

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)

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

Department of the Treasury
Internal Revenue Service

A For the 2006 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

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: 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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **4,600,351**

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 Group Exemption Number _____

Please use IRS label or print or type See Specific Instructions.
 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

		1a		1b		1c		1d		1e	
1		Contributions, gifts, grants, and similar amounts received:		258,665							
a		Contributions to donor advised funds									
b		Direct public support (not included on line 1a)		7,017							
c		Indirect public support (not included on line 1a)		0							
d		Government contributions (grants) (not included on line 1a)		0							
e		Total (add lines 1a through 1d) (cash \$ 265,682 noncash \$ 0)								265,682	
2		Program service revenue including government fees and contracts (from Part VII, line 93)								4,316,011	
3		Membership dues and assessments								0	
4		Interest on savings and temporary cash investments								0	
5		Dividends and interest from securities								9,908	
6a		Gross rents		1,200							
b		Less: rental expenses									
c		Net rental income or (loss) Subtract line 6b from line 6a								1,200	
7		Other investment income (describe) _____								0	
8a		Gross amount from sales of assets other than inventory:		(A) Securities		(B) Other					
b		Less: cost or other basis and sales expenses		0		7,550					
c		Gain or (loss) (attach schedule)		0		2,716					
d		Net gain or (loss). Combine line 8c, columns (A) and (B)		0		4,834				4,834	
9		Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>									
a		Gross revenue (not including \$ 0 of contributions reported on line 1b)		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	
10a		Gross sales of inventory, less returns and allowances		10a		0					
b		Less: cost of goods sold		10b		0					
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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11								4,597,635	
13		Program services (from line 44, column (B))								2,369,477	
14		Management and general (from line 44, column (C))								1,553,796	
15		Fundraising (from line 44, column (D))								72,861	
16		Payments to affiliates (attach schedule)								0	
17		Total expenses. Add lines 16 and 44, column (A)								3,996,134	
18		Excess or (deficit) for the year. Subtract line 17 from line 12								601,501	
19		Net assets or fund balances at beginning of year (from line 73, column (A))								353,760	
20		Other changes in net assets or fund balances (attach explanation)								148,313	
21		Net assets or fund balances at end of year. Combine lines 18, 19, and 20								1,103,574	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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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 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 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	0	0	0	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	429,476	41,230	371,067	17,179
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	18,002		18,002	
29	Payroll taxes	40,303	7,548	30,422	2,333
30	Professional fundraising fees	0			
31	Accounting fees	5,155		5,155	
32	Legal fees	1,327		1,327	
33	Supplies	40,157	22,803	17,354	
34	Telephone	32,729		32,729	
35	Postage and shipping	394,640	394,640		
36	Occupancy	120,000		120,000	
37	Equipment rental and maintenance	54,244	49,871	4,373	
38	Printing and publications	1,680,814	1,680,814		
39	Travel	148,964		134,068	14,896
40	Conferences, conventions, and meetings	0			
41	Interest	38,880		38,880	
42	Depreciation, depletion, etc. (attach schedule)	179,927	172,571	7,356	0
43	Other expenses not covered above (itemize):				
a	Sales representative	15,000	0	0	15,000
b	Tithes and transfers	200,331	0	200,331	0
c	Advertising	61,444	0	37,991	23,453
d	Royalty expense	508,767	0	508,767	0
e	Insurance	12,393	0	12,393	0
f	Miscellaneous	13,581	0	13,581	0
g		0	0	0	0
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,996,134	2,369,477	1,553,796	72,861

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 IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	4,597,637
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	4,597,637
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	4,597,637

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

a	Total expenses and losses per audited financial statements		a	3,996,133
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	3,996,133
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	3,996,133

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
Name Dwight Hall Str 378 S Fremont Rd City Coldwater ST MI ZIP 49036	Title Hr/WK 40	22,789	0	0
Name Dan Hall Str 310 Dayburg Rd City Coldwater ST MI ZIP 49036	Title Hr/WK 40	22,473	0	0
Name Darwin Hall Str 308 Dayburg Rd City Coldwater ST MI ZIP 49036	Title Hr/WK 1	0	0	0
Name Rudy W. Hall Str 398 Rugged Mounta City Cullowhee ST NC ZIP 28723	Title Hr/WK 1	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Sales of literature					4,316,011
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	9,908	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			14	1,200	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	4,834	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue		0		0	0
a		0		0	0
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		15,942	4,316,011
105 Total (add line 104, columns (B), (D), and (E))					4,331,953

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	Dissemination of church literature

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).