

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**1999** Ex. **S**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

Department of the Treasury  
Internal Revenue Service

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

This Form is Open  
to Public Inspection

A For the 1999 calendar year, OR tax year period beginning and ending

B Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for state reporting)	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>REMNANT PUBLICATIONS, INC.</b>		D Employer identification number <b>38-2810502</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 426</b>		E Telephone number <b>(517) 279-1304</b>
		City or town, state or country, and ZIP+4 <b>COLDWATER, MI 49036</b>		F Check <input type="checkbox"/> if exemption application is pending

G Type of organization  Exempt under 501(c) ( 3 ) (insert number) OR  section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates?  Yes  No  
 (b) If "Yes," enter the number of affiliates for which this return is filed: \_\_\_\_\_  
 (c) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) \_\_\_\_\_  
 J Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_

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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	147,044.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 147,044. noncash \$ )	1d	147,044.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	550.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe )	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	23,600.	
		(B) Other	8b	21,527.	
			8c	2,073.	
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	2,073.
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a	461,470.		
		10b	170,414.		
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	291,056.
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	440,723.		
Expenses	13	Program services (from line 44, column (B))	13	388,532.	
	14	Management and general (from line 44, column (C))	14	112,919.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	501,451.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<60,728.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	<152,960.>	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<213,688.>	

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