

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2003

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

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

A For the 2003 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	C Name of organization Remnant Publications, Inc			D Employer identification number 38-2810502	
	Number and street (or P O box if mail is not delivered to street address)			Room/suite	
	649 E Chicago Road				
	City or town Coldwater		State or country MI	ZIP + 4 49036	E Telephone number
			F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

G Website: _____

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.**

I Group Exemption Number _____

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,218,013**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	328,388	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <u>280,268</u> noncash \$ <u>48,120</u>)	1d	328,388	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	888,844	
	3	Membership dues and assessments	3	0	
	4	Interest on savings and temporary cash investments	4	0	
	5	Dividends and interest from securities	5	781	
	6a	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	0		
Revenue	8a	Gross amount from sales of assets other than inventory (A) Securities (B) Other	8a	0	
		Less cost or other basis and sales expenses	8b	0	
		Gain or (loss) (attach schedule)	8c	0	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	0	
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ <u>328,388</u> of contributions reported on line 1a)	9a	0	
		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		
		Less cost of goods sold	10b		
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 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,218,013		
Expenses	13	Program services (from line 44, column (B))	13	475,496	
	14	Management and general (from line 44, column (C))	14	521,819	
	15	Fundraising (from line 44, column (D))	15	17,341	
	16	Payments to affiliates (attach schedule)	16	0	
	17	Total expenses (add lines 16 and 44, column (A))	17	1,014,656	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	203,357	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-185,216	
	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	18,141	

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II

Statement of

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 22 of the instructions.)

Functional Expenses

<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 \$ 0 noncash \$ 0)	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	0		
26	Other salaries and wages	26	308,710	30,871	265,491
27	Pension plan contributions	27	0		
28	Other employee benefits	28	0		
29	Payroll taxes	29	24,379	2,438	20,965
30	Professional fundraising fees	30	0		976
31	Accounting fees	31	3,180		3,180
32	Legal fees	32	2,433		2,433
33	Supplies	33	6,346		6,346
34	Telephone	34	7,843		7,843
35	Postage and shipping	35	77,539	77,539	
36	Occupancy	36	74,879		74,879
37	Equipment rental and maintenance	37	13,134	13,134	
38	Printing and publications	38	262,297	262,297	
39	Travel	39	27,521		24,769
40	Conferences, conventions, and meetings	40	0		2,752
41	Interest	41	49,173		49,173
42	Depreciation, depletion, etc. (attach schedule)	42	96,573	89,217	7,356
43	Other expenses not covered above (itemize) a Sales rep	43a	353		353
	b Advertising	43b	2,764		1,852
	c Web site, bad debt, & miscellaneous	43c	5,034		5,034
	d Insurance & work comp	43d	8,676		8,676
	e Royalty	43e	16,226		16,226
	f Tithes, transfers	43f	27,596		27,596
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,014,656	475,496	521,819

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 III

Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Dissemination of church literature	Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others
a Dissemination of church literature _____ _____ (Grants and allocations \$ _____)	475,496
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)	475,496

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

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

a	Total revenue, gains, and other support per audited financial statements	a	1,218,013
b	Amounts included on line a but not on line 12, Form 990		
(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	1,218,013
d	Amounts included on line 12, Form 990 but not on line a:		
(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	1,218,013

a	Total expenses and losses per audited financial statements	a	1,014,656
b	Amounts included on line a but not on line 17, Form 990		
(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	1,014,656
d	Amounts included on line 17, Form 990 but not on line a:		
(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	1,014,656

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 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
Name Dwight Hall Str 360 S Fremont Rd City Coldwater ST MI ZIP 49036	Title President Hr/WK 2	25,000	0	0
Name Daniel Hall Str 309 Dayburg Rd City Coldwater ST MI ZIP 49036	Title VP/Sec/Treas Hr/WK 2	23,000	0	0
Name Rudy W Hall Str City CULLOWHEE ST NC ZIP	Title Director Hr/WK 2	0	0	0
Name C Darwin Hall Str 326 E Girard 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			

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 28 of the instructions