

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

2004

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 2004 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

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

F Accounting method Cash Accrual
 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

I Group Exemption Number ▶

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

G Website ▶ N/A

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 ▶ 2,205,073

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

		1a	1b	1c	1d
Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	194,944			
	b Indirect public support				
	c Government contributions (grants)				
	d Total (add lines 1a through 1c) (cash \$ 153,424 noncash \$ 41,520)				194,944
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2,009,825
	3 Membership dues and assessments				0
	4 Interest on savings and temporary cash investments				0
	5 Dividends and interest from securities				304
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)				0
7 Other investment income (describe ▶)				0	
8 a Gross amount from sales of assets other than inventory	(A) Securities	0	8a	0	
	(B) Other	0	8b	0	
	b Less cost or other basis and sales expenses	0	8c	0	
	c Gain or (loss) (attach schedule)	0			
d Net gain or (loss) (combine line 8c, columns (A) and (B))				0	
9 Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>					
a Gross revenue (not including \$ 194,944 of contributions reported on line 1a)	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)				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)				0	
11 Other revenue (from Part VII, line 103)				0	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				2,205,073	
Expenses	13 Program services (from line 44, column (B))				911,317
	14 Management and general (from line 44, column (C))				677,329
	15 Fundraising (from line 44, column (D))				35,715
	16 Payments to affiliates (attach schedule)				0
	17 Total expenses (add lines 13 and 14, column (A))				1,624,361
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)				580,712
	19 Net assets or fund balances at beginning of year (from line 17, column (A))				18,141
	20 Other changes in net assets or fund balances (attach explanation)				-82,881
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				515,972

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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 22 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 \$ 0 noncash \$ 0)	0	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	353,827	35,383	304,291	14,153
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	33,291	3,329	28,830	1,132
30	Professional fundraising fees	0			
31	Accounting fees	5,035		5,035	
32	Legal fees	1,024		1,024	
33	Supplies	24,929	13,788	11,141	
34	Telephone	28,664		28,664	
35	Postage and shipping	152,734	152,734		
36	Occupancy	60,000		60,000	
37	Equipment rental and maintenance	52,806		52,806	
38	Printing and publications	592,153	592,153		
39	Travel	61,462		55,316	6,146
40	Conferences, conventions, and meetings	0			
41	Interest	45,285		45,285	
42	Depreciation, depletion, etc. (attach schedule)	121,286	113,930	7,356	
43	Other expenses not covered above (itemize) a Sales rep	12,326			12,326
	b Advertising	5,934		3,976	1,958
	c Insurance & workers compensation	22,700		22,700	
	d Royalty	26,178		26,178	
	e Tithe & transfers	15,677		15,677	
	f Website, miscellaneous, bank fees	9,050		9,050	
44	Total functional expenses (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	1,624,361	911,317	677,329	35,715

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 \$)	911,317
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)	911,317

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	
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	0
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	0

a	Total expenses and losses per audited financial statements	a	
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	0
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	0

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 378 S Fremont Rd City Coldwater ST MI ZIP 49036	Title President Hr/WK 2	25,000	0	0
Name Daniel Hall Str 310 Dayburg Rd City Coldwater ST MI ZIP 49036	Title VP/Sec/Treas Hr/WK 2	23,000	0	0
Name Rudy W Hall Str 398 Rugged Mounta City Cullowhee ST NC ZIP 28723	Title Director Hr/WK 2	0	0	0
Name C Darwin Hall str 308 Dayburg 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.