DLN: 93493225006070

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)

2009

OMB No 1545-0047

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 A For the 2009 D Employer identification number Name of organization Remnant Publications Inc B Check if applicable use IRS Address change 38-2810502 label or Doing Business As E Telephone number Name change print or type. See Specific (517) 279-1304 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 3,071,309 Terminated tions. City or town, state or country, and ZIP + 4 Coldwater, MI 49036 Amended return Application pending Name and address of principal officer Is this a group return for Dan Hall affiliates? 649 E Chicago Road Coldwater, MI 49036 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) Tax-exempt status √ 4947(a)(1) or √ H(c) Group exemption number > **Website:** ► www.remnantpublications.com L Year of formation 2000 M State of legal domicile MI Part I Summary Briefly describe the organization's mission or most significant activities O Dissemination of church literature Activities & Governance Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . . . 34 Total number of employees (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 627,640 513,903 Program service revenue (Part VIII, line 2g) . 2,210,474 2,551,168 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 4,785 1,497 11 4,550 4,500 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,847,449 3,071,068 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) \cdot . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 662.274 567,021 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{48,811}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 2,514,938 2,353,055 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,177,212 2,920,076 19 Revenue less expenses Subtract line 18 from line 12 . -329.763 150.992 t Assets or Nd Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 2,203,896 2,215,282 Total liabilities (Part X, line 26) . 829,084 689,456 1,374,812 Net assets or fund balances Subtract line 21 from line 20 1,525,826 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2010-08-11 Here Signature of officer Daniel Hall Treasurer Type or print name and title Check if Preparer's identifying number Date Preparer's 2010-08-11 signature James Gordon Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours James W Gordon CPA PC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 373 Western Avenue Phone no (517) 278-6100

Coldwater, MI 49036

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Yes 🔽 No

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Dissemination of religious literature

2			ant program services during the		┌ Yes ┌ No
	If "Yes," describe	these new services on So	chedule O		
3			nake significant changes in how		┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O		
4	Section 501(c)(3)	and 501(c)(4) organizat	s for each of the organization's t ions and section 4947(a)(1) tru nd revenue, if any, for each prog	sts are required to report the a	• •
4a	(Code) (Expenses \$	1,920,644 including grants of s) (Revenue \$)
	Dissemination of relig	gious literature		, , ,	,
	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		ervices (Describe in Sch	·		
	(Expenses \$	ıncl	uding grants of \$) (Revenue \$)
4e	Total program se	rvice expenses►\$	1,920,644		

	•		
Part IV	Checklist	of Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νo
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

art V	Statements	Regarding	Other 1	IRS Filings	and Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		N o
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		No
"	required?	7h		Νo
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12B]		

649 E Chicago Coldwater, MI 49036 (517) 279-1304

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management					
			Yes	No		
4 -	Entonthological and the second					
1a L	Enter the number of voting members of the governing body					
ь						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No		
6	Does the organization have members or stockholders?	6		Νo		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b		Νo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	venue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13		No		
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a		Νo		
	Other officers or key employees of the organization	15b		No		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο		
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?					
		16b				
	List the States with which a copy of this Form 200 is required to be filed MI					
17	List the States with which a copy of this Form 990 is required to be filed MI					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	ı -		
	Dan Hall					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did		sate any	y curi	ent	or fo	rmer	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	from the organization (W-2/1099-MISC) TODAL OF THE		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Dwight Hall Pres	40 00			Х	Х			25,000	0	0
Dan Hall VP	40 00			Х	Х			25,000	0	0
Darwin Hall Director	1 00	х						0	0	0
Rudy W Hall Director	1 00	Х						0	0	0

\$100,000 in compensation from the organization ► 1

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours		ition (that a	(che				Repo compe	D) rtable nsation n the	(E) Reportable compensation from related		(F) Estimated amount of oth compensatio		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza		organizations (W- 2/1099- MISC)	from the organization ai related organizations			
b Total		<u>. </u>	<u> </u>	<u>. </u>	<u> </u>		<u> </u>		50,000					
Total number of individuals (inc \$100,000 in reportable comper	luding but not	limited 1	to the	se l	ısted	dabov	e) wh	no receive	d more th	an				
												Yes	No	
Did the organization list any for on line 1a? If "Yes," complete Sc.										ated employee	3		No	
For any individual listed on line organization and related organiz													110	
ındıvıdual			•	•	•		•				4		No	
Did any person listed on line 1a rendered to the organization? If								elated org	anızatıon • •	for services	5		No	
Section B. Independent Con	tractors													
Complete this table for your five \$100,000 of compensation from	highest comp		d inde	pen	dent	contr	actor	s that rec	eıved mo	re than				
	(A) me and business								Desc	(B) cription of services		(C Comper		

Form 9		•						Page 9
Part \	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ots	1a	Federated cam	paıgns 1a					
ğă O	ь	Membership du	es 1b					
કું.લ	С	Fundraising eve	ents 1c					
Contributions, gifts, grants and other similar amounts	d		zations 1d					
ars,	e	Government grant						
E E	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	513,903				
きま	g		butions included in					
S E	h			▶	513,903			
				Business Code				
anne	2a	Sales of literature		323,100	2,551,168	2,551,168		
95 K	ь		_					
93	c							
Program Serwce Revenue	d							
<u> </u>	e							
200	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a-2f		2,551,168			
	3	Investment inc	ome (including dividen	ds, interest				
			ar amounts)		1,615			1,615
	5		stment of tax-exempt bond					
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	4,500	(,				
	ь	Less rental expenses						
	c	Rental income or (loss)	4,500					
	d		me or (loss)		4,500			4,500
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of		123				
		assets other than inventory						
	b	Less cost or other basis and		241				
	 c	sales expenses Gain or (loss)		-118				
	d		s)		-118			-118
	8a	Gross income f	rom fundraising					
Ξe		events (not inc \$	-					
Other Revenue		of contributions	reported on line 1c)					
ъ		See Part IV, lin	ne 18 a					
her	ь	Less directex	penses b					
ᅙ	С		(loss) from fundraising	events ►				
	9a		rom gaming activities					
		See Part IV, lin	a a					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inve	entory 🏲				
		Miscellaneou		Business Code				
	11a							
	ь							
	С							
	d	All other reven						
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions	▶	3,071,068	2,551,168		5,997

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
			ns (B), (C), and (B)	(D). (C)	(D)					
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	50,000	5,000	45,000						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	457,426	45,743	391,386	20,297					
7	Other salaries and wages	0	,	, i	,					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			_					
9	Other employee benefits	19,575	1,958	16,834	783					
10	Payroll taxes	40,020	4,001	34,418	1,601					
11	Fees for services (non-employees)				_					
а	Management	0								
ь	Legal	1,080		1,080						
c	Accounting	5,790		5,790						
d	Lobbying	0		3,730						
e	Professional fundraising See Part IV, line 17									
f	Investment management fees	0								
g g	Other	0								
12	Advertising and promotion	36,043		24,149	11,894					
13	Office expenses	0		24,149	11,094					
14	Information technology			7 550						
15	Royalties	7,558		7,558 42,835						
		•		 						
16 17	Occupancy	108,000		108,000	0.226					
17 18	Travel	92,257		83,031	9,226					
19	Conferences, conventions, and meetings	0								
20	Interest	33,200		33,200	_					
21	Payments to affiliates	33,200		33,200						
22	Depreciation, depletion, and amortization	111,319	103,963	7,356						
23	Insurance	16,822	103,963	16,822						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	10,022		10,022						
а		873,010	873,010							
b	Transfers	55,982	,	55,982						
c	Other fundraising expenses	5,010		33,532	5,010					
d	Supplies	36,634	27,530	9,104	3,					
e	Print supplies merchandise purchases	859,439	859,439	5,251						
f	All other expenses	68,076	333, 133	68,076						
25	Total functional expenses. Add lines 1 through 24f	2,920,076	1,920,644	950,621	48,811					
26	Joint costs. Check here F If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,920,076	1,320,044	930,021	40,011					

Part X Balance Sheet (A) (B) Beainning of vear End of year 405.280 528.087 1 1 Cash—non-interest-bearing 2 2 3 3 4 276.070 4 155.563 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 600.744 699.012 Inventories for sale or use 8 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 1.570.462 10a 10a Part VI of Schedule D 10b 738.836 921.802 831.626 b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 994 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 2,203,896 16 2,215,282 165.552 211.613 17 **17** Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 175.000 23 23 Secured mortgages and notes payable to unrelated third parties . . 469,005 24 Unsecured notes and loans payable to unrelated third parties 24 453,879 19.527 25 23.964 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 829,084 26 689,456 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1.001.572 1.090,210 27 27 Unrestricted net assets 28 373.240 28 435.616 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 1,374,812 1,525,826 34 Total liabilities and net assets/fund balances 2.203.896 2,215,282 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

MB NO 1545-004

2009

2003

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Remnant Publications Inc

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

ns. Inspection
Employer identification number

38-2810502

									38-281050			
	rt I			blic Charity Stat						tructions		
The	rganı	ızatıon ıs	not a private	e foundation because	tis (Forli	nes 1 throug	jh 11, check	only one box	:)			
1	Г	A churc	h, convention	on of churches, or as	sociation of	churches s e	ection 170(b)	(1)(A)(i).				
2	Г	A scho	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	le E)					
3	Г	A hosp	ıtal or a coop	perative hospital serv	vice organiza	atıon descrıt	ed in section	170(b)(1)(<i>k</i>	A)(iii).			
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	nospital desc	rıbed ın secti	ion 170(b)(1)	(A)(iii). Ente	erthe	
5	Γ	=	-	erated for the benefit	·=	or university	owned or op	erated by a g	governmental	unıt describ	— ed ın	
_	_			A)(iv). (Complete Pa	· ·			470(1)(4)	(*)()			
-	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	ı	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	Γ	A comn	nunity trust	described in section	170(b)(1)(A	(Com	plete Part II)				
9	굣	Anorga	nızatıon tha	t normally receives	(1) more tha	an 331/3% o	f its support 1	from contribu	itions, membe	ership fees, a	nd gro	SS
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	of	
		ıts supp	oort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ection 511 ta	x) from busır	esses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	ee section 5 0	09(a)(2). (Co	mplete Part	III)			
10	Г	Anorga	anization org	anized and operated	exclusively	to test for p	ublic safety	See section 5	09(a)(4).			
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Che the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other								Check				
e		other th	-	ox, I certify that the o on managers and oth	•		•	•	•	•	•	
f			_	eceived a written de	termination f	from the IRS	that it is a T	ype I, Type I	II or Type III	[supporting	organız	zatio <u>n,</u>
a		check t		006, has the organiz	ation accent	ted any dift (or contributio	n from any of	f the			J
g			g persons?	ooo, nas the organiz	ation accept	ted any girt	or contributio	ii ii oiii aiiy oi	i tile			
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons desc	rıbed ın (ıı)		Yes	No
		and (III)) below, the g	governing body of the	the support	ed organiza	tion?			11g(i)		
		(ii) a fa	mily membe	r of a person describ	ed in (i) abov	ve?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	n (ı) or (ıı) al	ove?			11g(iii)		
h		Provide	the followin	g information about t	he supporte	d organizatio	on(s)					<u> </u>
(i) Name suppo organiz		me of (ii) (described on col (i) listed in your governing aupport				tify the tion in f your	(vi) Is the organizat col (i) org	e ıon ın anızed	A m	vii) ount of oport?		
				(see instructions))	Yes	No	Yes	No	Yes	No	1	
Tota												

ınstructions

(Complete only if you checked the box on line 5, 7, or 8 of Part Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007			(1)(A)(vi)
Calendar year (or fiscal year beginning (a) 2005 (b) 2006 (c) 2007			
	(4) 2000	(-) 2000	(6) T - 1 - 1
	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and			
membership fees received (Do not			
include any "unusual			
grants ")			
2 Tax revenues levied for the			
organization's benefit and either			
paid to or expended on its behalf			
3 The value of services or facilities			
furnished by a governmental unit to			
the organization without charge			
4 Total. Add lines 1 through 3			
5 The portion of total contributions by			
each person (other than a			
governmental unit or publicly			
supported organization) included on			
line 1 that exceeds 2% of the			
amount shown on line 11, column			
(f)			
6 Public Support. Subtract line 5 from line 4			
Section B. Total Support			
Calendar year (or fiscal year heginning			1
(a) 2005 (b) 2006 (c) 2007	(d) 2008	(e) 2009	(f) Total
7 A mounts from line 4			
8 Gross income from interest,			
dividends, payments received on			
securities loans, rents, royalties			
and income from similar			
sources			
9 Net income from unrelated			
business activities, whether or			
not the business is regularly			
carried on			
10 Other income (Explain in Part			
IV) Do not include gain or loss from the sale of capital assets			
11 Total support (Add lines 7			
through 10)			
12 Gross receipts from related activities, etc (See instructions)	•	12	•
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or	fifth tax vear as a		nization
check this box and stop here	,	001(0)(0) 0.94	▶ □
·			
Section C. Computation of Public Support Percentage		14	0 %
Section C. Computation of Public Support Percentage 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))			-
		15	
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14	l line 14 is 33 1/3%	15	this hox
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and	l line 14 is 33 1/3%		this box
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 		or more, check	► □
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and		or more, check	► □
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 	.6a, and line 15 is	or more, check	e, check this_
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on lise 10% or more, and if the organization meets the "facts and circumstances" test, check 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st	or more, check 33 1/3% or more and line 14 cop here. Explain	e, check this
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st	or more, check 33 1/3% or more and line 14 cop here. Explain	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organication 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly supp	e, check this
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 15 is 10% or more, and if the organization meets the "facts and circumstances" test, 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o , check this box an	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support or 17a and line d stop here.	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o , check this box an	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support or 17a and line d stop here.	e, check this orted

►□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Cc)	mplete	only if you	ı checked the bo	x on line 9 of Part	Τ.

Se	ction A. Public Support			•				_
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	451,004	265,682	2,218,238	627,640		513,903	4,076,467
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,228,662	4,316,011	2,288,506	2,210,474	2	,551,168	12,594,821
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6 7a	Total. Add lines 1 through 5 A mounts included on lines 1, 2,	1,679,666	4,581,693	4,506,744	2,838,114	3	,065,071	16,671,288
b	and 3 received from disqualified persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c 8	Add lines 7a and 7b Public Support (Subtract line 7c							16,671,288
Sa	tion B. Total Support							
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
9	In) A mounts from line 6	1,679,666	4,581,693	4,506,744	2,838,114		,065,071	16,671,288
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	398	11,108	5,954	9,335		6,115	32,910
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0
c	Add lines 10a and 10b	398	11,108	5,954	9,335		6,115	32,910
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	28,933	4,834	-38			-118	33,611
13	Total support (Add lines 9, 10c,	1,708,997	4,597,635	4,512,660	2,847,449	3	,071,068	16,737,809
14	11 and 12) First Five Years If the Form 990 is to check this box and stop here	for the organization	n's first, second,	third, fourth, or f	ifth tax year as a	501(c)(3) organı	zation,
Se	ction C. Computation of Pub	lic Support Pe	rcentage					
15	Public Support Percentage for 2009) (line 8 column (f) divided by line	13 column (f))		15		99 600 %
16	Public support percentage from 200)8 Schedule A , Pa	rt III, line 15			16		99 620 %
Se	ction D. Computation of Inv							
17	Investment income percentage for				(f))	17		0 200 %
18	Investment income percentage from	n 2008 Schedule <i>A</i>	Part III line 1	/		1 2	İ	0 170 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 38-2810502

Name: Remnant Publications Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Freight, product design, repairs	873,010	873,010		
Transfers	55,982		55,982	
Other fundraising expenses	5,010			5,010
Supplies	36,634	27,530	9,104	
Print supplies merchandise purchases	859,439	859,439		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493225006070

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number Remnant Publications Inc 38-2810502 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year

Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Pur	rpose(s) of conservation easements held by the organization (chec	k all	that apply)
Γ	Preservation of land for public use (e g , recreation or pleasure)	\sqcap	Preservation of an historically importantly land area
Γ	Protection of natural habitat	Γ	Preservation of a certified historic structure
Γ	Preservation of open space		

Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- Total number of conservation easements
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌

- Number of states where property subject to conservation easement is located 🛌
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨

- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

3	Using the organization's accession and other										continuea)
	ıtems (check all that apply) —			_							
а	Public exhibition		d	<u> </u>			nange prog	rams			
b	Scholarly research		e	Г	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furth	er the o	rganızatıoı	n's ex	empt purpose	ın	
5	During the year, did the organization solicit o									┌ Yes	□ No
Pa	assets to be sold to raise funds rather than t rt IV									•	1 140
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions o	or other ass	ets r		☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able		г				
								_	Ar	nount	
C	Beginning balance						-	1c			
d	Additions during the year						}	1d			
e	Distributions during the year						}	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	ì						☐ Yes	✓ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current Year)Prior			orm 990 O Years Back		t IV, line 10. Three Years Back	(a)Four	Years Back
1a	Beginning of year balance	(a) Curient Tear	()	JETIOI	i cai	(C) W	U TEATS DACK	(4)	Tillee Tears back	(e)i oui	Teals back
ь	Contributions							1			
c	Investment earnings or losses										
d	Grants or scholarships							+			
e	Other expenditures for facilities							+			
Ī	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment - %										
С	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are hel	d and a	dmınıstere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations		•					•	3a		
	(ii) related organizations								3a(<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•	3	Ь	
	t VI Investments—Land, Buildings					an Da	rt V line	10			
	tvi investments—Land, bundings	s, and Equipme) Cost o		(b)Cost or		(c) Accumulate	vd	
	Description of investment					stment)	basis (oth		depreciation	;u (d)	Book value
1a	Land		•								
	Buildings		•								
С	Leasehold improvements										
d	Equipment		•				1,57	'0,462	738,8	336	831,626
	Other										
Tota	II. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colu	mn (B). line	10(c))			🕨	1	831,626

Part VII Investments—Other Securities. See (a) Description of security or category		2. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, Iir		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

Par	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,071,068
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,920,076
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	150,992
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	150,992
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	3,071,068
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,071,068
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4с	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,071,068
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	2,920,076
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,920,076
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV) 4b]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,920,076
Par	t XIV Supplemental Information		
C	anista this next to assend the decomptions were used for Dout II lines 2. F. and O. Dout III lines 1. and 4. D	5 rt 1\/ 1	.naa 1 b and 2 b

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier

Return Reference | Explanation

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DLN: 93493225006070

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	the organization Publications Inc						mployer id	ent if icat ic	on numbe	r
Kermane	Tublications Inc					3	38-281050)2		
Part I	Excess Benefit Tra								40b	
1	(a) Name of disq	ualıfıed person	ı	(b) Desc	cription	of trans	action		(c) Co Yes	rrected?
	er the amount of tax impos tion 4958	_	nızatıon managers o	r dısqualıfıed pers	ons duri	ng the	year under	\$		
3 Ente	er the amount of tax, ıf any	, on line 2, abo	ove, reimbursed by t	he organization .			•	\$		
Part II	Loans to and/or Complete if the organi			0. Part IV. line 26	or Forr	n 990-	EZ. Part V.	. line 38a		
(a) Name	e of interested person and purpose	(b) Loan to or from the organization?	(c)O riginal principal amount	(d) Balance due	(e) I defau	n	(f) Approv by board	ed Ior	(g) Writte agreemen	
		To From			Yes	No	Yes	No	Yes	No
Total .			h e de		I		1	ı		
Part III	Grants or Assista	nce Benefit	- \$ ting Interested	Persons.						
	Complete if the orga					27.				
(a	a) Name of interested pers	on (b) Relationship betw and the o	reen interested pei rganization	rson	(c) A	mount of gr	ant or type	e of assis	tance
Part IV	Business Transac Complete if the orga				/, line 2	28a. 28	3b. or 28c	`.		
(a)	Name of interested perso	(b	Pelationship ween interested erson and the	(c) A mount of			cription of t		organı	naring of ization's inues?

organization

Yes

No

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DLN: 93493225006070

OMB No 1545-0047

2009

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Supplemental Information to Form 990

Open to Public Inspection

Name	of	t he	orga	nizat	ion
Remna	nt F	ublic	ations	Inc	

Employer identification number

38-2810502

ldentifier	Return Reference	Explanation
Form 990 VI	19	Documents, policies and financial statements are available on written request

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Sc hedule O (Form 990) 2009

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DLN: 93493225006070

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separate instructions	s. 🕨 Attach	to your tax returr	ı.		Sequence No 67
Name(s) shown on return		Business or a	ctivity to which	this form relates	Iden	t if ying	ı number
Remnant Publications Inc		990			38-2	281050	0.2
	-	Certain Property Un					<u> </u>
•	•	sted property, comple			te Part I.		
		for a higher limit for cert				1	250,000
		ced in service (see instru				2	20,834
		y before reduction in limit	•	uctions)		3	800,000
		from line 2 If zero or les	•			4	
	•	line 4 from line 1 If zero	or less, enter - (O- If married filin	g	_	
separately, see instruc	tions					5	250,000
. /->/	Description of pr	to morti.	(b) Cost	(business use			
6 (a)	Description of pr	operty		only)	(c) Elected	cost ———	
6							
7 Listed property Enter				. 7		\blacksquare	
		erty Addamounts in colu	ımn (c), lines 6	and 7		8	
9 Tentative deduction E						9	
10 Carryover of disallower		·				10	
11 Business income limitation	Enter the smaller of	business income (not less that	n zero) or line 5 (se	ee instructions) .		11	
12 Section 179 expense of	deduction Add li	ines 9 and 10, but do not	enter more tha	n line 11 · ·		12	
13 Carryover of disallowe	d deduction to 2	010 Add lines 9 and 10,	less line 12	. 13			
Note: Do not use Part			-				
	_	Allowance and Other		_		operty I I	(See instructions)
14 Special depreciation all tax year (see instruction		lified property (other than	ilistea property) placed in servic	e during the	14	
15 Property subject to see	•	election				15	
16 Other depreciation (inc						16	
		Do not include listed p	property.) (Se	e instructions.)	<u> </u>		
		•	ction A				
17 MACRS deductions for	assets placed ı	n service in tax years be	ginning before 2	009		17	101,075
18 If you are electing t	o group any a	ssets placed in service	e during the t	ax year into on			
general asset accou	ints, check her	re			<u>▶୮</u>		
Section B—Ass	ets Placed in	Service During 200	08 Tax Year	Using the Ge	neral Dep	<u>recia</u> :	tion System
	(b) Month and	(c) Basis for depreciation					
(a) Classification of	year placed in	(business/investment	(d) Recovery	(e) Convention	(f) Metho	od	(g)Depreciation
property	service	use	period				deduction
40-2	 	only—see instructions)				\rightarrow	
19a 3-year property b 5-year property							
c 7 - year property		See Add'l Data				-+	
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	MM	S/L	\rightarrow	
property			27 5 yrs	MM	S/L	-+	
i Nonresidential real property			39 yrs	M M M M	S/L S/L	+	
	⊥ •n C—Assets Plac	ced in Service During 2009	Tax Year Usin	1	<u>-</u>	 ı Svst <i>e</i>	m
20a Class life					S/L		
b 12-year	1		12 yrs		S/L		
c 40-year			40 yrs	ММ	S/L		
	y (see ınstruc	<u> </u>					
21 Listed property Enter						21	
22 Total. Add amounts fro and on the appropriate		14 through 17, lines 19 urn Partnerships and S o			Enter here	22	104,052
23 For assets shown above portion of the basis att	•	_		23			

Form 4562 (2009) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evide	nce to support	the business/in	v estment u	ise claime	d? ┌ Yes	Гио		24	b If "Yes	," is the e	ev idence	written?	Гүе	s L N	0
(a) Type of property (list vehicles first)	Type of property (list Date placed in Investment Cost of		(c Cost o ba	rother	(e) Basis for depreciation (business/investment use only)			(f) Recovery period	(g) ry Method/ Convention		(h) Depreciation/ deduction			(i) Elected section 179 cost	
25Special depreciation allo	•		erty placed	ın service (during the	tax year	and u	ised more		25					
26 Property used mor	•		business	use											
		%											\Box		
		%											$+\!\!-\!\!\!-$		
27 Property used 50°			siness us	e											-
		%							S/L -						
		%							S/L - S/L -				4		
28 Add amounts in c	olumn (h) lu	,,,	nh 27 En	tor boro	and on li	no 21 i	2240		5/ L - 	28			+		
	` ''	`				116 21,	paye		L	20		29	+		
29 Add amounts in c	. Ordinii (1), iiii		ction B			on II	 SA (of Vehi	· ·			29			
Complete this section	n for vehicles									or rela	ted pei	rson			
If you provided vehicles to	your employee	es, first answer	the questio					n excepti					-		
30 Total business/in			rıng the		a) cle 1	(I	o) cle 2	Ve	(c) hicle 3	- 1	(d) ucle 4	1 -	e) cle 5		(f) icle 6
year (do not inclu	ıde commutır	ng miles)		1 3		1		+		+		1		1	
31 Total commuting	miles driven	during the ye	ear .												
32 Total other perso	nal(noncomn	nuting) miles	drıven												
33 Total miles drive	n during the y	ear Add line	s 30												
34 Was the vehicle a	vailable for p	ersonal use	•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty ho	ours? .												 		+
35 Was the vehicle u	used primarily	y by a more t	han 5%												
owner or related p													—		
36 Is another vehicl													<u> </u>		<u></u>
Secti Answer these question 5% owners or related	ns to determ	•	et an exc											not mo	re thai
37 Do you maintain a employees?	-		•	nibits all	personal	use of	vehi	cles, inc	luding c	ommuti	ng, by	your	Y	es	No
					·					•		•	\perp		
38 Do you maintain a employees? See	•	•	•	•											
39 Do you treat all u	se of vehicle	s by employe	es as pe	sonal us	e? .						•				
40 Do you provide m				oyees, o	btaın ınfo	ormatio •	n froi	m your e	mploye	es abou	t the us	se of th •	e		
41 Do you meet the	requirements	concerning	gualified a	automobi	le demoi	nstratio	n us	e? (See	ınstruct	ions)					
Note: If your ans											3 6				
	ization	,, 33, 10, 01	11 13 10	3, 40 110	e compre		.1011 L	7 101 1110		Venier					
		(b)								(e)					
(a) Description of	costs	Date amortizatio begins	n	A mort amo	ızable			(d) Code ection	A mo	rtizatioi riod or entage	ו		(f) rtızatı hıs ye:		
42 A mortization of c	osts that beg	jins during yo	ur 2009	tax year	(see ins	truction	ns)		•						
See Additional Data	Table	· ·													
43 A mortization of c	osts that beg	jan before yo	ur 2009 1	ax year						43					7,267
44 Total. Add amour	nts in column	(f) See the i	nstructio	ns for wh	ere to re	nort		_		44					7.267

Software ID: Software Version:

EIN: 38-2810502

Name: Remnant Publications Inc

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2006 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
	service	only—see instructions)				
c 7 - year property		679	07 0	HY	200 DB	97
c 7 - year property		538	07 0	HY	200 DB	77
c 7 - year property		1,318	07 0	HY	200 DB	188
c 7 - year property		3,000	07 0	HY	200 DB	429
c 7 - year property		3,779	07 0	HY	200 DB	540
c 7 - year property		500	07 0	HY	200 DB	71
c 7 - year property		750	07 0	HY	200 DB	107
c 7 - year property		750	07 0	HY	200 DB	107
c 7 - year property		1,278	07 0	HY	200 DB	183
c 7 - year property		378	07 0	HY	200 DB	54
c 7 - year property		657	07 0	HY	200 DB	94
c 7 - year property		865	07 0	HY	200 DB	124
c 7 - year property		2,182	07 0	HY	200 DB	312
c 7 - year property		337	07 0	HY	200 DB	48
c 7 - year property		2,438	07 0	HY	200 DB	348
c 7 - year property		890	07 0	HY	200 DB	127
c 7 - year property		495	07 0	HY	200 DB	71

Form 4562, Part VI, Line 42, Amortization of costs that begins during your 2007 tax year (see page 11 of the instructions):

(a) Description of costs	(b) Date amortization begins	(c) A mort izable amount	(d) Code section	(e) A mort ization period or percentage	(f) A mortization for this year			
Preps software upgra	2006-12-12	901		3	276			
Raisers Edge softwar	2007-02-12	17,923		3	5,974			
T-hub software	2007-06-05	650		3	217			
Gıft Works fundraısı	2007-07-05	2,399		3	800			

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DLN: 93493225006070

OMB No 1545-0184

Form **4797**

Department of the Treasury

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

nterna	rnal Revenue Service (99)	structions.		Seque	ence No 27
	ame(s) shown on return		Ident if y in	g numb	er
≺em	emnant Publications Inc		38-28105	502	
1					
	1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see inst		1	_	
Pā	Part I Sales or Exchanges of Property Used in a Trade or Business From Other Than Casualty or Theft—Most Property Held More				
2	(b) Date acquired (mo , day, yr) (c) Date sold (mo , day, yr) (d) Gross sales allowed or allowable since acquisition	bas e improve	st or other sis, plus ements and ise of sale	Subtra	Gain or (loss) ct (f) from the sum f (d) and (e)
	Smart cell phone 05-07-2007 02-12-2009 123	219	460)	-118
3	Gain, if any, from Form 4684, line 43			3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37		🗅	4	
5	· · · · · · · · · · · · · · · · · · ·			5	
6				6	
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as	s follows .	[7	-118
	Partnerships (except electing large partnerships) and S corporations. Report the gain instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 S 12 below	or (loss) follow			
	Individuals, part ners, S corporation shareholders, and all others. If line 7 is zero or a lo from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not h section 1231 losses, or they were recaptured in an earlier year, enter the gain from line capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 be	nave any prior y ne 7 as a long-	'ear		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)		[8	
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from below If line 9 is more than zero, enter the amount from line 8 on line 12 below and er as a long-term capital gain on the Schedule D filed with your return (see instructions)	nter the gain fro	m line 9	9	
Pa	art II Ordinary Gains and Losses (see instructions)		L		
10		1 year or less)			
11	, , , , ,			11	(-118)
12	, , , , , , , , , , , , , , , , , , , ,			12	
13	, , , ,		-	13	_
14	,		-	14	
15	· ·		-	15	
16			F	16	110
17	5		-	17	-118
18	8 For all except individual returns, enter the amount from line 17 on the appropriate line lines a and b below For individual returns, complete lines a and b below	of your return	and skip		
а	a If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter the Enter the part of the loss from income-producing property on Schedule A (Form 1040 the loss from property used as an employee on Schedule A (Form 1040), line 23 Idea 4797, line 18a "See instructions), line 28, and t ntify as from "F	he part of orm	18a	
ь			⊦		
_	line 14			18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	perty						;	(b) Dacquired day,	d(mo , (mo , day,
A B										
C										
D							1			
1	hese columns relate to the properties on lines 19A through 19D	۲	Property A	P	ropert	у В	Prop	erty C		Property D
20	Gross sales price (Note: See line 1 before completing)	20								
21	Cost or other basis plus expense of sale	21								
22	Depreciation (or depletion) allowed or allowable	22								
23	Adjusted basis Subtract line 22 from line 21 .	23								
24	Total gain Subtract line 23 from line 20	24								
25	If section 1245 property:									
а	Depreciation allowed or allowable from line 22	25a								
b	Enter the smaller of line 24 or 25a	25b								
26	If section 1250 property: If straight line									
	depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
а	Additional depreciation after 1975 (see instructions)	26a								
ь	Applicable percentage multiplied by the smaller of								-	
_	line 24 or line 26a (see instructions)	26b								
c	Subtract line 26a from line 24 If residential									
	rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c								
d	Additional depreciation after 1969 and before 1976	26d								
e	Enter the smaller of line 26c or 26d	26e								
f	Sections 291 amount (corporations only)	26f								
g	Add lines 26b, 26e, and 26f	26g								
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being									
	completed for a partnership (other than an electing large partnership)									
а	Soil, water, and land clearing expenses	27a								
ь	Line 27a multiplied by applicable percentage (see instructions)	27b								
c	Enter the smaller of line 24 or 27b	27c								
28	If section 1254 property:									
а	Intangible drilling and development costs,									
	expenditures for development of mines and other natural deposits, mining exploration costs, and									
	depletion (see instructions)	28a								
b	Enter the smaller of line 24 or 28a	28b								
29	If section 1255 property:									
а	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a								
b	Enter the smaller of line 24 or 29a (see instructions)	29b								
	ımmary of Part III Gains. Complete prope			า D th	rougl	n line 2	29b befor		ng to	line 30.
30	Total gains for all properties Add property column	ıs A th	rough D, line 24					30		
31	Add property columns A through D, lines 25b, 26g	ј, 27 с	, 28b, and 29b Ent	er here	and c	n line 1		31	ı	
32	Subtract line 31 from line 30 Enter the portion fro portion from other than casualty or theft on Form 4		-	rm 468	34, lın	e 37 E	nter the	32		
Pai	t IV Recapture Amounts Under Sectio			(2) V	Vhen	Busin	ess Use		ps to	50% or Less
	(see instructions)					(a) :	Section) Section
33	Section 170 expense deduction or depresent	llowat	le in prior vecre	Г	33	:	179		28	0F(b)(2)
33	Section 179 expense deduction or depreciation a	iiowab	ie iii pilor years .	.	34				 	
34 35	Recomputed depreciation (see instructions) . Recapture amount Subtract line 34 from line 33 See the ins	truction	s for where to report		35				 	