

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
2007
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 2007 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **Remnant Publications, Inc.**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
649 E. Chicago Road
 City or town State or country ZIP + 4
Coldwater MI 49036

D Employer identification number: _____
E Telephone number: **(517) 279-1304**

F Accounting method: Cash Accrual
 Other (specify) _____

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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: **4,513,016**

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.)			
1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds		1a	1,607,913
b Direct public support (not included on line 1a)		1b	610,325
c Indirect public support (not included on line 1a)		1c	0
d Government contributions (grants) (not included on line 1a)		1d	0
e Total (add lines 1a through 1d) (cash \$ 2,211,537 noncash \$ 6,701)		1e	2,218,238
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	2,288,506
3 Membership dues and assessments		3	0
4 Interest on savings and temporary cash investments		4	1,154
5 Dividends and interest from securities		5	0
6a Gross rents		6a	4,800
b Less: rental expenses		6b	
c Net rental income or (loss). Subtract line 6b from line 6a		6c	4,800
7 Other investment income (describe _____)		7	0
8a Gross amount from sales of assets other than inventory		(A) Securities	0
		(B) Other	318
b Less: cost or other basis and sales expenses		8a	318
c Gain or (loss) (attach schedule)		8b	356
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8c	-38
8d		8d	-38
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ 0 of contributions reported on line 1b)		9a	0
b Less: direct expenses other than fundraising expenses		9b	0
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c	0
10a Gross sales of inventory, less returns and allowances		10a	0
b Less: cost of goods sold		10b	0
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	0
11 Other revenue (from Part VII, line 103)		11	0
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	4,512,660
13 Program services (from line 44, column (B))		13	1,699,790
14 Management and general (from line 44, column (C))		14	2,045,668
15 Fundraising (from line 44, column (D))		15	166,200
16 Payments to affiliates (attach schedule)		16	0
17 Total expenses. Add lines 16 and 44, column (A)		17	3,911,658
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18	601,002
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	1,103,574
20 Other changes in net assets or fund balances (attach explanation)		20	37
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	1,704,613

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Part I 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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) 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	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	50,000	5,000	45,000	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	440,132	44,013	378,514	17,605
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	21,070	2,107	18,120	843
29	Payroll taxes	56,505	5,651	46,594	4,260
30	Professional fundraising fees	119,688			119,688
31	Accounting fees	5,235		5,235	
32	Legal fees	3,528		3,528	
33	Supplies	28,614	8,243	20,371	
34	Telephone	13,478		13,478	
35	Postage and shipping	378,146	378,146		
36	Occupancy	120,000		120,000	
37	Equipment rental and maintenance	1,220	1,220		
38	Printing and publications	1,084,570	1,084,570		
39	Travel	166,076		149,468	16,608
40	Conferences, conventions, and meetings	0			
41	Interest	36,969		36,969	
42	Depreciation, depletion, etc. (attach schedule)	178,196	170,840	7,356	0
43	Other expenses not covered above (itemize):				
a	Charge card expense	24,260	0	24,260	0
b	Transfers	897,032	0	897,032	0
c	Advertising	25,823	0	18,627	7,196
d	Royalty expense	202,917	0	202,917	0
e	Insurance	31,126	0	31,126	0
f	Property taxes	2,849	0	2,849	0
g	Utilities	24,224	0	24,224	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,911,658	1,699,790	2,045,668	186,200

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 \$

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 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.

				Yes	No
					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					0

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

		Yes	No
			X

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

Signature of officer _____ Date _____
 Daniel Hall, Secretary / Treasurer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date 10/9/2008
 Check if self-employed
 Preparer's SSN or PTIN (See Gen. Inst. X) _____
 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 _____
 Phone no. 517-278-6100