles, and mailing addresses of your officers, directors, and/or trustees.					
First Name: SUSAN		Last Name: JUNOT		Title: PRESIDENT	
Mailing Address: 4405 SOUNDSIDE DRIVE			City: GULF BREEZE		
State (or Province): FLORIDA		Zip Code (or Foreign Postal Code): 32563			
First Name: DEBORAH		Last Name: ATCHISON		Title: VICE PRESIDENT	
Mailing Address: 1561 STANFORD ROAD			City: GULF BREEZE		
State (or Province): FLORIDA		Zip Code (or Foreign Postal Code): 32563			
First Name: SHELLEY		Last Name: BRUMMETT		Title: TREASURER	
Mailing Address: 7672 GULF BOULEVARD			City: NAVARRE		
State (or Province): FLORIDA		Zip Code (or Foreign Postal Code): 32566			
First Name: PAT		Last Name: SOUTHERLAND		Title: SECRETARY	
Mailing Address: 324 DOLPHIN STREET			City: GULF BREEZE		
State (or Province): FLORIDA		Zip Code (or Foreign Postal Code): 32501			
First Name: MIA		Last Name: BURKE		Title: MEMBER	
Mailing Address: 6872 EAST BAY BOULEVARD			City: NAVARRE		
State (or Province): FLORIDA		Zip Code (or Foreign Postal Code): 32566			

 Check here to add more officers, directors, and/or trustees.

Jackie Bell, Director, 4040 Soundpointe Drive, Gulf Breeze, Florida 32563 Angie Ishee, Director, 956 Broken Arrow Lane, Cantonment, Florida 32533

Part II Organizational Structure

1 You must be a corporation, limited liability company (LLC), unincorporated association, or trust to be tax exempt.

Select your type of organization.

Corporation

At the end of this form, you must upload a copy of your articles of incorporation (and any amendments) that shows proof of filing with the appropriate state agency.

Limited Liability Company (LLC)

At the end of this form, you must upload a copy of your articles of organization (and any amendments) that shows proof of filing with the appropriate state agency. Also, if you adopted an operating agreement, upload a copy, along with any amendments.

Unincorporated Association

At the end of this form, you must upload a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.

Trust

At the end of this form, you must upload a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.

2 Enter the date you formed. (MM/DD/YYYY)

04/03/2020

3 Select your state (or U.S. territory) of incorporation or other formation. If you were formed under the laws of a foreign country, select Foreign Country.

Florida

4 Have you adopted bylaws? If "Yes," at the end of this form, upload a current copy showing the date of adoption. If "No," explain how you select your officers, directors, or trustees.

Yes No

5 Are you a successor to another organization?

Yes No

Answer "Yes" if you have taken or will take over the activities of another organization, you took over 25% or more of the fair market value of the net assets of another organization, or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," complete Schedule G.

Part III Required Provisions in Your Organizing Document

Part III helps ensure that, when you submit this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3).

If you cannot check "Yes" in both Lines 1 and 2, your organizing document does not meet the organizational test. DO NOT file this application until you have amended your organizing document. Remember to upload your original and amended organizing documents at the end of this form.

- 1** Section 501(c)(3) requires that your organizing document limit your purposes to one or more exempt purposes within section 501(c)(3), such as charitable, religious, educational, and/or scientific purposes.

The following is an example of an acceptable purpose clause: The organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Does your organizing document meet this requirement?

Yes No

- 1a** State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph):

Page 1, Article II Corporate Purpose

- 2** Section 501(c)(3) requires that your organizing document provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.

The following is an example of an acceptable dissolution clause: Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

Does your organizing document meet this requirement?

Yes No

- 2a** State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph) or indicate that you rely on state law.

Page 2, Article IX, Dissolution

Part IV **Your Activities**

1 Describe completely and in detail your past, present, and planned activities. Do not refer to or repeat the purposes in your organizing document. For each past, present, or planned activity, include information that answers the following questions:

- a. What is the activity?
- b. Who conducts the activity?
- c. Where is the activity conducted?
- d. What percentage of your total time is allocated to the activity?
- e. How is the activity funded (for example, donations, fees, etc.) and what percentage of your overall expenses is allocated to this activity?
- f. How does the activity further your exempt purposes?

PLEASE SEE ATTACHMENT I FOR RESPONSE TO THIS PART IV, PAST PRESENT OR PLANNED ACTIVITIES INCLUDING ANSWERS TO THE REQUIRED QUESTIONS

Part IV Your Activities (continued)

2 Enter the 3-character NTEE Code that best describes your activities.

Or check here if you want the IRS to select the NTEE Code that best describes your activities.

3 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes" if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.

 Yes No

4 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors? If "Yes," explain how these related individuals are eligible for goods, services, or funds.

 Yes No

5 Do you or will you support or oppose candidates in political campaigns in any way? If "Yes," explain.

 Yes No

6 Do you or will you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation.

 Yes No

Part IV Your Activities (continued)

- 6a** Did you or will you make an election to have your legislative activities measured by expenditures by filing Form 5768? If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No

- 7** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. Yes No

- 8** Do you or will you provide educational information to the general public on budgeting, personal finance, financial literacy, saving and spending practices, the sound use of consumer credit, and/or assist individuals and families with financial problems such as credit card debt and foreclosure by providing them with counseling? If "Yes," explain. Yes No

- 9** Do you or will you make grants, loans, or other distributions to organizations? If "Yes," describe the type and purpose of the grants, loans, or distributions, how you select your recipients including submission requirements (such as grant proposals or application forms), and the criteria you use or will use to select recipients. Also describe how you ensure the grants, loans, and other distributions are or will be used for their intended purposes (including whether you require periodic or final reports on the use of funds and any procedures you have if you identify that funds are not being used for their intended purposes). Finally, describe the records you keep with respect to grants, loans, or other distributions you make and identify any recipient organizations and any relationships between you and the recipients. If "No," continue to Line 10. Yes No

Part IV Your Activities (continued)

- 9a** Do you or will you make grants, loans, or other distributions to organizations that are not recognized by the IRS as tax exempt under section 501(c)(3)? If "Yes," name and/or describe the non-section 501(c)(3) organizations to whom you do or will make distributions and explain how these distributions further your exempt purposes. Yes No

- 9b** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," name each foreign organization (if not already provided), the country and region within each country in which each foreign organization operates, any relationship you have with each foreign organization, and whether the foreign organization accepts contributions earmarked for a specific country or organization (if so, specify which countries or organizations). If "No," continue to Line 10. Yes No

- 9c** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. Yes No

- 9d** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. Yes No

- 9e** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including periodic reporting requirements, auditing grantees, site visits by your employees or compliance checks by impartial experts, etc., to verify that grant funds are being used appropriately. Yes No

Part IV Your Activities (continued)

- 9f** Do you share board members or other key personnel with the recipient organization(s)? If "Yes," identify the relationships. Yes No

- 9g** When you make grants, loans, or other distributions to foreign organizations, will you check the OFAC List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-charitable activities. Yes No

- 9h** Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC? Yes No

- 9i** Will you acquire from OFAC the appropriate license and registration where necessary? Yes No

- 10** Do you or will you operate in a foreign country or countries? If "Yes," name each foreign country and region within each country in which you do or will operate and describe your operations in each one. If "No," continue to Line 11. Yes No

- 10a** When you conduct activities in foreign countries, will you check the OFAC List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-charitable activities. Yes No

- 10b** Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC? Yes No

- 10c** Will you acquire from OFAC the appropriate license and registration where necessary? Yes No

Part IV Your Activities (continued)

- 11 Are you a sponsoring organization that maintains one or more donor advised funds? If yes, please provide a complete description of your program, including the specific advice that such donors may provide. Describe in detail the control you maintain (or will maintain) over the use of the funds. Yes No

- 12 Do you or will you operate a school? Yes No
If "Yes," complete Schedule B.

- 13 Is your principal purpose or function to provide hospital or medical care? Yes No
If "Yes," complete Schedule C.

- 14 Do you or will you provide low-income housing? Yes No
If "Yes," complete Schedule F.

- 15 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? Yes No
If "Yes," complete Schedule H - Section I.

- 16 Check any of the following fundraising activities that you will undertake (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Website, mail, email, personal, and/or phone solicitations | <input checked="" type="checkbox"/> Foundation grant solicitations |
| <input type="checkbox"/> Receive donations from another organization's website | <input type="checkbox"/> Government grant solicitations |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Other (non-bingo) gaming activities |
| <input type="checkbox"/> Other (describe) | |

- We will not engage in fundraising activities.

- 17 Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements, including the names or descriptions of the organizations for which you raise funds. Yes No

Part V Compensation and Other Financial Arrangements

- 1** Do you or will you compensate officers, directors, or trustees, or do or will you have highest compensated employees, or highest compensated independent contractors? If "No," continue to Line 2. Yes No

In establishing compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors:

- 1a** Do or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No

- 1b** Do or will you approve compensation arrangements in advance of paying compensation? Yes No

- 1c** Do or will you document in writing the date and terms of approved compensation arrangements? Yes No

- 1d** Do or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? Yes No

- 1e** Do or will you approve compensation arrangements based on information about compensation paid by similarly situated taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Yes No

- 1f** Do or will you record in writing both the information on which you relied to base your decision and its source? Yes No

- 1g** Do or will you have any other practices you use to set reasonable compensation? If "Yes," describe these practices. Yes No

- 2** Have you adopted a conflict of interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If you are a hospital, answer "Yes" if your conflict of interest policy includes provisions consistent with the additional healthcare related provisions in the sample document. If "No," describe the procedures you will follow to ensure that persons who have a conflict of interest will not have influence over setting their own compensation or regarding business deals with themselves. Yes No

- 3** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Yes No

Part V Compensation and Other Financial Arrangements *(continued)*

- 4 Do you or will you purchase or sell any goods, services, or assets from or to: (i) any of your officers, directors, or trustees; (ii) any family of any of your officers, directors, or trustees; (iii) any organizations in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest; (iv) your highest compensated employees; or (v) your highest compensated independent contractors? If "Yes," describe any such transactions that you made or intend to make, with whom you make or will make such transactions, how the terms are or will be negotiated at arm's length, and how you determine you pay no more than fair market value or you are paid at least fair market value. Yes No

- 5 Do you or will you have any leases, contracts, loans, or other agreements with: (i) your officers, directors, or trustees; (ii) any family of any of your officers, directors, or trustees; (iii) any organizations in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest; (iv) your highest compensated employees; or (v) your highest compensated independent contractors? If "Yes," describe any written or oral arrangements that you made or intend to make, with whom you have or will have such arrangements, how the terms are or will be negotiated at arm's length, and how you determine you pay no more than fair market value or you are paid at least fair market value. Yes No

Magdalene's will begin operation in a home that is owned by one of the current Board members. At the point that revenues are available, Magdalene's expects to pay no more than fair market rate lease payments determined by a third party consultant for use of the facilities. Any actions taken will be in accordance with the conflict of interest policy included in this application.

- 6 Do you or will you contract with another organization to develop, build, market, or finance your facilities? Yes No
If "Yes," describe each facility, the role of the other organization, and any business or family relationship between the organization and your officers, directors, or trustees. Explain how that entity is selected, how the terms of any contract(s) are negotiated at arm's length, and how you determine you will pay no more than fair market value for services.

Part V Compensation and Other Financial Arrangements *(continued)*

- 7 Does or will someone other than your own employees or volunteers manage your activities or facilities? Yes No
- If "Yes," describe the activities or facilities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and any business or family relationship between the organization and your officers, directors, or trustees. Explain how these managers were or will be selected, how the terms of any contracts or other agreements were or will be negotiated, and how you determine you will pay no more than fair market value for services.

- 8 Do you participate in any joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Yes No

Part VI Financial Data

- 1 Select the option that best describes you to determine the years of revenues and expenses you need to provide.
- You completed less than one tax year.
Provide a total of three years of financial information (including the current year and two future years of reasonable and good faith projections of your future finances) in the following Statement of Revenues and Expenses.
 - You completed at least one tax year but fewer than five.
Provide a total of four years financial information (including the current year and three years of actual financial information or reasonable and good faith projections of your future finances) in the following Statement of Revenues and Expenses.
 - You completed five or more tax years.
Provide financial information for your five most recent tax years (including the current year) in the following Statement of Revenues and Expenses.

Part VI Financial Data (continued)**A. Statement of Revenues and Expenses**

Type of revenue	Current tax year	4 prior tax years or 2 succeeding tax years			
	From: 04/03/2020 To: 12/31/2020	From: 01/01/2021 To: 12/31/2021	From: 01/01/2022 To: 12/31/2022	From: _____ To: _____	From: _____ To: _____
1 Gifts, grants, and contributions received (do not include unusual grants)	\$22,800	\$113,750	\$165,120	\$0	\$0
2 Membership fees received	\$0	\$0	\$0	\$0	\$0
3 Gross investment income	\$0	\$0	\$0	\$0	\$0
4 Net unrelated business income	\$0	\$0	\$0	\$0	\$0
5 Taxes levied for your benefit	\$0	\$0	\$0	\$0	\$0
6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	\$0	\$0	\$0	\$0	\$0
7 Any revenue not otherwise listed above or in lines 9 - 12 below (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
8 Total of lines 1 through 7	\$22,800	\$113,750	\$165,120	\$0	\$0
9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (provide an itemized list below)	\$0	\$33,000	\$39,600	\$0	\$0
10 Total of lines 8 and 9	\$22,800	\$146,750	\$204,720	\$0	\$0
11 Net gain or loss on sale of capital assets (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
12 Unusual grants (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
13 Total Revenue (add lines 10 through 12)	\$22,800	\$146,750	\$204,720	\$0	\$0
Type of expense	Current tax year	4 prior tax years or 2 succeeding tax years			
14 Fundraising expenses	\$0	\$0	\$0	\$0	\$0
15 Contributions, gifts, grants, and similar amounts paid out (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
16 Disbursements to or for the benefit of members (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
17 Compensation of officers, directors, and trustees	\$0	\$0	\$0	\$0	\$0
18 Other salaries and wages	\$0	\$46,808	\$92,528	\$0	\$0
19 Interest expense	\$0	\$0	\$0	\$0	\$0
20 Occupancy (rent, utilities, etc.)	\$1,950	\$50,472	\$57,178	\$0	\$0
21 Depreciation and depletion	\$0	\$0	\$0	\$0	\$0
22 Professional fees	\$1,500	\$6,900	\$6,900	\$0	\$0
23 Any expense not otherwise classified, such as program services (provide an itemized list below)	\$6,270	\$31,456	\$40,571	\$0	\$0
24 Total Expenses (add lines 14 through 23)	\$9,720	\$135,636	\$197,177	\$0	\$0

25 Itemized financial data

Item 9: See social enterprise described in the Part IV Narrative. Item 23 Program services FY 20 - \$1,400; FY 21 - \$24,025; FY 22 - \$32,770 Insurance FY 20 - \$283; FY 21 - \$1,700; FY 22 - \$1,700 Licenses and taxes FY 20 - \$1,386; FY 21 - \$861; FY 22 - \$861 Office and technology expenses FY 20 - \$1,500; FY 21 - \$3,970; FY 22 - \$4,340 Marketing expenses FY 20 - \$1,700; FY 21 - \$900; FY 22 - \$900

Part VI Financial Data (continued)

B. Balance Sheet (for your most recently completed tax year)		Year End: 12/31/2020
Assets		
1	Cash	\$2,000
2	Accounts receivable, net	\$0
3	Inventories	\$0
4	Bonds and notes receivable (provide an itemized list below)	\$0
5	Corporate stocks (provide an itemized list below)	\$0
6	Loans receivable (provide an itemized list below)	\$0
7	Other investments (provide an itemized list below)	\$0
8	Depreciable assets (provide an itemized list below)	\$0
9	Land	\$0
10	Other assets (provide an itemized list below)	\$0
11	Total Assets (add lines 1 through 10)	\$2,000
Liabilities		
12	Accounts payable	\$0
13	Contributions, gifts, grants, etc. payable	\$0
14	Mortgages and notes payable (provide an itemized list below)	\$0
15	Other liabilities (provide an itemized list below)	\$0
16	Total Liabilities (add lines 12 through 15)	\$0
Fund Balances or Net Assets		
17	Total fund balances or net assets	\$0
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	\$0

19 Itemized financial data

Part VII Foundation Classification

Part VII is designed to classify you as an organization that is either a private foundation or a public charity. Public charity classification is a more favorable tax status than private foundation classification. If you are a private foundation, this part will further determine whether you are a private operating foundation.

1 Select the foundation classification you are requesting from the list below.

- You are described in 509(a)(1) and 170(b)(1)(A)(vi) as an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- You are described in 509(a)(2) as an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- You are described in 509(a)(1) and 170(b)(1)(A)(i) as a church or a convention or association of churches. Complete Schedule A.
- You are described in 509(a)(1) and 170(b)(1)(A)(ii) as a school. Complete Schedule B.
- You are described in 509(a)(1) and 170(b)(1)(A)(iii) as a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete Schedule C.
- You are described in 509(a)(1) and 170(b)(1)(A)(iv) as an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- You are described in 509(a)(1) and 170(b)(1)(A)(ix) as an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
- You are described in 509(a)(3) as an organization supporting either one or more organizations described in 509(a)(1) or 509(a)(2) or a publicly supported section 501(c)(4), (5), or (6) organization. Complete Schedule D.
- You are described in 509(a)(4) as an organization organized and operated exclusively for testing for public safety.
- You are a publicly supported organization and would like the IRS to decide your correct classification.
- You are a private foundation.

1a As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check this box to confirm that your organizing document includes these provisions or you rely on state law.

State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph) or state that you rely on state law.

1b Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? Yes No
If "Yes," complete Schedule H - Section II.

1c Are you a private operating foundation? Yes No

To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations.

Part VII Foundation Classification (continued)

- 1d** Describe how you meet the requirements for private operating foundation status, including how you meet the income test and either the assets test, the endowment test, or the support test. If you've been in existence for less than one year, describe how you are likely to satisfy the requirements for private operating foundation status.

- 2** If you have been in existence more than 5 years, you must confirm your public support status. To confirm your qualification as a public charity described in 509(a)(1) and 170(b)(1)(A)(vi) in existence for five or more tax years, you must have received one-third or more of your total support from governmental agencies, contributions from the general public, and contributions or grants from other public charities; or 10% or more of your total support from governmental agencies, contributions from the general public, and contributions or grants from other public charities and the facts and circumstances indicate you are a publicly supported organization. Calculate whether you meet this support test for your most recent five-year period.

- i.** Did you receive contributions from any person, company, or organization whose gifts totaled more than the 2% amount of line 8 in Part VI-A? Yes No

If "Yes," identify each person, company, or organization by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

- ii.** Based on your calculations, did you receive at least one-third of your support from public sources or did you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization? Yes No

- 2a** If you have been in existence more than 5 years, you must confirm your public support status. To confirm your qualification as a public charity described in 509(a)(2) in existence for five or more tax years, you must have normally received more than one-third of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, or a combination of these sources, and not more than one-third of your support from gross investment income and net unrelated business income. Calculate whether you meet this support test for your most recent five-year period.

- i.** Did you receive amounts from any disqualified persons? Yes No

If "Yes," identify each disqualified person by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

- ii.** Did you receive amounts from individuals or organizations other than disqualified persons that exceeded the greater of \$5,000 or 1% of the amount on line 10 of Part VI-A Statement of Revenues and Expenses? Yes No

If "Yes," identify each individual or organization by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

- iii.** Based on your calculations, did you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income? Yes No

Part VIII Effective Date

In general, a determination letter recognizing exemption of an organization described in section 501(c)(3) is effective as of the date of formation of an organization if: (1) its purposes and activities prior to the date of the determination letter have been consistent with the requirements for exemption; and (2) it has filed an application for recognition of exemption within 27 months from the end of the month in which it was organized.

- 1 Are you submitting this application within 27 months of the end of the month in which you were legally formed? Yes No

If "No," complete Schedule E.

Part IX Annual Filing Requirements

If you fail to file a required information return or notice for three consecutive years, your exempt status will be automatically revoked.

- 1 Certain organizations are not required to file annual information returns or notices (Form 990, Form 990-EZ, or Form 990-N, e-Postcard). If you are granted tax-exemption, are you claiming to be excused from filing Form 990, Form 990-EZ, or Form 990-N? Yes No

If "Yes," are you claiming you are excused from filing because you are:

- A church or association of churches
- An integrated auxiliary (such as a men's or women's organization, religious school, mission society, or religious group)
- A church-affiliated organization (other than a section 509(a)(3) organization) that is exclusively engaged in managing funds or maintaining retirement programs and is described in Revenue Procedure 96-10, 1996-1 C.B. 577
- A school below college level affiliated with a church or operated by a religious order
- A mission society (other than a section 509(a)(3) supporting organization) sponsored by, or affiliated with, one or more churches or church denominations, if more than half of the society's activities are conducted in, or directed at, persons in foreign countries
- An affiliate of a governmental unit that meets the requirements of Revenue Procedure 95-48, 1995-2 C.B. 418 (other than a section 509(a)(3) supporting organization)
- Other (describe)

Part X Signature

- I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

Susan Junot

(Type name of signer)

PRESIDENT

(Type title or authority of signer)

10/29/2020

(Date)

Upload checklist:

- Organizing document (and any amendments)
- Bylaws, if adopted
- Form 2848, Power of Attorney and Declaration of Representative (if applicable)
- Form 8821, Tax Information Authorization (if applicable)
- Supplemental responses (if applicable)
- Expedited handling request (if applicable)

A

N/20000003815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

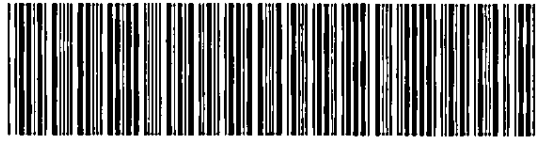
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

S.B.K
T.K

Office Use Only



500342769775

04/03/20--01016--006 **78.75

FILED
2020 APR -3 PM 2:33
SECURITY OF DOCUMENTS
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Magdalene's, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jackie B. Bell

Name (Printed or typed)

4040 Soundpointe Drive

Address

Gulf Breeze, Florida 32563

City, State & Zip

850-206-2351

Daytime Telephone number

jackiebell@mediacombb.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, Florida Statutes

ARTICLE I

Corporate Name and Address

The name of the Corporation shall be: **MAGDALENE'S, INC.** The address of the initial principal office of the Corporation is 4040 Soundpointe Drive, Gulf Breeze, Florida 32563, and the mailing address of the Corporation shall be the same.

ARTICLE II

Corporate Purpose

Said Corporation is organized for charitable and religious purposes, specifically helping women survivors of prostitution, trafficking, abuse and addiction through Christian-based rehabilitation, therapeutic and vocational programming, and in furtherance thereof, the encouraging, soliciting, receiving and administering of gifts.

Said Corporation is organized exclusively for charitable and religious purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (the "Code") or the corresponding provisions of any future United States Internal Revenue Law.

Notwithstanding any other provision of these articles, this Corporation will not carry on any other activities not permitted to be carried on by an organization exempt from Federal income tax under Section 501(c)(3) of the Code or the corresponding provisions of any future Internal Revenue law.

ARTICLE III

Election of Directors

The manner in which the directors are to be elected or appointed is as stated in the Bylaws.

ARTICLE IV

Powers

The Corporation shall have all of the powers permitted to a not-for-profit corporation under the Florida Not For Profit Corporation Act, as amended, currently appearing as Chapter 617 of the Florida Statutes. The specific and primary purposes for which this Corporation is formed is for charitable and religious purposes, specifically helping women survivors of prostitution, trafficking, abuse and addiction through Christian-based rehabilitation, therapeutic and vocational programming. The Corporation shall be empowered to borrow and expend money, receive contributions, receive, hold, invest and administer property and to make expenditures to, for the benefit of and on behalf of a religious and charitable organization, and to operate exclusively in any other manner for such organization under the Code, as amended, or under any corresponding provisions of any subsequent federal tax laws, covering the distributions to organizations qualified as tax-exempt organizations under the Code, including private foundations and private operating foundations.

ARTICLE V

Incorporators

The name and address of the incorporator of these Articles is:

Jackie Bell, 4040 Soundpointe Drive, Gulf Breeze, Florida 32563.

ARTICLE VI

Existence

This Corporation is to exist perpetually.

ARTICLE VII

Directors

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitations set forth in these Articles of Incorporation. This Corporation shall have eight Directors initially. The names and addresses of the initial members of the Board of Directors are:

Susan Junot, President, 4405 Soundside Drive, Gulf Breeze, Florida 32563.

Deborah Atchison, Vice President, 1561 Stanford Road, Gulf Breeze, Florida 32563.

Nonnie Dorsey, Secretary, 4082 Oak Pointe Drive, Gulf Breeze, Florida 32563.

Jackie Bell, Treasurer, 4040 Soundpointe Drive, Gulf Breeze, Florida 32563.

Shelley Brummett, Member, 7672 Gulf Boulevard, Navarre, Florida 32566.

Mia Burke, Member, 6872 East Bay Boulevard, Navarre, Florida 32566.

Pat Southerland, Member, 324 Dolphin Street, Gulf Breeze, Florida 32561.

ARTICLE VIII

Street Address

The street address of the initial registered office of the Corporation is 4040 Soundpointe Drive, and the name of its initial registered agent at the office is Jackie Bell.

ARTICLE IX

Dissolution

In the event of dissolution, the residual assets of the organization will be distributed to a nonprofit corporation, fund or foundation which is organized and operated for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code and which has established its tax-exempt status under Section 501(c)(3) of the Code, or shall be distributed to the Federal, state or local government for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Jackie B. Bell
Required Signature of Registered Agent

3/31/20
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jackie B. Bell
Required Signature of Incorporator

3/31/20
Date

2020 APR -3 PM 2:34
TALLAHASSEE, FLORIDA

BY-LAWS
of
MAGDALENE’S, INC.

These By-laws are adopted this 12th day of August, 2020.

OFFICES

1. The principal office of Magdalene’s, Inc. (the “Corporation”) shall be located at 3311 Gulf Breeze Parkway, #228, Gulf Breeze, Florida 32563, and the Corporation shall have such other offices at such other places as the Board of Directors may from time to time specify or as the business of the Corporation may require.

SEAL

2. The Corporation shall not have a seal.

MEMBERS

3. The Corporation shall not have members.

BOARD OF DIRECTORS

4. The Board. The affairs of the Corporation shall be managed by the Board of Directors (the “Board” or “Board of Directors”), and all of the powers of the Corporation shall be vested in the Board. The Board shall consist of no fewer than seven (7) Directors and no more than thirteen (13) Directors, as the Board may from time to time determine, each of whom shall serve a three (3)-year term and shall be eligible for re-election.

5. Term. In order to establish staggered terms, the first Directors shall be divided as equally as possible into three (3) groups. One group shall serve an initial term of one (1) year. Another group shall serve an initial term of two (2) years. The remaining group shall serve an initial term of three (3) years. Thereafter, at each annual meeting of the Board of Directors, the Board of Directors shall elect Directors to fill expiring terms, each Director to hold office for a term of three (3) years until the Director’s successor has been elected and qualified, except that in the event of a vacancy, which may be filled at any meeting of the Board of Directors, or in the case of a newly-elected Director, the Director may be elected to a shorter term as may be appropriate to maintain the balance of staggered terms. Each Director shall hold office for the term for which the person was elected and until his/her successor has been elected. Directors shall be eligible for reelection for one additional term of three (3) years. Any Director elected to fill an unscheduled vacancy shall be elected for the remaining portion of the scheduled term of that vacancy. Should that period of time be less than two (2) years, such partial term will not constitute a term of office for purposes of reelection to the Board. At the end of a second term, a Director shall not be eligible for reelection for a period of at least one (1) year.

6. Election. Each person shall be elected as a Director by a majority of the then serving members of the Board.

7. Resignation of a Director. A Director may resign by tendering notice in writing to the President.

8. Removal of a Director. Any Director may be removed from office with or without cause by a majority of the then serving members of the Board. Any Director who has been absent from four (4) consecutive regular meetings of the Board may be removed by a majority vote of the then serving members of the Board.

9. Annual Meeting. An annual meeting of the Board of Directors shall be held in June. Regular meetings of the Board may be held without notice or upon such notice as shall from time to time be determined by the Board.

10. Meeting Location. The Board of Directors shall hold its meetings at the principal office of the Corporation or at such other place or places as the Board may from time to time determine. The Directors may participate in a meeting of the Board by conference telephone call or similar electronic means of communication through which all persons participating in the meeting are able to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting for purposes of establishing a quorum and for all other purposes hereunder.

11. Action without a Meeting. Any action required or permitted to be taken at a Board meeting or a meeting of a committee of the Board may be taken without a meeting if: (a) each of the directors, or each of the members of the committee, as the case may be, consents in writing to the action; (b) the consent sets forth the action to be taken; and (c) the consent is filed in the minutes of the proceedings of the Board or of the committee. The consents may consist of one or more writings and such written consents will have the same effect as a unanimous meeting vote.

12. Special Meetings: Special meetings of the Board may be called by the President or Vice President of the Corporation on two days' notice to each Director. Such notice may be in person or by mail, telephone, or electronic communication. Special meetings shall be called by the President or Vice President on the same notice at the request of any Director.

13. Quorum: At all meetings of the Board, a majority of the total number of Directors then serving shall constitute a quorum for the transaction of business, and the action of a majority of the Directors present at any meeting at which a quorum is present shall be the action of the Board of Directors, except as may be otherwise specifically provided by statute, by the Articles of Incorporation of the Corporation, or by these By-Laws.

14. Books and Records: The Board of Directors shall keep a record of all proceedings, and the records and the books of the Corporation shall be kept at the principal office of the Corporation, with necessary books and records being kept at such place or places as the Board of Directors may from time to time determine. Such books and records shall include (1) minutes of the meetings of the Board, and (2) a master copy of the Articles of Incorporation and Bylaws (as may be amended or supplemented from time to time), (3) a list of the names and business addresses of the current officers and directors of the Corporation, and (4) a copy of the most recent annual report for the Corporation as filed with the Secretary of State. All of the books and records shall be subject to inspection by any Director at any reasonable time of the day.

15. Presiding Director: At all meetings of the Board of Directors, the President or Vice President, or in the absence of both a Director chosen by the Directors present, shall preside.

16. No Compensation: Directors shall not receive any salary or other remuneration for their services. Directors may be reimbursed for the ordinary, reasonable expenses incurred in the performance of their duties as members of the Board of Directors.

17. Vacancies: Vacancies on the Board shall be filled by election of the Board by a majority of the Directors then serving. Such election shall fill the remaining term of the individual whose place on the Board is filled.

ADVISORY BOARD

18. The Board of Directors may appoint an advisory board of directors with such responsibilities and composition as may be determined from time to time by the Board.

COMMITTEES

19. The Board of Directors, by resolution adopted by the Board, may designate such committees, as it deems necessary and delegate to such committees such authority, as it deems desirable.

20. Executive Committee. The Executive Committee shall consist of the Officers of the Corporation, the immediate past president, the chairs of any then-existing committees, which shall have been designated from time to time by the Board of Directors, and other such Directors the President deems necessary. Such committee shall have the power and responsibility to take any necessary action on behalf of the Corporation between meetings of the Board of Directors and majority vote of the members shall control. A majority of the members of the Committee shall constitute a quorum for the purpose of transacting business. Meetings of the Committee may be held by conference telephone call or other electronic means as long as a quorum is participating simultaneously. Any action taken by the Executive Committee shall be reported to the Board of Directors at its next meeting.

OFFICERS

21. Officers. The officers of the Corporation shall consist of a President, Vice President, Secretary and Treasurer and may include such other officers as may be deemed necessary by the Board of Directors. One person may hold any two or more of such offices except that the same person may not hold the offices of President and Secretary.

22. Term. All officers shall be elected by the Board of Directors at its annual meeting and shall hold office for one year and thereafter until their successors are elected and qualified. The officers specifically enumerated in paragraph 21 shall be members of the Board of Directors.

23. Powers and Duties. The officers of the Corporation shall exercise such powers and perform such duties as are specified in these By-Laws or are from time to time conferred by the Board of Directors.

24. Removal. Any officer may be removed from office at any time, with or without cause, by an affirmative vote of a majority of the entire Board of Directors.

25. Vacancies. Vacancies occurring in any office for any reason, including removal, shall be filled by the Board of Directors. Any officer elected to fill a vacancy shall hold office for the remainder of the unexpired term of the predecessor in that office and thereafter until his or her successor is elected and qualified.

26. Delegation. In case of the absence of any officer of the Corporation, or for any other reason that the Board may deem sufficient, the Board may delegate, for any length of time, any of the powers and duties of such officer to any other officer or to any director, provided a majority of the entire Board concur therein.

THE PRESIDENT

27. The President shall preside at all meetings of the Board of Directors and shall see that all orders and resolutions of the Board are carried into effect. The President shall be a member of all committees.

VICE PRESIDENT

28. At the request of the President, or in the event of the President's absence or disability, the Vice President shall perform the duties and possess and exercise the powers of the President. The Vice President shall perform such others duties as the Board of Directors may from time to time prescribe.

SECRETARY

29. The Secretary shall attend all sessions of the Board and shall record all votes and minutes of all proceedings in a book to be kept for that purpose, and shall perform like duties for the standing committees when required. The Secretary shall give, or cause to be given, notice, as required, of all meetings of the Board of Directors and shall perform such other duties as may be prescribed by the Board of Directors. The Secretary may sign with the President or Vice President, in the name and on behalf of the Corporation, any contracts or agreements authorized by the Board of Directors, and shall, in general, perform all duties incident to the office of Secretary, subject to the control of the Board of Directors, and shall do and perform such other duties as maybe assigned by the Board of Directors.

TREASURER

30. The Treasurer shall have custody of the funds and securities of the Corporation and shall keep a full and accurate account of receipts and disbursements in books belonging to the Corporation, and shall deposit all money or other valuable effects in the name and to the credit of the Corporation in such depositories as maybe designated by the Board of Directors. The Treasurer shall render to the President and Directors at regular meetings of the Board, or whenever they may require it, an account of all transactions and the financial condition of the Corporation. The Treasurer shall sign all receipts and vouchers and, together with such other officer or officers, if any, as shall be designated by the Board of Directors, shall sign all checks of the Corporation and all promissory notes issued by the Corporation, except in cases where the signing and execution thereof shall be expressly designated by the Board of Directors or by these By-Laws to some other officer or agent of the Corporation.

INDEMNIFICATION

31. The Corporation shall indemnify each director, officer, employee and agent of the Corporation, and may indemnify any other person to the full extent permitted by the Florida Not For Profit Corporation Act and other applicable laws.

EXECUTIVE DIRECTOR AND OTHER AGENTS

32. The Board of Directors may appoint an Executive Director or Chief Executive Officer (CEO) and such other agents of the Corporation as it considers appropriate. The Executive Director or CEO shall be responsible for the active management of the day-to-day affairs of the Corporation, with such powers and to perform such acts or duties on behalf of the Corporation as the Board of Directors may see fit, so far as may be consistent with these By-Laws, to the extent authorized or permitted by law.

CONTRACTS

33. The Board of Directors, except as in these By-Laws otherwise provided, may authorize any officer or agent to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to a specific instance; and unless so authorized by the Board of Directors, no officer, agent, or employee shall have any power or authority to bind the Corporation by any contract or engagement, or to pledge its credit, or render it liable pecuniarily for any purpose or to any amount.

AUDIT

34. The Board of Directors shall comply with Section 496.047, Florida Statutes, with respect to its annual financial statements.

FISCAL YEAR

35. The fiscal year of the Corporation shall be for twelve-month periods ending December 31 of each year.

PROHIBITION AGAINST SHARING IN CORPORATE EARNINGS

36. The Corporation will be operated at all times in such manner so that none of its income or assets inure to the benefit of any Director of the Board, any trustees, officers, key employees or other private person to the extent prohibited by Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and its Regulations as they now exist or as they may hereafter be amended (collectively, the "Code"). Upon dissolution or winding up of the affairs of the Corporation, whether voluntary or involuntary, the assets of the Corporation, after all debts have been satisfied, shall be distributed, transferred, conveyed, delivered, and paid over, in such amounts as the Board may determine or as may be determined by a court of competent jurisdiction, exclusively to charitable organizations which qualify under the provisions of Section 501(c)(3) of the Code.

DEPOSITORIES

37. The Board of Directors shall have the power to select depositories for the funds of the Corporation and power to direct the method and manner of signing checks, notes, and other instruments binding on the Corporation.

AMENDMENTS

38. These By-Laws may be amended by the affirmative vote of a majority of the members of the Board at any regular or special meeting provided that notice of the proposed amendment is contained in the notice of the meeting.

EXEMPT ACTIVITIES

39. Notwithstanding any other provision of these By-Laws, no Director, officer, employee, or representative of this Corporation shall take any action or carry on any activity by or on behalf of the Corporation not permitted to be taken or carried on by an organization exempt under Section 501(c)(3) of the Code.

Power of Attorney and Declaration of Representative

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

OMB No. 1545-0150

For IRS Use Only

Received by: _____

Name _____

Telephone _____

Function _____

Date / /

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address Magdalenes, Inc. 3311 Gulf Breeze Parkway, Number 228 Gulf Breeze, Florida 32563	Taxpayer identification number(s) 85-0807127
	Daytime telephone number 850-359-2545
	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address Patricia D. Lott 700 South Palafox Street, Suite 310 Pensacola, Florida 32502	CAF No. _____ PTIN P02386730 Telephone No. 850-432-7077 Fax No. 850-438-5205
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
Filings necessary to register as a 501(c)(3) organization	1023	Commencing 2020

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. *Specific Use Not Recorded on CAF* in the instructions ▶

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):
 Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
 List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Susan Junot _____ 10/29/20 _____ President
 Signature Date Title (if applicable)
 Susan Junot _____
 Print name Print name of taxpayer from line 1 if other than individual
Susan D. Junot _____
 Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

- Under penalties of perjury, by my signature below I declare that:
- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
 - I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
 - I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
 - I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d–f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
a	Florida	243744	<i>Patricia D. Lott</i>	10/28/20

**ATTACHMENT I TO IRS FORM 1023
MAGDALENE'S, INC. APPLICATION**

RESPONSE TO PART IV - ACTIVITIES

WHAT IS THE NONPROFIT ACTIVITY

Magdalene's, Inc., was established for the purpose of helping women survivors of prostitution, trafficking, abuse and addiction through Christian-based therapeutic, rehabilitative and vocational programming. Our mission is to love and serve all women in their journey toward healing and restoration. Our initial program will be a residential home for survivors of sex trafficking ("Magdalene's House") that will include the following elements more fully described in this narrative. Our web site is www.magdalenes.org.

- Long-term, rent-free, home environment;
- Individualized, comprehensive case management for their unique history and circumstances;
- Financial literacy and vocational training;
- Educational opportunities;
- Medical and dental care through strategic community partnerships; and

Magdalene's is a member of the Thistle Farms National Network. Thistle Farms is a nonprofit organization dedicated to helping women survivors recover and heal from prostitution, trafficking, and addiction. See www.thistlefarms.org. Our relationship with Thistle Farms is not a legal affiliation. The affiliation provides Magdalene's access to a network of like-minded organizations that collaborate to provide housing, healing, and employment for women survivors across the country.

Magdalene's is an associate member of the National Trafficking Sheltered Alliance. Also, in order to ensure optimum success in launching Magdalene's House, we are engaging Wellspring Living Institute to educate, train and mentor our organization. Founded in 2001, Wellspring Living provides domestic sex trafficking victims and those at risk with specialized recovery services through residential and community-based programming.

Magdalene's will not deny care or adapt the quality of our care based on the faith convictions or spiritual beliefs of the sex trafficking survivor. Magdalene's does not force clients to personally engage in faith, but will respect each survivor's individual journey as it relates to faith exploration and personal convictions.

Magdalene's is an equal opportunity organization. The selection of women for the program and the employment, assignment and promotion of staff will be based on an individual's qualifications as they meet program guidelines without regard to race, ethnicity, color, sex, national origin, age, sexual orientation or religion.

Program Elements

Participants will be referred to Magdalene's House from short-term recovery program providers involved in the rescue and support of victims of human trafficking. The short period spent with the initial provider will allow the applicant opportunity for an initial detox, if needed, and rest as she considers her options for continued care. Upon referral, the Program Administrator will conduct a phone interview for initial assessment to determine whether she meets the criteria of the program (minimum age of 18, committed to recovery and participation in a long term program and entering voluntarily) and whether she can best be served by Magdalene's House. If a woman is accepted, she and the provider will be contacted regarding acceptance into the program.

Orientation to Magdalene's House will take place upon entering the program. The Orientation will include an opportunity for new residents to become acquainted with each other, with the history of Magdalene's, with program guidelines and expectations and to address individual and community issues and concerns.

Residents will work with the Program Administrator and the Case Manager to complete a comprehensive case management plan. The case plan is written by the resident with support from the Program Administrator and the Case Manager and can be updated throughout the course of her residency. Ongoing "one-on-ones" with the Case Manager are an opportunity to discuss and reflect on gains in meeting recovery, physical, mental health, education, employment, legal, financial and relationship goals. As goals and issues are periodically reviewed and evaluated by the resident and the Case Manager, progress can be assessed and solutions and/or alternatives found if the resident is not meeting her desired goals.

The Phases of Magdalene's House

The initial program has three, approximately six-month phases that correspond to stages of individual change and growth. Depending on the phase, there are guidelines and expectations as well as opportunities for independence. Progression through the phases will be determined by the length of time in the program, her stability in recovery, adherence to program guidelines, active participation and movement toward her goals for health, personal growth, education and employment. Successful completion of each phase is required for a resident to progress to the next phase. A graduate phase consisting of six months of continued support and monitoring will complete the two-year program.

Housing. Magdalene's House is a long-term, rent free program. The women will live in a three bedroom home where they share living quarters with other residents and actively participate in the program.

Educational Opportunities. All women will receive educational and moral support as they work to achieve their educational goals. Women without high school diplomas will receive tutoring to assist them in earning a GED prior to leaving the program. Magdalene's will work with each woman to locate scholarship or grant funding to pay tuition and fees of accredited educational and vocational institutions.

Transportation. Magdalene's will provide transportation for residents to and from appointments for the first year of the program, including to and from our social enterprise, our source for employment in a safe environment while receiving vocational training. In the event they seek employment outside of our social enterprise, they will need to have their own qualifying resource for transportation.

Legal Support/Intervention. Magdalene's will partner with area attorneys to assist residents in responding to any outstanding warrants and to clean up their legal records, including through an advocacy program in the local court system.

Housing Assistance. Women who have successfully completed program requirements may need assistance in locating and/or qualifying for adequate housing. Upon graduation, the Case Manager will assist the resident in working with area housing providers to locate suitable permanent housing.

Medical, Dental and Mental Health Treatment. Magdalene's will partner with an established network of local providers to provide residents primary medical, dental, addiction recovery, mental health care and prescription medicine management. Magdalene's will educate residents about these partnerships and will work to access care as needed. The Case Manager will provide residents with information and forms regarding healthcare for women who are medically indigent.

Life Skills. Magdalene's will work with residents on an ongoing basis to acquire healthy coping and life skills including conflict resolution and decision making.

Paid Vocational Training and Employment Opportunity with Magdalene's Social Enterprise. Magdalene's will establish a social enterprise to provide employment training opportunities and a therapeutic artistic outlet. Residents in Phase II of the Program will be offered part-time employment while also receiving vocational training using well established curriculum from either Thistle Farms or Wellspring Living Institute. Patron and volunteer support, product lines, programming and facilities will be designed to create an experience that offers safety, beauty and sanctuary from a Christian perspective. The social enterprise will specialize in local, artisan-designed products that carry the message and theme of Magdalene's. Local artists will be engaged to share their creative skills with residents. Our goal is to teach survivors how to create

pieces that reflect their personal and survivor stories. It is not expected that the social enterprise will generate a profit.

WHO CONDUCTS THE ACTIVITY

Magdalene's House will be administered by a Program Administrator and Case Manager. The Case Manager will report to the Program Administrator. The Program Administrator will report to Magdalene's House Executive Team, consisting of at least one representative of the Board of Directors and two professionals experienced in the treatment and recovery of women survivors of trafficking and related diagnoses.

The Program Administrator will (1) supervise treatment to ensure consistent and effective communication with residents and that each resident is progressing in accordance with her case plan, (2) provide adequate and ongoing training of the Case Manager and volunteer leadership involved in the program, (3) ensure adherence to the policies and procedures of Magdalene's House and Magdalene's as an organization, (4) ensure adherence to licensing and regulatory requirements, and (5) maintain collaborative relationships with area providers. The Program Administrator must be a licensed clinician (psychologist, Licensed Clinical Social Worker, Licensed Professional Counsel and/or Licensed Chemical Dependency Counselor).

The Case Manager will be responsible for developing an individualized case management plan. She will be directly involved in the lives of the residents and provide information concerning resources and other assistance available to the resident, including mental health and other health care services and other providers as required by the case plan. The Case Manager will also serve as a liaison with volunteer leadership of Magdalene's. The Case Manager must be a Licensed Social Worker.

Remaining programmatic services will be provided either by volunteer professionals meeting the designated criteria for each program element or provided in partnership with various providers located in the greater Santa Rosa County, Florida area. It is anticipated that these partnerships will include (1) the Good Samaritan Clinic for health and dental care, (2) the Lakeview Center, for providing any outsourced intensive outpatient recovery treatment, and (2) Pathways for Change, for providing masters level one-on-one counseling. Each of these providers are designated 501(c)(3) organizations.

WHERE IS THE ACTIVITY CONDUCTED?

The first home of Magdalene's will be a three bedroom home located in the Santa Rosa County, Florida area. The initial home will be either purchased or acquired pursuant to a long term lease from a local landlord. The address of the home will not be published. The home will have a 24/7 monitored security system. Magdalene's will work with local law enforcement to ensure they are aware of the home and its purpose. Magdalene's social enterprise will be located in a small commercial building also located in the Santa Rosa County area.

WHAT PERCENTAGE OF TOTAL TIME IS ALLOCATED TO THE ACTIVITY?

Once both Magdalene's House and Magdalene's social enterprise are fully operational, at least 65% of leadership's time will be spent in ensuring a successful program is administered at Magdalene's House, and approximately 15% will be spent on the management of the social enterprise or other vocational training opportunities. It is expected that less than 20% will be dedicated to fundraising activities to ensure sustainability.

HOW IS THE ACTIVITY FUNDED AND WHAT PERCENTAGE OF YOUR OVERALL EXPENSES IS ALLOCATED TO THIS ACTIVITY?

Initially, Magdalene's will be funded primarily by individual and church donations, along with certain local grants allowing for funding without a 501(c)(3) designation. Once Magdalene's is in receipt of its 501(c)(3) designation, a significant portion of its funding is expected to be also available as a result of grants from local foundations. State and federal grants will be considered depending upon the related grant requirements. Any net revenues from the social enterprise will be applied to the cost of Magdalene's House to the extent available. We expect to spend less than 20% of our time on fundraising activities.

HOW DOES THE ACTIVITY FURTHER THE NONPROFIT ORGANIZATION'S EXEMPT PURPOSES?

Magdalene's is applying for designation as a Section 501(c)(3) tax-exempt organization, organized and operated exclusively for religious and charitable purposes. Magdalene's will provide free, long-term residential care to women survivors of prostitution, trafficking, abuse and addiction through Christian-based therapeutic, rehabilitative and vocational programming, with its initial focus on women survivors of sex trafficking. Our social enterprise is essential to our ability to provide vocational training to our residents in a safe environment that is designed to provide sanctuary to the resident even while being employed and trained. Our social enterprise will also serve as a critical tool for advancing public awareness of human trafficking in our area, volunteer recruitment and expanding funding sources.



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Gulf Breeze, Florida 32563
(850) 359-2545
magdalenesinc@gmail.com

October 30, 2020

To: Internal Revenue Service

From: Susan Junot, President

Date: October 30, 2020

Re: IRS Form 1023 Application | Magdalene's, Inc.

We respectfully request an expedited review of our application. We understand from the Circuit 1 Human Trafficking Task Force, an organization established by the Attorney General of the State of Florida, that there are not enough long-term treatment facilities in our area for adult women survivors of human trafficking. We have a donor willing to purchase a home on our behalf by the summer of 2021. However, we need to raise the funds for the operating costs of the program and for the monthly lease payments. Without the ability to raise funds from donors requiring tax-exemption, our ability to raise those funds will be adversely impacted.

Sincerely,

Susan Junot
President