

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  
**2005**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2005 calendar year, or tax year beginning**, and ending

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions	<b>C Name of organization</b> Remnant Publications, Inc.			<b>D Employer identification number</b> 38-2810502	
	Number and street (or P O box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>	
	649 E. Chicago Road				
	City or town	State or country	ZIP + 4	<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
	Coldwater	MI	49036		

**G Website:** ▶ www.remnantpublications.com

**J Organization type** (check only one) ▶  501(c)(3) ◀ (insert no)  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**L Gross receipts.** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,750,064

**M Check**  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:						
<b>a</b>	Direct public support	<b>1a</b>	451,004				
<b>b</b>	Indirect public support	<b>1b</b>	0				
<b>c</b>	Government contributions (grants)	<b>1c</b>	0				
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 428,173 noncash \$ 22,831)	<b>1d</b>				451,004	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>				1,228,662	
<b>3</b>	Membership dues and assessments	<b>3</b>				0	
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>				0	
<b>5</b>	Dividends and interest from securities	<b>5</b>				398	
<b>6 a</b>	Gross rents	<b>6a</b>					
<b>b</b>	Less: rental expenses	<b>6b</b>					
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>				0	
<b>7</b>	Other investment income (describe ▶)	<b>7</b>				0	
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	0	<b>8a</b>	70,000		
<b>b</b>	Less: cost or other basis and sales expenses	(B) Other	0	<b>8b</b>	41,067		
<b>c</b>	Gain or (loss) (attach schedule)		0	<b>8c</b>	28,933		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				28,933	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
<b>a</b>	Gross revenue (not including \$ 0 of contributions reported on line 1a)	<b>9a</b>	0				
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	0				
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				0	
<b>10 a</b>	Gross sales of inventory less returns and allowances	<b>10a</b>	0				
<b>b</b>	Less: cost of goods sold	<b>10b</b>	0				
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				0	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>				0	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>				1,708,997	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>				821,822	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>				1,000,555	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>				48,832	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>				0	
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>				1,871,209	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>				-162,212	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>				515,972	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>				0	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>				353,760	

10 1/2 6-15

SCANNER AUG 04 2008

**Part II 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. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	390,480	39,048	335,951	15,481
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	39,548	3,955	33,873	1,720
30	Professional fundraising fees	0			
31	Accounting fees	3,270		3,270	
32	Legal fees	0			
33	Supplies	38,740	26,069	12,671	
34	Telephone	30,431		30,431	
35	Postage and shipping	112,769	112,769		
36	Occupancy	96,500		96,500	
37	Equipment rental and maintenance	50,874	50,874		
38	Printing and publications	445,558	445,558		
39	Travel	103,547		93,192	10,355
40	Conferences, conventions, and meetings	0			
41	Interest	38,495		38,495	
42	Depreciation, depletion, etc. (attach schedule)	150,905	143,549	7,356	
43	Other expenses not covered above (itemize):				
a	Sales representative	16,250	0	0	16,250
b	Tithes and transfers	192,623	0	192,623	0
c	Advertising	15,230	0	10,204	5,026
d	Royalty expense	116,556	0	116,556	0
e	Insurance	25,156	0	25,156	0
f	Miscellaneous	4,277	0	4,277	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,871,209	821,822	1,000,555	48,832

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,708,997
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,708,997
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,708,997

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,871,209
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,871,209
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,871,209

**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 & deferred compensation plans	(E) Expense account and other allowances
Name Dwight Hall Str 378 S Fremont Rd City Coldwater ST MI ZIP 49036	Title President Hr/WK 2	22,789	0	0
Name Daniel Hall Str 310 Dayburg Rd City Coldwater ST MI ZIP 49036	Title VP/Sec/Treas Hr/WK 2	22,789	0	0
Name Rudy W. Hall Str 398 Rugged Mounta City Cullowhee ST NC ZIP 28723	Title Director Hr/WK 2	0	0	0
Name C. Darwin Hall Str 308 Dayburg Rd City Coldwater ST MI ZIP 49036	Title Director Hr/WK 2	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Sales of literature					1,228,662
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	398	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	28,933	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		29,331	1,228,662
105 Total (add line 104, columns (B), (D), and (E))					1,257,993

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	Dissemination of church literature

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

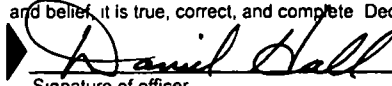
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  Date: 6-27-06  
 Signature of officer: Daniel Hall, Secretary / Treasurer  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature: James W Gordon Date: 6/17/2006 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst W): P00053843  
 Firm's name (or yours if self-employed), address, and ZIP + 4: James W. Gordon, CPA, P.C. 373 Western Ave, Coldwater, MI 49036 EIN: 38-3548727 Phone no.: 517-278-6100