

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

2002

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 2002 calendar year, or tax year beginning and ending

B Check if applicable

Address change
 Name change
 Initial return
 Final return
 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
38-2810502

E Telephone number
(517) 279-1304

F Accounting method Cash Accrual
 Other (specify) _____

G Web site 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 received a Form 990 Package in the mail it should file a return without financial data. SOME STATES REQUIRE A COMPLETE RETURN

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **929,871**

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

H and I are not applicable to section 527 organizations

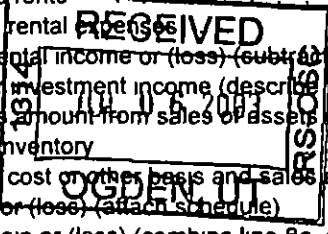
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes" enter number of affiliates _____
H(c) Are all affiliates included? Yes No (If "No" attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN _____

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **929,871**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	184,841	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	TOTAL (add lines 1a through 1c) (cash \$ 124,841 noncash \$ 60,000)	1d		184,841
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		743,348
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		382
5	Dividends and interest from securities	5		
6 a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
7	Other investment income (describe _____)	7		
8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less cost on other basis and sales expenses	8a	1,300	
c	Gain or (loss) (attach schedule)	8b	0	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	1,300	
8d				1,300
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		0
10 a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
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		
12	TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		929,871
13	Program services (from line 44, column (B))	13		415,965
14	Management and general (from line 44, column (C))	14		464,468
15	Fundraising (from line 44, column (D))	15		0
16	Payments to affiliates (attach schedule)	16		
17	TOTAL EXPENSES (add lines 16 and 44, column (A))	17		880,433
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		49,438
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		-236,181
20	Other changes in net assets or fund balances (attach explanation)	20		1,527
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		-185,216

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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 page 21 of 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	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0			
26	Other salaries and wages	231,014		231,014	
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	23,100		23,100	
30	Professional fundraising fees	0			
31	Accounting fees	3,750		3,750	
32	Legal fees	450		450	
33	Supplies	19,808		19,808	
34	Telephone	10,414		10,414	
35	Postage and shipping	63,265	63,238	27	
36	Occupancy	72,792		72,792	
37	Equipment rental and maintenance	7,263	7,263		
38	Printing and publications	216,148	216,148		
39	Travel	17,460		17,460	
40	Conferences, conventions, and meetings	0			
41	Interest	46,088		46,088	
42	Depreciation, depletion, etc (attach schedule)	129,316	129,316		
43	Other expenses not covered above (itemize) a Insurance	8,005		8,005	
	b Advertising	3,300		3,300	
	c Bank charges	2,030		2,030	
	d Royalty	12,438		12,438	
	e Tithe	5,500		5,500	
	f Website, misc	8,292		8,292	
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	880,433	415,965	464,468	0

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 \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)	Program Service Expenses Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others
What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> 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 allocations to others.)	
a Dissemination of church literature	
(Grants and allocations \$ _____)	415,965
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	415,965

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990	b	
(1)	Net unrealized gains on investments		
	\$		
(2)	Donated services and use of facilities		
	\$		
(3)	Recoveries of prior year grants		
	\$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990		
	\$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

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

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17 Form 990	b	
(1)	Donated services and use of facilities		
	\$		
(2)	Prior year adjustments reported on line 20, Form 990		
	\$		
(3)	Losses reported on line 20, Form 990		
	\$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990		
	\$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of 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	(E) Expense account and other allowances
Dwight Hall Coldwater, MI	President 2	25,000	0	0
Daniel Hall Coldwater, MI	VP/Sec/Treas 2	20,000	0	0
Rudy W Hall Coldwater, MI	Director 2	0	0	0
C Darwin Hall Coldwater, MI	Director 2	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule-see page 26 of the instructions