Page 1 of 4

OMB No. 1545-0047

## **Return of Organization Exempt From Income Tax**

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

This Form is Open to Public Inspection

Department of the Treasury Note: The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

A Fo	r tha 1	999 calendar year, OR tax year period beginning	and ending			<del></del>		
B Ch	heck If. Please C Name of organization  D Empl					mployer identification number		
	Change	use IRS						
	address	pint or REMNANT PUBLICATIONS, INC.			<u> 38-2810</u>	502		
	initial return	type. See Number and street (or P.O. box if mail is not delivered to street	address)	Room/suite E Te				
	Final return	Specific P.O. BOX 426	<del> </del>		<u>(517)27</u>	9-1304		
L	retum	d Instruc- tions. City or town, state or country, and ZIP+4		F CI	ieck 🕨 🗔	if exemption		
	ot state tean:tea s <sub>t</sub>	COLDWATER, MI 49030				application is pending		
G T	eporting) /pe of o	rganization → X Exempt under 501(c) ( 3 ) (insert number) 0	R ▶ section 4947(	a)(1) nonexempt c	haritable trust			
		ion 501(c)(3) exempt organizations and 4947(a)(1) nonexempt ch						
H(a)	Is this	a group return filed for affiliates? Yes 🛚 🔲 Yes 🗓	]No   I   If either box i	n H is chackad 'Yes	s, enter tour-di	git group		
(b)	If 'Yes,	enter the number of affiliates for which this	exemption nu	ımber (GEN) 🕨	<del>-</del>			
	return	is filed:	J Accounting n	nethod: 🔀 Ca	sh 🔲 A	ccrual		
(c)		separate return filed by an organization covered by a group ruling?	No Cther	(specify) 🕨				
K Ch	eck her	Fig. 15 If the organization's gross receipts are normally not more than \$	25,000. The organization	naed not file a retu	un with the IRS	5; but		
i <u>f i</u>	t receive	ad a Form 990 Package in the mail, it should file a return without financial da	ta. Some states require	<u>a complete return</u>	<u></u> _			
Note	Form	990-EZ may be used by organizations with gross receipts less than	\$100,000 and total as:	sets less than \$2	50,000 at end	of year.		
Pa	rt i	Revenue, Expenses, and Changes in Net Assets or	Fund Balances					
	1	Contributions, gifts, grants, and similar amounts received:		<del>-</del>	31.50000 34.00000	<del>_</del> _		
Ë	а	Direct public support	1a	147,044	•			
	b	Indirect public support	1b	<del></del> -				
20	C	Government contributions (grants)	16		-0.00000 20.000000 -0.0000000			
=	đ	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 P	art VII, line 93)		. 2			
딦	3	Membership dues and assessments		·····	. 3			
SCANNED	4	Interest on savings and temporary cash investments			. 4	550.		
25	5	Dividends and interest from securities			. 5			
3	Ба	Gross rents	ба					
(i)	b	Less: rental expenses	6b					
d)	C	Net rental income or (loss) (subtract line 6b from line 6a)	. 6c					
Revenue	7	Other investment income (describe			7			
Š	8 a	Gross amount from sale of assets other (A) Securiti	es	(B) Other				
Œ		than inventory	8a	23,600				
	ь	Less: cost or other basis and sales expenses	8b	21,527				
	C	Gain or (loss) (attach schedule)	Bc	2,073	<u> </u>			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		STMT 1	b	2,073.		
	g	Special events and activities (attach schedule)		10000				
	а	Gross revenue (not including \$ of contribut	ions					
	-	reported on line, ta).						
	RE	Cess dreatespenses other than fundraising expenses		<del></del>				
r	- 6	Net income or (loss) from special events (subtract line 9b from line 9a)		4.64 4.55	<u>9</u> e	<del></del>		
<del>2</del> 39	10 a	Gross sales of invertibly, less returns and allowances		461,470	<u>)                                    </u>			
4	JU∄	े हिस्हुः दृष्ट्या हिर्ण १०० विद्वार ।		170,414		001 056		
L		Gross_profit_or_(loss_From sales of inventory (attach schedule) (subtract li		STMT 2	100	291,056.		
	CG	Ottid levenie (from Part VII, line 103)				A 4 0 7 0 0		
	_12_	Totalrévenus (add-lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	440,723.		
s	13	Program services (from line 44, column (B))			388,532.			
Expenses	14	15 Fundraising (from line 44, column (D))				112,919.		
per	15					<del></del>		
Ж	16	Payments to affiliates (attach schedule)				<u> </u>		
	17					501,451.		
v.	18	This continue to the continue				<60,728.>		
Net Ssets	19	Net assets or fund balances at beginning of year (from line 73, column (A				<152,960.		
ASA		Other changes in net assets or fund balances (attach explanation)				0.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<213,688.>				

For Paperwork Reduction Act Notice, see page 1 of the separate instructions. LHA 923001 12-14-99

Form 990 (1999).

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38-2810502 Page 2 REMNANT PUBLICATIONS, INC. Form 990 (1999) All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and Part II Statement of Functional Expenses (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (B) Program services Do not include amounts reported on line (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. and general 22 Grants and allocations (attach schedule) 22 \_\_\_noncash \$\_ 23 Specific assistance to individuals (attach schedule) 24 Benefits paid to or for members (attach schedule) 24 18,692.18,6920. 25 Compensation of officers, directors, etc. 25 115,369. 115,369. Other salaries and wages 26 27 27 Pension plan contributions 2,398 2,398. 28 Other employee benefits 10,12510,125. 29 Payroll taxes 30 Professional fundralsing fees 920. 920 31 Accounting fees 32 32 Legal fees 33 Supplies ..... 8,424. 8,424. 34 Telephone 34 39,333. <del>39,</del>333. 35 35 Postage and shipping ..... 400. 400. 36 36 Occupancy \_\_\_\_\_ 11,22011,220.37 37 Equipment rental and maintenance ..... 8E 38 Printing and publications 5,925 5,925. 39 Travel ..... Conferences, conventions, and meetings 40 40 62,513 62,513. 41 Interest ..... 128,882. 128,882. 42 Depreciation, depletion, etc. (attach schedule) ... Other expenses (itemize): 43 43a 43b 43c 43d 97,250. 97,250. SEE STATEMENT 43e Total functional expenses (add tines 22 through 43) Organizations completing columns (B)-(D), carry tress 501,451. 388,532. 112,919. 44 totals to lines 13-15 .... Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? If "Yes," enter (I) the aggregate amount of these joint costs \$ \_\_\_\_ ; (il) the amount allocated to Program services \$ ; and (iv) the amount allocated to Fundraising \$ (iii) the amount allocated to Management and general \$ Part III Statement of Program Service Accomplishments What is the organization's primary exempt purpose? Program Service Expenses (Required for 501(c(3) and (4) orgs., and 4947(a(1) trusts; but optional for other DISSEMINATION OF CHURCH LITERATURE All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and a DISSEMINATION OF LITERATURE 388,532. (Grants and allocations \$ Other program services (attach schedule) Total of Program Service Expenses (should equal line 44, column (B), Program services) 388,532 923011 12-14-99 Form 990 (1999)

Form	990 (1999) REMNANT PU	BLICATIONS,	IN	C •		38–28:	105(	)2 Page 4
	Reconciliation of Revenue Financial Statements with Return	Revenue per		Financia Return	iliation of Exp al Statements	With Ex	pens	idited ses per
а	Total revenue, gains, and other support	NT / 7	a	Total expenses and lo	sses per		9655C::79;	- 11
	Total revenue, gains, and other support per audited financial statements.	N/A	_	audited financial state		▶ a		N/A
b	Amounts included on line a but not on line 12, Form 990;		(1)	Amounts included on line 17, Form 990: Donated services	line a bot not on			
(1)	Net unrealized gains		(''	and use of facilities	S			
١٠,	on investments\$		(2)	Prior year adjustment				
(2)	Donated services		,-,	reported on line 20.				
(2)	1000			Form 990	•			
(0)	and use of facilities\$				.•			
(3)	Recoveries of prior		(3)	Losses reported on			2000. P	
	year grants\$			line 20, Form 990	.\$			
(4)	Other (specify):		(4)	Other (specify):				
	\$\$		_		.\$			
	Add amounts on lines (1) through (4) b			Add amounts on lines	s (1) through (4)	<b>b</b> b		
C	Line a minus line b c		e .	Line a minus line b	.,	<b></b> c		
đ	Amounts included on line 12, Form		d	Amounts included on	lina 17 Form			
•	990 but not on line a:		-	990 but not on line a				
(1)	Investment expenses		(1)	Investment expenses	•			
	not included on			not included on			5.000000 9.000000	
	line 6b, Form 990\$			line 6b, Form 990	2			
(2)	Other (specify):		(2)	Other (specify):	··•			
(-,	S		, ,,,	other (apoun) /.	S			
	Add amounts on lines (1) and (2)	1	\	Add amounts on lines	s (1) and (2)	h  ◀		***************************************
	Total revenue per line 12, Form 990	<u> </u>	е	Total expenses per lir				
•	(line c plus line d)					<b>▶</b> a		
P	rt V List of Officers, Directors, Tr	ustees, and Kev	Empl	ovees (List each on	even if not comper	isated.)		
	4,4.000	,	(B) Ti	tle and average hours	(C) Compensation	(D)Contribu	tions to	(E) Expense
	(A) Name and address		) pt	tle and average hours or week devoted to position	(If not paid, enter	plans & de	enefit ferred	account and other allowances
กพ	IGHT HALL		PRE	SIDENT		compens	ation	other allowances
	9 E. CHICAGO ST							
22	TOTATED RECUTEDATE ADOSE	~	3		10 600		^	•
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c.	DARWIN HALL		DIR	ECTOR				<del></del>
	6 E. GIRARD RD							
	LDWATER, MICHIGAN 49036		b		0.		0.	l o.
<u> </u>	HEALTH INCOME		-	<del></del>	<del></del>	<del>'</del>		
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REMNANT PUBLICATIONS, INC.

38-2810502

FORM 990 · · ·	OTHER EXPENSES			STATEMENT	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING BANK SERVICE CHARGE CORRESPONDENCE CREDIT CARD FEE INSURANCE MINISTRY OFFICE EXPENSE REPAIRS SALES TAX UNEMPLOYMENT UTILITIES	57,970. 230. 600. 1,180. 3,438. 9,787. 6,050. 6,660. 456. 948. 9,931.	<u> </u>	57,970. 230. 600. 1,180. 3,438. 9,787. 6,050. 6,660. 456. 948. 9,931.		
TOTAL TO FM 990, LN 43	97,250.		97,250.		
FORM 990 DEPRECIATI	ON OF ASSETS	NOT HELD FOR	INVESTMENT	STATEMENT	

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
COMPUTER EQUIP.	1,621.	1,621.	0.	
COPY MACHINE	2,290.	2,290.	0.	
COPY MACHINE-MONTANA	1,837.	1,837.	0.	
LAPTOP-MONTANA	1,632.	1,632.	0.	
COMPUTER-MONTANA	600.	600.	0.	
MONITOR-MONTANA	300.	300.	0.	
SOFTWARE-MONTANA	482.	482.	0.	
COMPUTER-COLDWATER	1,700.	1,700.	0.	
COMPUTER	1,064.	1,064.	0.	
COMPUTER	1,454.	1,454.	0.	
LASER PRINTER	1,951.	1,951.	0.	
P.A. SYSTEM	1,400.	1,322.	78.	
FURNITURE	1,329.	1,227.	102.	
FURNITURE	574.	555.	19.	
REFRIGERATOR	461.	460.	1.	
CUSTOM SOFTWARE	718.	718.	0.	
LAPTOP COMPUTER	2,600.	2,600.	0.	
EQUIPMENT	1,348.	1,184.	164.	
DESK	409.	343.	66.	
COMPUTER	3,068.	2,891.	177.	
RECORDER	735.	572.	163.	
2 LUGGAGE RACKS	799.	621.	178.	
ACCT SOFTWARE	445.	418.	27.	