Form 990

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)

OMB No. 1545 0047 2006

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	e 2006 calen	dar year, o	or tax year beginning //U	1 , 2006, a	na enai	n g 6/30			2007	
В	Check if	applicable:		С					-	ification Number	
	Add	iress change	Please use IRS label	MAGDALENE, INC.				58-	-2050	089	
	□ _{Nar}	ne change	or print or type.	P.O. BOX 6330-B	_		ĺ	E Telepi	none num	iber	
	Н	ial return	See specific	NASHVILLE, TN 3723	5			(61	(5) 6	46-5266	
	\vdash		instruc-					F Accou			Accrual
	Η ΄	al return	tions.	1						<u> </u>	I Accide
	A.m	ended return	L	L	· · · · · · · · · · · · · · · · · · ·	- T	. 41		Other (spec		
	Apr	olication pending	Section	on 501(c)(3) organizations and	4947(a)(1) nonexempt	- 1	nd1 are not applic			_	X No
				table trusts must attach a com n 990 or 990-EZ).	pieted Schedule A		a) Is this a grou				X No
_	\A/ah a	Laterial - cotic	•	LENEHOUSE.COM			(b) If Yes, enter (c) Are all affilia				П.,.
G	AAGD 2	ite: " mm.	MAGDAI	BENEficose: Con		─ ┤"	(If "No," attac				∐ No
J		ization type	_	[⊽]		/				-	
		conly one) .		X 501(c) 3 ◀ (insert n			(d) Is this a sepa organization		-		X No
K	Check	here - if	the organ	ization is not a 509(a)(3) supp	orting organization and its					- 1 1:03	IN NO
	gross	receipts are	normally i	not more than \$25,000. A return a return, be sure to file a comp	il is not required, but it til ilete return.	e 1 M	Group Exe				
						— ™			•	tion is not requir . 990-EZ, or 990-F	
		receipts: Ad	d lines 6b	, 8b, 9b, and 10b to line 12 ▶	993,425.						'''
Pa				nses, and Chan g es in N		salanc	es (See tn	<u>e instr</u>	<u>uction.</u>	<u>s.)</u>	
	1	Contributions	s, gifts, gra	ants, and similar amounts rece	ived:						
	a	Contributions	s to donor	advised funds		1a			}		
	ь	Direct public	support (not included on line 1a)		1Ь	794	,770.	1		
				(not included on line la)		1 c					
				ons (grants) (not included on li							
				738,662. noncash					1 e	794	770.
		la through (d) (casn Y	nue including government fees	and contracts (from Part \	/II line	92		2	_	600.
						111, 11110	DI		3		7000.
				assessments			T		4		2,001.
				d temporary cash investments.							,,001.
				from securities	3LIC				5		
	6a	Gross rents.				6a					
	Ь	Less: rental	expenses		5 • • • • • • • • • • • • • • • • • • •	6ъ					
	c	Net rental in	come or (loss). Subtract ne ib from it	- ба				6c		
R	7	Other invest	ment inco	me (describe)	7		
REVENUE		C	-+ 6-a	iles of assets other	(A) Securities		(B) Othe	er			
Ě	8a	than invento	nt irom sa	iles of assets office		8a					
ũ	۱ ہ		-	sis and sales expenses		8ь			1 1		
E				ule)		8c			1		
				mbine line 8c, columns (A) and					84		
	" ا	Special ever	nte and ac	tivities (attach schedule). If an	v amount is from gaming.	. check	here▶	7			
				cluding \$,			1 1		
	"					l 9al			1 1		
	۱ ہ			other than fundraising expense		9ь			1		
				from special events. Subtract li					90		
				ory, less returns and allowance			162	,828.			
						10b		,197.	1		
	ם ן	Less: cost o	or goods so	old					10c	71	9,631.
	C			sales of inventory (attach schedule). Su							0,226.
	11			Part VII, line 103)					11		
_	12	Total reven	ue. Add lir	nes 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11		<u></u>		12	_	0,228.
E	13	Program se	rvices (fro	m line 44, column (B))					13		4,801.
EXPERSES	14	Managemer	nt and gen	eral (from line 44, column (C))		• • • • • • •		· · · · · · ·	14		<u>4,601.</u>
E H	15	Fundraising	(from line	e 44, column (D))					15	4	9,168.
Š	16	Payments to	o affiliates	(attach schedule)					16		
5	17	Total exper	ses. Add	lines 16 and 44, column (A)	<u> </u>	<u> </u>			17		8,570.
_	. 18			the year. Subtract line 17 from					18		1,658.
N	19			lances at beginning of year (fro					19	1,17	0,624.
N E T	20			assets or fund balances (attac					20		
	21			lances at end of year. Combine					21	1,34	2,282.
	121	1461 922612	or runtu da	nances at one or year. Combine				755 40100			200 (2006

58-2050089 MAGDALENE, INC. Form 990 (2006) Page 2 Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Part II (C) Management and general Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. (B) Program (D) Fundraising (A) Total services

22 a	funds (attach sch)	1				
	(cash \$					
	non-cash \$					
	If this amount includes foreign grants, check here.	22 a				
22 h	Other grants and allocations (att sch)		-			
	(cash \$					
	non-cash \$					
	If this amount includes	1				
	foreign grants, check here >	22 b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers,					
	directors, key employees, etc listed in		5 700	4 616	F70	F00
	Part V-A (attach sch)	25 a	5,780.	4,616.	572.	592.
b	Compensation of former officers,					
	directors, key employees, etc listed in Part V-B (attach sch)	25 b	0.	0.	0.	0.
c	Compensation and other distributions, not					 , , , <u></u>
	included above, to disqualified persons (as		ļ			
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				,	
	(attach schedule)	25 c	0.	0.	0.	0.
	0.10.700.001.0000.0000.0000.0000.000					
26	Salaries and wages of employees not included on lines 25a, b, and c	26	311,802.	248,996.	■ 30,853.	31,953.
			022,0021			
27	Pension plan contributions not included on lines 25a, b, and c	27				
	included on lines 25a, b, and c					
28	Employee benefits not included on		21 570	28.119.	1,294.	2 157
	lines 25a - 27	28	21,50			2,157.
29	Payroll taxes	29	43	18,819.	1,404.	2,210.
30	Professional fundraising fees	30	IDV			
31	Accounting fees	্রা				
32	Legal fees	12				
33	Supplies	33	4,831.	4,831.		
34	Telephone	34	8,857.	7,528.	886.	443.
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37	-			
38	Printing and publications	38	8,372.	1,985.	2,535.	3,852.
39	Travel	39	12,985.	12,985.		
	Conferences, conventions, and meetings	40	,			
40 41	Interest	41	5,785.	5,785.		
		42	37,113.	37,113.		
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize):	***	J1,11J.	31,113.		
	SEE STATEMENT 2	43a	299,042.	244,024.	47,057.	7,961.
	. 	43b	233,042.	244,024.	47,037.	7,301.
)					
•		43 c				
•	ⁱ	43 d	ļ			
•	·	43 e				
1	「 _	43 f				
•	9 	43 g				
44	Total functional expenses. Add lines 22a	1				
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	738,570.	604,801.	84,601.	49,168.
1::	t Costs. Check. ► if you are following			004,001.	04,001.1	- 40/100.
	any joint costs from a combined education			ation reported in (P) P	noram conucos?	► Yes X No
					ogram services? nount allocated to Progra	
IT Y	es,' enter (i) the aggregate amount of these	: JOINE (JUSIS 4	, (ii) the aff	iount anotated to Flogr	

Joint Costs. Check. ▶☐ if you are following SOP 98-2.	
Are any joint costs from a combined educational campaign and fundraising solicitation	
If 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services
\$; (iii) the amount allocated to Management and general	\$; and (iv) the amount allocated
to Fundraising \$	

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58-2050089

Form 990 (2006)

					rage.
		rogram Service Accom			
organization, How	the public pe	erceives an organization in suc	ople, serves as the primary or sole source of inf ch cases may be determined by the information ally describes, in Part III, the organization's prog	presented on	its return. Therefore
All organizations r clients served, put izations and 4947(nust describe plications issu (a)(1) nonexe		EE STATEMENT 3 ements in a clear and concise manner. State the ts that are not measurable. (Section 501(c)(3) a to enter the amount of grants and allocations to	e number of nd (4) organ- others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STA</u>	<u> </u>				
(Grants and	allocations	\$) If this amount includes foreign grants, check	here ►	604,801.
b					
(Grants and	allocations	\$) If this amount includes foreign grants, check	here ▶	
d		\$		k here	
(Grants and	allocations) If this an unt include coreign grants, chec	k here	
e Other progra					
(Grants and		\$	t amount includes foreign grants, chec		
f Total of Pro	gram Service	Expenses (sho. d. du lii e	44, column (B), Program services)	<u></u>	604,801.

Not	e: W	here required, attached schedules and amounts within olumn should be for end-of-year amounts only.	the descr	iption	ŀ	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing				32,566.	45	20,400.
- 1		Savings and temporary cash investments				97,082.	46	262,083.
			۱ ۱					
		Accounts receivable						
	b	Less: allowance for doubtful accounts	47 b				47 c	
	ı			220 2	20			
		Pledges receivable		329,3		250 202	40-	201 564
		Less: allowance for doubtful accounts		47,7		258,393.	48 c 49	281,564.
	49	Grants receivable					49	<u> </u>
	50 a	Receivables from current and former officers, directors employees (attach schedule)	s, trustees	s, and key		<u>. </u>	50 a	
_	b	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attack	ed under s n scheduk	section 4958(f)(e)	1))		50 b	
ASSETS		Other notes and loans receivable (attach schedule)						
T S		Less: allowance for doubtful accounts					51 c	
	52	Inventories for sale or use				5,170.	52	6,099.
	53	Prepaid expenses and deferred charges	<u>.</u>	<u></u>			53	
	54a	Investments - publicly-traded securities	▶ [CostFi	vi∨ _		54a	
	Ь	Investments – other securities (attach sch)	., 🏲 [M∨		54Ь	
	55a	Investments - land, buildings, & equipment: basis	55 a				1 1	
	b	Less: accumulated depreciation (attach schedule)	55 b				55 c	
	56	Investments — other (attach schedule)					56	
		Land, buildings, and equipment: basis		941,3	18	DI	1	
	ì	Less: accumulated depreciation (attach schedule)	57b	13,0		839,392.	57c	802,279.
		Other assets, including program-related investments						
		(describe - SEE STATEMENT 6		,	_)[_	7,197.	58	203,988.
	59	Total assets (must equal line 74). Add the s 45 yrs	58	<u> </u>		1,239,800.	59	1,576,413.
_	60	Accounts payable and accrued expens			· · · · · L	7,309.	60	25,962.
	61	Grants payable					61	
Ļ	62	Deferred revenue					62	
A B	63	Loans from officers, directors, trustees, and key employees (attach schedule)					63	
Ļ	64	Tax-exempt bond liabilities (attach schedule)					64a	
Ţ	1	b Mortgages and other notes payable (attach schedule)	EE . STA	ATEMENT7.		61,867	64b	208,169.
E S	65	Other liabilities (describe >) _		65	
	66	Total liabilities. Add lines 60 through 65		<u></u>	<u> </u>	69,176	. 66	234,131.
_	Org	anizations that follow SFAS 117, check here > X	and comp	olete lines 67			1 1	
Ĕ		through 69 and lines 73 and 74.					1	
	1 67	Unrestricted				829,780		940,015.
Ş	68	Temporarily restricted	. <i></i>			275,844	$\overline{}$	344,963.
ASSET S	69	Permanently restricted	<u></u>	• • • • • • • • • • • • • • • • • • • •		65,000	. 69	57,304.
Q R		ganizations that do not follow SFAS 117, check here 🟲	∐a	nd complete lin	es			
	1	70 through 74.						
F 320	70				70			
			pment fu	nd	· · · · · ·		71 72	
Ä	72	-			1		12	
	73	Total net assets or fund balances. Add lines 67 through	ugh 69 or	lines 70 throug	h	1,170,624	. 73	1,342,282
Ě		72. (Column (A) must equal line 19 and column (B) Total liabilities and net assets/fund balances.Add line	must equ	iai iiite ∠l.) val 73	·····}	1,239,800		1,576,413
	ı 74	Total liabilities and net assets/fund balances.Add III	ines oo al	iu / J		2,200,000	1	

58-2050089 Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

а	Total revenue, gains, and other support per audited financial statements			1 002 625
ь	Amounts included on line a but not on Part I, line 12:	• • • • • • • • • • • • • • • • • • • •	a	1,003,625.
-	1Net unrealized gains on investments.	h1		
		b2 10,200.	1	
	 	b3 10,200.	1	
		03	1	
	CEE CTM O	b4 83.197.		
	Add lines b1 through b4		1.1	02 207
С	Subtract line b from line a		b	93,397.
d	Amounts included on Part I, line 12, but not on line a:	· · · · · · · · · · · · · · · · · · ·	- c 	910,228.
•	1 Investment expenses not included on Part I, line 6b.	اود		
		<u> </u>	1	
	"	d2		
	Add lines d1 and d2			
Δ	Total revenue (Part I, line 12). Add lines c and d.		d	010 220
D.	art IV-B Reconciliation of Expenses per Audited Financial Statement	ka with Evanges as		910,228.
•	Tree Reconciliation of Expenses per Addited Financial Statement	is with Expenses per	Rett	ırn
а	Total expenses and losses per audited financial statements		a	021 067
a b	Amounts included on line a but not on Part I, line 17:		a	831,967.
	1Donated services and use of facilities	hal 10 200		
		b1 10,200.	1 1	
	<u> </u>	b3		
	400	D 3	1 1	
	4Other (specify): SEE STMT 9	ь4 83,197.	1	
		03,191.	1.1	02 207
_	Add lines b1 through b4. Subtract line b from line a	J. P	Ь	93,397.
C	Appoints included as Rept Line 17, but not as line as		 -	738,570.
d	Subtract line b from line a. Amounts included on Part I, line 17, but not on line a: 1 Investment expenses not included on Part I, line 6b. 2 Other (specify):	ار.		
	1 Investment expenses not included on Part I, line 6b	<u>d1</u>		
	2Other (specify):			
		d2	! .!	
	Add lines d1 and d2		d	720 570
е	Total expenses (Part I, line 17). Add lines and d		e	738,570.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10	-	5,780.	0,	0.
	-			
	-			
	-			

Form 990 (2006) MAGDALENE, INC.			<u>58-</u> 2050	089	P	age 6		
Part V-A Current Officers, Directors, Tru	istees, and Key Ei	mployees (continue	ed)		Yes	No		
75a Enter the total number of officers, directors, and trustees pe	ermitted to vote on organization	on business as board meetings	► 17					
b Are any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compens A, Part II-A or II-B, related to each other through identifies the individuals and explains the relations.	oloyees listed in Form 9 sated professional and th family or business re	990, Part V-A, or highest other independent contr	actors listed in Schedul	es e 75b		x		
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'.								
If 'Yes,' attach a statement that includes the inf								
d Does the organization have a written conflict of	interest policy?	<u> </u>	· · · · · · · · · · · · · · · · · · ·	75d	X	1		
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	stees, and Key Er	nployees That Rec oyee received compensa compensation or other	eived Compensati ation or other benefits (o benefits in the appropria	on or Oti described be ate column.	elow) See			
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and oth ances	her		
NONE								
		205	Y					
	-11							
	ARP.	CCOF						
Part VI Other Information (See the inst	tructions.)		L	<u> </u>	Yes	No		
76 Did the organization make a change in its activity if 'Yes,' attach a detailed statement of each ch	vities or methods of cor	nducting activities?		76		Х		
77 Were any changes made in the organizing or g			5?	77		Х		
If 'Yes,' attach a conformed copy of the change						١,		
78a Did the organization have unrelated business g					+	X		
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78t	N.	A		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	• • • • • • • • • • • • • • • • • • • •			79		х		
80a Is the organization related (other than by associate membership, governing bodies, trustees, office	ers, etc, to any other ex	empt or nonexempt orga	tion) through common anization?	80 a	-	х		
b If 'Yes,' enter the name of the organization ▶	IV/M	hack whether it is	xempt or nonexe			1		
81 a Enter direct and indirect political expenditures.	. (See line 81 instruction	us.) e	81a	0.				
b Did the organization file Form 1120-POL for this					,	x		
BAA	<u>,</u>				n 990			

82 a IV 1 Yes, 'you may indicate the value of these items here. Do not include this amount as substitutible less than fair entent value? 183 bit 1 Yes, 'you may indicate the value of these items here. Do not include this amount as substitutible value as an expension in Part II. (See instructions in Part III.) 183 bit the organization comply with the public inspection requirements for returns and exemption applications? 183 bit the organization comply with the guide inspection requirements for returns and exemption applications? 183 bit the organization comply with the decisionary requirements relating to guid pro quo contributions? 183 bit was a bit the organization include with every solicitation an express statement that such contributions or gifts were not tax decidible? 185 bil (Post, did the organizations and were substantially all dues nendeductible by members? 185 bil (Post, did the organization include with every solicitation an express statement that such contributions or gifts were not tax decidible? 185 bil (Post, did the organizations and every in-house lobbying expenditures of \$2,000 or less? 187 bit was answered to either 85 or 85b, do not complete 85c through 85h below unless the organization received a water for proxy tax oved for the priory year. 185 collocation and solicitation was an expension of the priory year. 186 bit the organization electric prior the priory year. 187 bit states and similar amounts from members. 288 bit N/A 289 bit was a substantially all dues nendeductions and solicitation organization received a water for proxy tax oved for the priory year. 188 bit was allocate to not prior the priory year. 290 best the organization electric pay the section 6033(e)(1)(4) dues notices. 289 bit N/A 290 bit states organization electric pay the section 6033(e) tax on the amount on line 85f. 290 bit organization selectric pay and policital expenditures (in the 85d less sheet). 290 bit organization selectric pay and policital expenditures organization union in 85f. 290 b	Form 990 (2006							58-205008	9	P	age 7
substantially less than fair rental value? bit l'res; you may indicate he value of those items here. Do not include this amount as 83 bit d'res; you may indicate he value of those items here. Do not include this amount as 83 bit the organization comply with the public inseption requirements relating to quid pro quo contributions? 83 bit the organization comply with the disclosure requirements relating to quid pro quo contributions? 84 bit l'res; 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 bit (l'res); 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 bit (l'res); 'did the organization make only in-house lobbying expenditures of \$2,000 or less? 85 bit (l'res); 'did the organization make only in-house lobbying expenditures of \$2,000 or less? 850 l'(c)(A), or (6) organizations. a Were substantially all dues nondeductible by members? 850 l'res an answered to elither 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. 1 c Dues, assessments, and similar amounts from members. 85c N/A 1 d Section 162(e) lobbying and political expenditures. 85d N/A 1 state of 803(e)(A) was notices. 85d N/A 1 state of 803(e)(A) was notices. 85d N/A 1 state of 803(e)(A) was noticed. 9 poss the organization elect to pay the section 603(e) was on the amount on line 85f?. 85d N/A 1 state of 803(e)(A) was noticed with a section 603(e) was on the amount on line 85f. 1 state of 803(e)(A) was noticed with a section 803(e) was on the amount on line 85f. 1 state of 803(e)(A) was noticed with a section 803(e) was on the amount on line 85f. 1 state of 803(e)(A) was noticed with a section 803(e)(A) was noticed. 9 state of 805(e)(A) was noticed with a section 803(e)(A) was noticed. 9 state of 805(e)(A) was noticed with a section 803(e)(A) was noticed. 9 state of 805(e)(A)	Part VI Ot	her Information	(continued)			_				Yes	No
revenue in Part I or as an expense in Part III. (See instructions in Part III.)	82 a Did the org substantia	ganization receive do Ily less than fair ren	onated services tal value?	s or the use of	materials, equip	ment, or facilities	at no charge o	or at	82a	х	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 85 <i>Bit (Pol., Gio. rel & organization include</i> with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 <i>Bit (Col.) Gio. rel & organizations</i> . a Were substantially all dues nondeductible by members? 85 <i>Bit (Col.) Gio. rel & organization</i> was allowed organization and express statement that such contributions or gifts were not tax deductible? 85 <i>Bit (Col.) Gio. rel & organization</i> and were substantially all dues nondeductible by members? 85 <i>Bit (Col.) Gio. rel & organization</i> was allowed organization and express the properties of the prior organization was answered to lether 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. 6 Decision 152(e) lobbying and political expenditures from Res 85d less 85e. 85c	b If 'Yes,' yo revenue in	ou may indicate the v	value of these i ense in Part II.	items here. Do (See instructi	not include this ons in Part III.).	amount as	82Ь	10,200.			
84a Did the organization solicit any contributions or gifts that were not tax deductible? b if Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 507(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85 50 N/A b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 65 b N/A 1/ Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax oved for the prior year. c Dues, assessments, and similar amounts from members. 85 c N/A d Section 162(e) lobbying and political expenditures (ine 85d less 85e). 85 d N/A if Taxable amount of lobbying and political expenditures (line 85d less 85e). 85 d N/A if Isacion 6033(e)(X)(A) dues notices were sent, does the organization agree to add the amount on line 85f? h if section 162(a) publicated to pay the section 6033(e) (1)(A) dues notices. 85 b N/A b Gross receipts, included on line 12, for public use of club facilities. 85 b N/A 85 501(c)(12) organizations. Enter: a Initiation fores and capital contributions included on line 12. b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or granization and 50% or greater interest in a 1 and least bordan or partnership. or an entity disregarded as separate from the organization was 50% or greater interest in a 1 and least bordan or partnership. or an entity disregarded as separate from the organization under Regulations and 30/3 (2)(13) if Yes, complete Part XI. 85 b At any time during the year, did the organization and any expension of the sources against amounts due or organizations. Enter: Amount of tax imposed on the organization or organization on a proy year? If Yes, attach a statement explaining each transaction. 85 b At any time during the year, did the organization managers or disqualified persons during the year and the tecome a	83a Did the or	ganization comply w	ith the public in	nspection requ	irements for retu	rns and exemption	applications?		83a		
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g Does the organization elect to pay the section 6033(e) tax on the amount on line 851?. h if section 6033(e) (I/A) dues notices were sent, does the organization agree to add the amount on line 851 to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following by year?. 85 b01(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12. b Gross receipts, included on line 12, for public use of club facilities. 86 b N/A 87 b01(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross receipts, included on line 12, for public use of club facilities. 86 b N/A 87 b01(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources. (On ont ental amounts due or paid to other sources against amounts due or received from them.). 88 a At any time during the year, did the organization own a 50% or greater interest in a total control or partnership, or an entity disregarded as separate from the organization under Regulations at a 50 ft 201-2 and 301.7701-3? 88 a Solic(c)(3) organizations. Enter: Amount of 1ax ignored or paid solice organization during the year under: section 4911 \(\to \) 0. Folio 4452 \(\to \) 1. Folio 4452 \(\to \) 0. section 4955 \(\to \) 0. Solic 4955 \(\to \) 0. Folio 4452 \(\to \) 1. Folio 4452 \(\to \) 1. Solic 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes, 'attach a statement explaining each transaction. c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year or did it become aware of an excess benefit transaction from a prior year? If Yes,' attach a statement explaining each transaction. c Enter: Amount of tax imposed on the organization and part to a prohibited tax shelter transaction? d Enter: Amount of tax imposed on the organization from a prior year? If Yes,' attach a statement explaining each tr											ĺ
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c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization	b 501(c)(3) during the explaining	and 501(c)(4) organ year or did it become each transaction	izations. Did	e organization excess benefi	engage in any s t transaction from	ection 4958 excess m a prior year? If "	s benefit trans Yes,' attach a	action statement	89b		X
d Enter: Amount of tax on line 89c, above, reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90a List the states with which a copy of this return is filed TN b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 2 91a The books are in care of TONI RODGERS Telephone number (615) 646-5266 Located at 829 BEECH BEND DRIVE, NASHVILLE TN ZIP + 4 > 37221 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)? Yes No 91b X							0				
d Enter: Amount of tax on line 89c, above, reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90a List the states with which a copy of this return is filed TN b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 2 91a The books are in care of TONI RODGERS Telephone number (615) 646-5266 Located at 829 BEECH BEND DRIVE, NASHVILLE TN ZIP + 4 > 37221 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)? Yes No 91b X	year unde	r sections 4912, 495	5, and 4958		· · · · · · · · · · · · · · · · · · ·	persons during th	≻				•
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	d Enter: Am	nount of tax on line 8	89c, above, reir	mbursed by the	e organization		>				
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed ► TN b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90 b 2 91 a The books are in care of ► TONI RODGERS Located at ► 829 BEECH BEND DRIVE, NASHVILLE TN Telephone number ► (615) 646-5266 Located at ► 829 BEECH BEND DRIVE, NASHVILLE TN ZIP + 4 ► 37221 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)? Yes No 91b X											+
organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90 b 2 91 a The books are in care of TONI RODGERS Telephone number (615) 646-5266 Located at 829 BEECH BEND DRIVE, NASHVILLE TN ZIP + 4 37221 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)? Yes No 91 b X	f All organi	zations. Did the orga	nization acqui	re a direct or in	ndirect interest in	n any applicable in	surance contra	act?	89 f		X
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 2 91a The books are in care of ► TONI RODGERS Telephone number ►	organizati	on, or a fund mainta	ined by a spor	nsoring organiz	zation, have exce	ess business holdir	ngs at any time	e during	89 g		x
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90b 2 91a The books are in care of TONI RODGERS Located at 829 BEECH BEND DRIVE, NASHVILLE TN DATE of the books are in care of TONI RODGERS Located at 829 BEECH BEND DRIVE, NASHVILLE TN DATE of the books are in care of TONI RODGERS Located at 829 BEECH BEND DRIVE, NASHVILLE TN DATE of the books are in care of TONI RODGERS Located at 829 BEECH BEND DRIVE, NASHVILLE TN DATE of the books are in care of TONI RODGERS Located at 829 BEECH BEND DRIVE, NASHVILLE TN SIP + 4 TONI RODGERS ZIP + 4 TONI RODGERS Telephone number TONI RODGERS Telephone number TONI RODGERS ZIP + 4 TONI RODGERS Telephone number TONI RODGERS Telephone number TONI RODGERS ZIP + 4 TONI RODGERS Telephone number TONI RODGERS Telephone number TONI RODGERS ZIP + 4 TONI RODGERS Telephone number TONI RODGERS Telephone number TONI RODGERS Te	90a List the st	ates with which a co	py of this retur	rn is filed >	TN						
91a The books are in care of ► TONI RODGERS Located at ► 829 BEECH BEND DRIVE, NASHVILLE TN DATE of the books are in care of ► TONI RODGERS Located at ► 829 BEECH BEND DRIVE, NASHVILLE TN DATE of the books are in care of ► TONI RODGERS ZIP + 4 ► 37221 Yes Not signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	b Number o	of employees employ	ed in the pay p	period that incl	udes March 12, 2	2006			90Ь	· 	26
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)? Yes No 91b X	91 a The book	s are in care of	TONI RODG	ERS		Telephone nu	ımber ►	(615) 646-	5266	5	
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)? Yes No 91b X	Located at	- 829 BEECH E	SEND DRIVE	E, NASHVI	LLE TN		ZIF	+4 > 3722	ī		
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)?											
If 'Yes,' enter the name of the foreign country	b At any tin	ne during the calend	ar year, did the	e organization	have an interest	in or a signature of	or other author	ity over a	91 h	 	X
1 1 1									100		<u> </u>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	See the is	nstructions for excep									

BAA

Form 990 (2006)

Form 990 (2006) MAGDALENE, INC.				58-2050	089 Page 8
Part VI Other Information (continue	rd)				Yes No
c At any time during the calendar year, did t	he organization m	aintain an office	outside of the Unit	ed States?	
If 'Yes,' enter the name of the foreign cour				-	
92 Section 4947(a)(1) nonexempt charitable t	rusts filing Form 9	90 in lieu of For	m 1041 - Check he	re	N/A►
and enter the amount of tax-exempt intere					N/A
Part VII Analysis of Income-Producing	Activities (See	the instruction	ns.)		
	Unrelated busi			tion 512, 513, or 514	
Note: Enter gross amounts unless	(A)	(B)	(C)	(D)	(E) Related or exempt
otherwise indicated.	Business code	Amount	Exclusion code	Amount	function income
93 Program service revenue:					
a MEN'S REHAB PROGRAM			 		23,600.
b			 		
<u></u>			+		
d			+		
f Medicare/Medicaid payments			 		
` * * · · · · · · · · · · · · · · · · ·		<u> </u>	+		
g Fees & contracts from government agencies 94 Membership dues and assessments			 	-	
· · · · · · · · · · · · · · · · · · ·			14	2 001	
95 Interest on savings & temporary cash invmnts			+ 14	2,001.	
			 		
· · · · · · · · · · · · · · · · · · ·					
a debt-financed property			 		
b not debt-financed property			+		
99 Other investment income					
55 Other investment income					
100 Gain or (loss) from sales of assets other than inventory				\	
101 Net income or (loss) from special events	Ì				
102 Gross profit or (loss) from sales of inventory				-	79,631.
103 Other revenue: a			1,0		
b MISCELLANEOUS		. 11	1	10,226.	
с	12				
d	るでし				
e	70				
104 Subtotal (add columns (B), (D), and (E))				12,227.	103,231.
105 Total (add line 104, columns (B), (D), ar	nd (E))				115,458.
Note: Line 105 plus line 1e, Part I, should equa-					
Part VIII Relationship of Activities to	the Accompli	ishment of E	xempt Purpose	s (See the instruc	ctions.)
Line No. Explain how each activity for which of the organization's exempt purpos	income is reported	d in column (E)	of Part VII contribut	ed importantly to the a	eccomplishment
	es (other trial) by	providing farius	ioi sucii purposes).		
SEE STATEMENT 11		_			
					
Part IX Information Regarding Taxa	ble Subsidiar	ice and Dier	parded Entitie	s (See the instruc	etions)
(A)	(B)	T	(C)	(D)	(E)
·					
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature o	of activities	Total income	End-of-year assets
MAGDALENE HOMES, LLC	100.000 %	GRADUATE	HOUSING	0.	281,131.
P.O. BOX 6330-B	8				
NASHVILLE, TN 37235	8	-			
	8	<u> </u>			
Part X Information Regarding Trai		ted with Per	sonal Benefit (Contracts (See the	e instructions.)
a Did the organization, during the year, receive any fund					Yes X No
b Did the organization, during the year, pay			•		
Note: If 'Yes' to (b), file Form 8870 and Form			·		
RAA				TEFA01081 04/04/0	7 Form 990 (2006)

		o and From Controlled	Entities Com			Page
	organization is a controlling organiz	zation as defined in secti	ion 512(b)(13)		
	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If Yes, complete the schedule below for each controlled entity. Totals Total	es No				
106 Did 'Ye	d the reporting organization make any transfers es,' complete the schedule below for each control	to a controlled entity as define olled entity	d in section 512(b)(13) of the Code	? If	X
	Name, address, of each	(B) Employer Identification Number	Descr	iption of	(D) Amount of	bransfer
a						
b						
c						
	Totals					
					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	es No
107 Did 'Ye	the reporting organization receive any transferes, complete the schedule below for each control	rs from a controlled entity as d	efined in section	512(b)(13) of the	Code? If] x
	(A) Name, address, of each controlled entity	(B) Employer identification Number	Desci tra	(C) iption of nisfer	(D) Amount of	transfer
a -				1		
			US.			 -
b						
c	ol!	BLI				
						1
		The state of the s	ered a resident to the second		-	es No
i 08 Did an	d the organization have a binding written contract nuities described in question 107 above?	ct in effect on August 17, 2006	, covering the int	erest, rents, royal	ties, and	x
	Under penalties of perium, I declare that I have examined the true, correct, and complete. Declaration of preparer (other to	is return, including accompanying sched can officer) is based on all information of	ules and statements, which preparer has a	and to the best of my lo	nowiedge and belie	1, t s
		en Froos)		1-08.	1
ign lere	Lisa Grancie	n Frueb		Date	,	
	Preparer's	Da	tte	Check if self- employed > X		TN (See
arer's Ise	yours if self-			EIN - N/A		
b b c 108 Did the annuit Please Sign Here Paid Preparer's Figure Paid Preparer Paid Prepar	and the second s			Phone no. ► (61		
					Earm 6	196 (2006

p.2

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under **Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. 2006

OMB No. 1545-0047

Employer identification number MAGDALENE, 58-2050089 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense employee paid more than \$50,000 hours per week to employee benefit plans and deferred account and other devoted to position allowances compensation NONE Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') pof service (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation BLICCC NONE Total number of others receiving over \$50,000 for professional services Part II - B | Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None,' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services.....

Par	t III	Statements About Activities (See instructions.)	- 1	Yes	No
1	During to	he year, has the organization attempted to influence national, state, or local legislation, including any attempt nce public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
		red in connection with the lobbying activities \ \\$ N/A			[
		qual amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		Х
	organiza	ations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the activities.			;
2	substăn taxable	he year, has the organization, either directly or indirectly, engaged in any of the following acts with any tial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal ary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a	Sale, e	change, or leasing of property?	2a		Х
ŀ	Lending	of money or other extension of credit?	2b		х
	. Cometate	ing of goods, services, or facilities?	2c		Х
•	Furnisn	SEE FORM 990, PART V	- 20		<u> </u>
,	l Paymer	nt of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	
	-	, or compensation (or polyment of the control of th			
•	e Transfe	r of any part of its income or assets?	2e		Х
3	a Did the explana	organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an tion of how the organization determines that recipients qualify to receive payments.).	3a		Х
ŀ	o Did the	organization have a section 403(b) annuity plan for its employees?	3b		х_
Ó	to prese	organization receive or hold an easement for conservation purposes, including easement erve open space, the environment, historic land areas or historic structures? If ttach a detailed statement	Зс		Х
(d Did the	organization provide credit counseling, debt management credit repair or debt negotiation services?	3d		х
4:	nid the	organization maintain any donor advised funds in Yrs,' complete lines 4b through 4g. If 'No,' complete lines 4g			х
ı		organization make any taxable distributions under section 4966?	4b	N	/A
•	c Did the	organization make a distribution to a donor, donor advisor, or related person?	4c	_ N	/A
	d Enter t	ne total number of donor advised funds owned at the end of the tax year			N/A
	e Enter t	ne aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
	funds i	ne total number of separate funds or accounts owned at the end of the tax year (excluding donor advised notuded on line 4d) where donors have the right to provide advice on the distribution or investment of its in such funds or accounts			0
	g Enter t	he aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►		_	0.

MAGDALENE, INC.

Schedule A (Form 990 or 990-EZ) 2006

58-2050089

Part IV Reason for Non-Privat	te Foundation Status(See instructions.)					
I certify that the organization is not a prival	e foundation because it is: (I	Please check only ONE app	icable box.)				
5 A church, convention of churches	, or association of churches.	Section 170(b)(1)(A)(i).					
6 A school. Section 170(b)(1)(A)(ii)	. (Also complete Part V.)						
7 A hospital or a cooperative hospi	tal service organization. Sect	tion 170(b)(1)(A)(iii).					
8 A federal, state, or local government	ient or governmental unit. Se	ection 170(b)(1)(A)(v).					
9 A medical research organization and state •	operated in conjunction with	a hospital. Section 170(b)(1)(A)(iii). Enter the h	nospital's name, city,			
10 An organization operated for the (Also complete the Support Sche	benefit of a college or univer	sity owned or operated by a	governmental unit.	Section 170(b)(1)(A)(iv).			
11a \overline{X} An organization that normally reconstruction 170(b)(1)(A)(vi). (Also constitution)	eives a substantial part of its implete the Su pport Sched ul	s support from a governmen le in Part IV-A.)	tal unit or from the	general public.			
11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete th	ne Su pport Sched ule in Part	IV-A.)				
An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)							
An organization that is not control requirements of section 509(a)(3)	An organization that is not controlled by any disqualified persons (other than four this man hap is) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of the portion of ganization:						
Type I Type II		onal Mtegrated	Type III-Other				
(a) Name(s) of supported organization(s)	Employed divisit and a minimal received the following information all the following information	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supporte organization liste the supporting organization's governing documents?	(e) d Amount of d in support			
			Yes No				
	_						
Total		<u> </u>		. • 0.			
14 An organization organized and o	perated to test for public safe	ety, Section 509(a)(4), (See	instructions.)				
BAA				(Form 990 or 990-EZ) 2006			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note	: You may use the worksheet in th	e instructions for conv	verting from the accru	al to the cash method	of accounting.	J	
begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	609,622.	552,486.	524,704.	1,121,51	8. 2,808,330.	
16	Membership fees received					0.	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	143,978.	142,167.	162,539.	198,21	2. 646,896.	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	1,396.	1,354.	4,897.	1,70	2. 9,349.	
19	Net income from unrelated business activities not included in line 18					0.	
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.	
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.	
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			-OP	1	0.	
23	Total of lines 15 through 22	754,996.	696, <u>00</u> 7.	92 140.	1,321,43		
	Line 23 minus line 17		553 840.	529,601.	1,123,22		
25				6,921.	13,21	4.	
26	Organizations described on lines	s 10 or 11: 🐧 а 📆	amount in co	olumn (e), line 24		26a 56,354.	
t	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	name of a 12 out cours or 2002 through 2005 exceed amounts	sated by each person (other ded the amount shown in lin	r than a governmental unit ne 26a. Do not file this list	or publicly with your	26ь 411,724.	
	: Total support for section 509(a)(1) test: Enter line 24, o	column (e)			26c 2,817,679.	
C	Add: Amounts from column (e) fo	or lines: 18	9,349.	19 26b 411,	724.	26d 421,073.	
	Public support (line 26c minus lin	ne 26d total)				26e 2,396,606.	
	Public support percentage (line		ed by line 26c (denor	ninator))	<u>.</u>	26f 85.06 %	
27 2	27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) (2004) (2003) (2003)						
1	to For any amount included in line? to show the name of, and amoun \$5,000. (Include in the list organi After computing the difference bedifferences (the excess amounts)	t received for each ye zations described in li	ar, that was more tha ines 5 through 11b, as ceived and the larger	n the larger of (1) the s well as individuals.) amount described in	e amount on line 2 Do not file this lis (1) or (2), enter th	25 for the year or (2) st with your return. e sum of these	
	(2005)	(2004)	(2003) _		_ (2002)		
((2005) Add: Amounts from column (e) for Add: Line 27a total	or lines: 15 _		16		az - l	
	 d Add: Line 27a total		nd line 27h total			27d	
(Public support (line 27c total min	us line 27d total)	ing into 270 total			27 d 27 e	
	Total support for section 509(a)(a)	27e (numerator) divid	ed by line 27f (denon	ninator))		27g %	
i	n Investment income percentage (line 18, column (e) (n	umerator) divided by	line 27f (denominato	r))	27h %	
		·					

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 a b Records documenting that scholarships and other financial assistance are awarded on a racially 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 320 with student admissions, programs, and scholarships?..... d Copies of all material used by the organization or on its behalf to solicit contributions? . . . 32d If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) PUBLIC COP 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?... 33 a 33b b Admissions policies? 330 c Employment of faculty or administrative sta 33d d Scholarships or other financial assistance?.... 33e e Educational policies?... 331 f Use of facilities?.... 33 g g Athletic programs?..... 33h h Other extracurricular activities?.... If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? . . 34a b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

Parl	Lobbying Ex (To be complete	xpenditures by Ele ed ONLY by an eligible	ecting Public Cha organization that filed	rities (See i Form 5768)	nstructions	.)		N/A
Chec	k ► a if the organiz	zation belongs to an aff	iliated group. Che	ck ► b if	you check	ed 'a' and 'li	mited contro	ol' provisions apply.
		imits on Lobbying	•			(a Affiliated tota	group	(b) To be completed for all electing
	·	'expenditures' means						organizations
36	Total lobbying expenditu	•		, .,				
37	Total lobbying expenditu	=	* *	•				
38	Total lobbying expenditu	•	•		-			
39	Other exempt purpose e	•						
40	Total exempt purpose ex				40			
41	Lobbying nontaxable am		•					
	If the amount on line 40		lobbying nontaxable		, l		1	
	Not over \$500,000 Over \$500,000 but not over \$1,					1		
	Over \$1,000,000 but not over \$1,		•		- 41	<u> </u>		
	Over \$1,500,000 but not over \$		-		41			
	Over \$17,000,000		·					
12	Grassroots nontaxable a							
43	Subtract line 42 from lin	•	•					
44	Subtract line 41 from lin							
•	Caution: If there is an a							
			Averaging Perior			1/6)		
	(Some organ	nizations that made a s	ection 501 (h) election ee the instructions for	do not have to	o complete	all of the five	e columns t	pelow.
			Lobbying Exp	enditures Duri	ng 4 -Year	Averaging P	eriod	
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	2 0		20	•	(e) Total
45	Lobbying nontaxable amount		UBL	V				
46	Lobbying ceiling amount (150% of line 45(e))	P	OD.					-
47	Total lobbying expenditures					ļ		
48 	Grassroots non- taxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
	Grassroots lobbying expenditures	ativity by Namela	ting Bublic Charl	<u> </u>				
rai	t VI-B Lobbying A For reporting of	only by organizations th	at did not complete P	art VI-A) (See	instruction	s.)		N/A
Durin	ng the year, did the organ	nization attempt to influ	ence national, state of	r local legislat	ion, includ		Yes No	Amount
	a Volunteers							
	b Paid staff or manageme							
	c Media advertisements.							
	d Mailings to members, le							
	e Publications, or publish							
	f Grants to other organiz							
	g Direct contact with legis							
	h Rallies, demonstrations							
į	i Total lobbying expendit							
	If 'Yes' to any of the ab	ove, also attach a state	ement giving a detaile	d description o	of the lobby			orm 990 or 990 E71 2006

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization of Code (other than section	directly or inc	directly engage in any of the following rganizations) or in section 527, relation	with any other organization described	in section	501(c)
			a noncharitable exempt organization	- ·		Yes	No
			• -	· · · · · · · · · · · · · · · · · · ·	51 a (i)	163	X
					a (ii)		X
	transactions:				2 (11)		
(i)Sa	ales or exchanges of asse	ets with a no	ncharitable exempt organization		b (i)		Х
					b (ii)		X
					b (iii)		$\frac{\mathbf{x}}{\mathbf{x}}$
					b (iv)	-	X
					b (v)		X
							X
					b (vi)	-	<u> </u>
					c ket value	of	
the go	ods, other assets, or serv	vices given b	by the reporting organization. If the or	mn (b) should always show the fair mark ganization received less than fair mark ds, other assets, or services received:	et value ir	וט ו	
(a)	(b)	ngement, sn	(c)				—
Line no.	Amount involved	Name of	noncharitable exempt organization	(d) Description of transfers, transactions, and s	haring arran	oements	,
N/A				, , , , , , , , , , , , , , , , , , , ,			
N/A							
						_	
				AD 1			
				> () Y			
			10 C				
			121				
			1110				
			70 -				
	organization directly or in bed in section 501(c) of t	•	iated with, or related to, one or more ner than section 501(c)(3)) or in section	tax-exempt organizations on 527?	► ∏ Ye	s X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	shin		
N/A			. 76 . 2. 2. 3		· · · · · · · ·		
N/A							
						-	
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				-			
		-				· · · · ·	
							
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2006	FEDERAL STATEMENTS		PAGE 1
	MAGDALENE, INC.		58-2050089
STATEMENT 1 FORM 990, PART I, LI	NE 10		
·	S) FROM SALES OF INVENTORY		
PRODUCT SALES		. \$	4,134. 158,694.
	LOWANCES	\$	162,828.
NET SALES	S SOLD	\$	162,828. 83,197.
	CATES OF INVENTORY	<u>-</u>	70 631

GROSS PROFIT FROM SALES OF INVENTORY.

79,631.

STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ADVERTISING AND PROMOTION BAD DEBT EXPENSE	3,841. 12,525.	3,841.	12,525.	
CLOTHING AND GROOMING COMMUNITY FOUNDATION CONTRACT LABOR	3,247. 7,806. 42,90 <u>7</u> .	COP	7,806.	
CREDIT CARD FEES CREW HOUSE FOOD AND HOUSEHOLD SUPPLIES		1,803. 2,440. 11,522.		
IDA MATCHING INSURANCE	7, 199. 14, 698.	19,199. 14,698.		
MEALS MEDICAL MISCELLANEOUS	338. 19,262. 12,335.	338. 19,262.	6,161.	6,174.
NEWSLETTER OTHER PROGRAM EXPENSES OUTREACH MINISTRY	2,283. 11,964. 12,950.	1,096. 11,964. 12,251.	639. 699.	548.
PROFESSIONAL FEES PROPERTY TAXES	31,551. 5,851.	13,563. 5,851.	17,988.	
REIMBURSEMENT-ST. AUGUSTINE'S REPAIRS & MAINTENANCE STIPENDS	24,776. 14,559. 13,185.	22,298. 14,559. 13,185.	1,239.	1,239.
UTILITIES TOTAL	30,000.	30,000. \$ 244,024.	\$ 47,057.	\$ 7,961.

STATEMENT 3 FORM 990 , PART III **ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

MAGDALENE, INC. IS A NOT-FOR-PROFIT ORGANIZATION PROVIDING A RESIDENTIAL HOUSING AND RECOVERY PROGRAM FOR WOMEN IN MIDDLE TENNESSEE WITH A HISTORY OF PROSTITUTION.

MAGDALENE, INC. OPERATES FOR THE FOLLOWING SPECIFIC PURPOSES:

- TO PROVIDE A LONG-TERM SAFE HAVEN DESIGNED TO ADDRESS THE NEEDS OF THOSE EXPERIENCING CHEMICAL DEPENDENCE.

- TO PROVIDE ASSISTANCE AND SUPPORT FOR THE RESIDENTS' RECOVERY PROCESS, ENCOURAGING A POSITIVE SELF-IMAGE.

- TO MEET THE MEDICAL NEEDS OF THE RESIDENTS.

MAGDALENE, INC.

58-2050089

STATEMENT 3 (CONTINUED) FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

- TO PROVIDE REFERRALS TO OTHER AGENCIES AND PROGRAMS THAT CAN ASSIST THE RESIDENTS.
- TO RECOGNIZE AND MEET THE SPIRITUAL NEEDS OF THE RESIDENTS.
- TO PERFORM ALL OTHER LAWFUL RELATED BUSINESS AS ALLOWED BY TENNESSEE NOT-FOR-PROFIT CORPORATE STATUTES.
- TO PROVIDE EDUCATIONAL AND INFORMATIONAL ASSISTANCE TO THE RESIDENTS IN UNDERSTANDING AND COPING WITH THE ISSUES OF PROSTITUTION, DOMESTIC VIOLENCE, AND SAFETY WITH COMPASSION, DISCIPLINE, AND DIGNITY.

STATEMENT 4 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

OUR MISSION IS TO PROVIDE SANCTUARY AND RECOVERY PROGRAMS, EG. THERAPEUTIC EDUCATION, FOR WOMEN WITH A HISTORY OF PROSTITUTION WHO ARE SEEKING A HEALTHIER LIFESTYLE IN A SECURE AND COMPASSIONATE ENVIRONMENT. APPROXIMATELY 20-100 WOMEN PARTICIPATED IN THE PROGRAM DURING THE YEAR.

INCLUDES FOR IGN GPARTS: NO

416,309.

PROGRAM

SERVICE

EXPENSES

WHILE AT THISTLE FARMS, THE WOMEN OF LAGDILINE CREATE NATURAL AND ORGANIC HANDMADE TEAL OF HADDUCTS. THEY GAIN MUCH NEEDED JOB SKILLS AND FROM TO CREATE SAVINGS. THISTLE FARMS EMPLOYEES LEARN THE AMPORTANCE OF INDIVIDUAL RESPONSIBILITY AND COOPERATION WHILE SPECIFICALLY DEVELOPING SKILLS IN MANUFACTURING, MARKETING AND SALES. ALL PROCEEDS GO TO SUPPORT MAGDALENE'S HOUSES AND RESIDENTS, AS WELL AS PROVIDE OUTREACH TO WOMEN WHO ARE IN JAIL OR STILL ON THE STREETS.

188,492.

INCLUDES FOREIGN GRANTS: NO

0. \$ 604,801.

STATEMENT 5 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPER FURNITURE AND FIXTURES BUILDINGS IMPROVEMENTS LAND	PMENT \$ TOTAL \$	20,247. 21,337. 811,825. 10,236. 77,673. 941,318.	\$ 20,247. 15,433. 99,506. 3,853. \$ 139,039.	\$ 0. 5,904. 712,319. 6,383. 77,673. \$ 802,279.

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	MAGDALENE, INC.		58-2050089
STATEMENT 6 FORM 990, PART IV, LINE 58 OTHER ASSETS CONSTRUCTION IN PROGRESS. EMPLOYEE ADVANCES		\$ TOTAL \$	203,458. 530. 203,988.
STATEMENT 7 FORM 990, PART IV, LINE 64B MORTGAGES AND OTHER NOT	ES PAYABLE		
OTHER NOTES PAYABLE LENDER'S NAME: DATE OF NOTE: MATURITY DATE: REPAYMENT TERMS: INTEREST RATE: BALANCE DUE: LENDER'S NAME: DATE OF NOTE: MATURITY DATE: INTEREST RATE: SECURITY PROVIDED: ORIGINAL AMOUNT: BALANCE DUE:	CAPITAL BANK & TRUST 2/14/2006 3/14/2017 MONTHLY PRIN. & INT. OF \$731 7.27% THE HOUSING FUND, INC. 4/09/2007 1/01/2008 5.00% DEED OF TRUST 180,000	\$ **TOTAL ** ** **TOTAL ** ** ** ** ** ** ** ** ** **	60,819. 147,350. 208,169.
STATEMENT 8 FORM 990, PART IV-A, LINE B(4 OTHER AMOUNTS COST OF SALES	1)	TOTAL \$	83,197. 83,197.
STATEMENT 9 FORM 990, PART IV-B, LINE B(4 OTHER AMOUNTS COST OF SALES	4)	TOTAL \$	83,197. 83,197.

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STATEMENT 10 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JODI BANKS	BOARD MEMBER \$	0.	\$ 0.	\$ 0.
NASHVILLE, TN	1			
BRENDA ELLIS	SECRETARY 2	0.	0.	0.
NASHVILLE, TN	2			
DORINDA CARTER	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
ROD SPANN	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
PAT SNYDER	BOARD MEMBER	_ J .	0.	0.
NASHVILLE, TN	ءُ (797		
CHARLES STROBEL	BOARD MEMBER 1 BOARD MEMBER 1 VICE CHAIR 2	0.	0.	0.
NASHVILLE, TN	IBLIU 1			
TORI TAFF	VICE CHAIR	0.	0.	0.
NASHVILLE, TN	2			
JOANNE CATO	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
LISA FROEB	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
RICK HART	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
GILBERT SMITH	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
CARY RAYSON	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			

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MAGDALENE, INC.

58-2050089

STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CARLANA HARWELL	CHAIR & PRES.	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	2			
SANDY STAHL	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
BECCA STEVENS	EXECUTIVE DIREC 16	0.	0.	0.
NASHVILLE, TN				
TONI RODGERS	TREASURER	5,780.	0.	0.
NASHVILLE, TN	2			
DICK LODGE	BOARD MEMBER	_1.	0.	0.
NASHVILLE, TN		UB1		
CONNALLY PENELY	BOAR MEM ER	0.	0.	0.
NASHVILLE, TN	allu '			
PU	BOAR MEM ER	\$ 5,780.	\$ 0.	\$ 0.

STATEMENT 11 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

UNE # EXPLANATION OF ACTIVITIES 93A WORKING IN CONJUNCTION WITH THE LEGAL SYSTEM, MAGDALENE, INC., PROVIDES AN EDUCATIONAL REHABILITATION PROGRAM THAT CONDUCTS THERAPY SEMINARS FOR FIRST TIME OFFENDERS OF PROSTITUTION SOLICITATION.

THISTLE FARMS, A PART OF THE WOMEN'S REHABILITATION PROGRAM, ASSISTS PARTICIPANTS IN ACQUIRING AND DEVELOPING LIFE SKILLS NEEDED TO ASSIMILATE BACK INTO THE WORKPLACE BY PROVIDING FOR MANUFACTURING, ASSEMBLING, SHIPPING, MARKETING, AND SELLING OF MISCELLANEOUS HOUSEHOLD PRODUCTS TO THE GENERAL PUBLIC.

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MAGDALENE, INC.

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DEPRECIATION EXPENSE FORM 990, PART II, LINE 42

PROPERTY AND EQUIPMENT ARE RECORDED AT COST OR, IF DONATED, AT THE ESTIMATED FAIR MARKET VALUE AS OF THE DATE OF DONATION. DEPRECIATION IS PROVIDED USING THE STRAIGHT-LINE BASIS OVER THE ESTIMATED USEFUL LIVES OF THE RESPECTIVE ASSETS. EXPENDITURES FOR REPAIRS AND MAINTENANCE ARE CHARGED TO EXPENSE AS INCURRED.

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