

Return of Organization Exempt From Income Tax

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

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

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning and ending

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	C Name of organization REMNANT PUBLICATIONS, INC.	D Employer identification number 38-2810502
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 426	E Telephone number (517) 279-1304
	City or town, state or country, and ZIP COLDWATER, MI 49036	F Check <input type="checkbox"/> if application pending

G Organization type (check only one) 501(c) (3) (insert no.) 527
OR 4947(a)(1)

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

J Accounting method: Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)
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? (If "No," attach a list) Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no. (GEN)
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	285,875.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 285,875. noncash \$)	1d	285,875.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	721,476.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	424.	
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7			
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a		
	Less: cost or other basis and sales expenses	8b		
	Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,007,775.		
Expenses	13 Program services (from line 44, column (B))	13	564,373.	
	14 Management and General (from line 44, column (C))	14	335,436.	
	15 Fundraising (from line 44, column (D))	15	31,188.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	930,997.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	76,778.		
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<213,688.>	
	20 Other changes in net assets or fund balances (attach explanation)	20	0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<136,910.>	

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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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	18,000.	0.	18,000.
26 Other salaries and wages	26	123,066.	14,107.	108,959.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32	1,905.		1,905.
33 Supplies	33	50,535.		19,347.
34 Telephone	34			31,188.
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39	6,199.		6,199.
40 Conferences, conventions, and meetings	40			
41 Interest	41	236,127.	161,838.	74,289.
42 Depreciation, depletion, etc. (attach schedule)	42	8,203.		8,203.
43 Other expenses (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 1	43e	486,962.	388,428.	98,534.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	930,997.	564,373.	335,436.
				31,188.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____ (iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **DISSEMINATION OF CHURCH LITERATURE**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a DISSEMINATION OF LITERATURE				
		(Grants and allocations \$ _____)		564,373.
b				
		(Grants and allocations \$ _____)		
c				
		(Grants and allocations \$ _____)		
d				
		(Grants and allocations \$ _____)		
e Other program services (attach schedule)		(Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				564,373.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	48,573.	31,122.
	46 Savings and temporary cash investments	165.	
	47 a Accounts receivable	50,409.	
	b Less: allowance for doubtful accounts		50,409.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	130,263.	152,327.
	53 Prepaid expenses and deferred charges		
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	976,088.		
b Less: accumulated depreciation STMT 2	429,819.	546,269.	
58 Other assets (describe)			
59 Total assets (add lines 45 through 58) (must equal line 74)	668,297.	780,127.	
Liabilities	60 Accounts payable and accrued expenses		42,368.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees	685,685.	611,500.
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	190,000.	220,000.
65 Other liabilities (describe SEE STATEMENT 3)	6,300.	43,169.	
66 Total liabilities (add lines 60 through 65)	881,985.	917,037.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	<213,688.>	<158,287.>
	68 Temporarily restricted		21,377.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	<213,688.>	<136,910.>
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	668,297.	780,127.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	1,068,894.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		60,000.
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): STMT 4 \$		14,658.
	Add amounts on lines (1) through (4)	b	74,658.
c	Line a minus line b	c	994,236.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): STMT 5 \$		13,539.
	Add amounts on lines (1) and (2)	d	13,539.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,007,775.

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

a	Total expenses and losses per audited financial statements	a	990,997.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		60,000.
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	b	60,000.
c	Line a minus line b	c	930,997.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	930,997.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DWIGHT HALL P.O. BOX 426 COLDWATER, MICHIGAN 49036	PRESIDENT 2	18,000.	0.	0.
DANIEL HALL P.O. BOX 426 COLDWATER, MICHIGAN 49036	VP/SEC/TREAS 2	0.	0.	0.
RUDY W HALL P.O. BOX 426 COLDWATER, MICHIGAN 49036	DIRECTOR 2	0.	0.	0.
C. DARWIN HALL P.O. BOX 426 COLDWATER, MICHIGAN 49036	DIRECTOR 2	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No Form 990 (2000)

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Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed		MICHIGAN	
b	Number of employees employed in the pay period that includes March 12, 2000	90b		4

91 The books are in care of **DAN HALL** Telephone no. **517-278-8339**
 Located at **P.O. BOX 426, COLWATER, MI** ZIP code **49036**

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

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SALES OF LITERATURE					721,476.
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			14	424.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		424.	721,476.
105 Total (add line 104, columns (B), (D), and (E))					721,900.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

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 BIBILICAL LITERATURE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

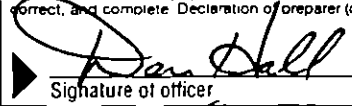
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts


- (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).

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. (Important: See General Instruction W)

Please Sign Here:  8-14-01 DAN HALL - TREASURER

Signature of officer Date Type or print name and title

Paid Preparer's signature:  CPA Date: 8/10/01 Check if self-employed: Preparer's SSN or PTIN

Preparer's Use Only: Firm's name (or yours if self-employed) and address and ZIP code: PLANTE & MORAN, LLP 67 W MICHIGAN, STE 500 BATTLE CREEK, MI 49017-7018 EIN: Phone no: (616) 962-4079

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization **REMNANT PUBLICATIONS, INC.** Employer identification number **38 2810502**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ 0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4 a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	147,044.	49,854.	52,615.	59,515.	309,028.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	461,470.	357,686.	192,216.	218,464.	1,229,836.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	550.	804.	428.	165.	1,947.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	609,064.	408,344.	245,259.	278,144.	1,540,811.
24 Line 23 minus line 17	147,594.	50,658.	53,043.	59,680.	310,975.
25 Enter 1% of line 23	6,091.	4,083.	2,453.	2,781.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
c Add: Amounts from column (e) for lines: 15 309,028. 16 _____ 17 1,229,836. 20 _____ 21 _____					27c 1,538,864.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 1,538,864.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 1,540,811.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.8736%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .1264%
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 (See page 5 of the instructions.)					NONE

NONE

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2000

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group.
 Check here If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	PROGRAM SERVICES											
1(D)	COMPUTER EQUIP.	091490	200DB	5.00	17	1,621.			1,621.	1,621.		0.
2(D)	COPY MACHINE	091490	200DB	5.00	17	2,290.			2,290.	2,290.		0.
3	COPY MACHINE-MONTANA	070292	200DB	5.00	17	1,837.			1,837.	1,837.		0.
4(D)	LAPTOP-MONTANA	070292	200DB	5.00	17	1,632.			1,632.	1,632.		0.
5(D)	COMPUTER-MONTANA	091092	200DB	5.00	17	600.			600.	600.		0.
6(D)	MONITOR-MONTANA	092492	200DB	5.00	17	300.			300.	300.		0.
7(D)	SOFTWARE-MONTANA	100692	200DB	5.00	17	482.			482.	482.		0.
8(D)	COMPUTER-COLDWATER	121792	200DB	5.00	17	1,700.			1,700.	1,700.		0.
9(D)	COMPUTER	020293	200DB	5.00	17	1,064.			1,064.	1,064.		0.
10(D)	COMPUTER	030493	200DB	5.00	17	1,454.			1,454.	1,454.		0.
11	LASER PRINTER	040193	200DB	5.00	17	1,951.			1,951.	1,951.		0.
12	P.A. SYSTEM	091393	200DB	7.00	17	1,400.			1,400.	1,322.		77.
14	FURNITURE	122893	200DB	7.00	17	1,329.			1,329.	1,227.		102.
15	FURNITURE	061593	200DB	7.00	17	574.			574.	555.		19.
16	REFRIGERATOR	120193	200DB	5.00	17	461.			461.	460.		0.
17(D)	CUSTOM SOFTWARE	091393	200DB	5.00	17	718.			718.	718.		0.
18(D)	LAPTOP COMPUTER	031594	200DB	5.00	17	2,600.			2,600.	2,600.		0.

Asset No	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	EQUIPMENT	050394	200DB	7.00	17	1,348.			1,348.	1,184.		120.
20	DESK	111794	200DB	7.00	17	409.			409.	343.		36.
21	COMPUTER	011695	200DB	5.00	17	3,068.			3,068.	2,891.		177.
22	RECORDER	020395	200DB	7.00	17	735.			735.	572.		66.
23	2 LUGGAGE RACKS	030195	200DB	7.00	17	799.			799.	621.		71.
24	(D)ACCT SOFTWARE	051695	200DB	5.00	17	445.			445.	418.		13.
25	COMPUTER	061495	200DB	5.00	17	301.			301.	284.		17.
26	DESK	061495	200DB	7.00	17	1,010.			1,010.	784.		90.
27	COMPUTER EQUIPMENT	071095	200DB	5.00	17	494.			494.	466.		28.
28	SATELITE DISH	101795	200DB	7.00	17	1,630.			1,630.	1,267.		145.
29	PRINTER	102695	200DB	5.00	17	520.			520.	490.		30.
30	COMPUTER EQUIPMENT	120795	200DB	5.00	17	1,289.			1,289.	1,213.		74.
31	COMPUTER PROGRAM	121295	200DB	5.00	17	995.			995.	938.		57.
32	TELEPHONE	081596	200DB	7.00	17	5,239.			5,239.	3,467.		468.
33	LAMINATOR	121496	200DB	7.00	17	22,450.			22,450.	13,717.		2,005.
35	(D)UNIVERSAL GRAPHIC PRODUCT PRESS	041896	200DB	7.00	17	24,750.			24,750.	17,647.		1,105.
37	PRESS CUTTER	010197	200DB	7.00	17	22,500.			22,500.	8,442.		2,810.
38	BINDER	010397	200DB	7.00	17	199,800.			199,800.	112,427.		24,955.

Asset No	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
39	PALLET JACK	020997	200DB	7.00	17	410.			410.	231.		51.
40	LAMINATOR	031797	200DB	7.00	17	21,450.			21,450.	12,070.		2,679.
41	PLATEMAKER	032097	200DB	7.00	17	3,250.			3,250.	1,828.		406.
42	CAMERA	032097	200DB	5.00	17	2,500.			2,500.	1,780.		288.
43	LIGHT TABLE #1	032097	200DB	7.00	17	200.			200.	113.		25.
44	LIGHT TABLE #2	041897	200DB	7.00	17	350.			350.	197.		44.
45	FOLDER	051397	200DB	7.00	17	56,100.			56,100.	9,087.		7,007.
46	(D) SOFTWARE	090897	200DB	5.00	17	616.			616.	438.		69.
47	3-KNIFE TRIMMER	100197	200DB	7.00	17	30,000.			30,000.	16,881.		3,747.
48	ELECTRICAL IMPROVMENTS	061597	150DB	15.00	17	10,365.			10,365.	2,389.		798.
50	RING BINDER	033198	200DB	7.00	17	3,543.			3,543.	1,374.		620.
51	SHRINK WRAP CONVAYER	102698	200DB	7.00	17	3,400.			3,400.	1,319.		595.
52	RACKS	040198	200DB	7.00	17	1,290.			1,290.	500.		226.
53	STORAGE RACKS	022698	200DB	7.00	17	1,190.			1,190.	461.		208.
54				.000	19							0.
55	TIME CLOCK	121098	200DB	7.00	17	762.			762.	296.		133.
56	RACKS	040398	200DB	7.00	17	236.			236.	92.		41.
57	HANAGATA SHRINK WRAP #3	083099	200DB	7.00	17	25,221.			25,221.	3,604.		6,177.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
58(D)	LAPTOP	012999	200DB	5.00	17	2,810.			2,810.	562.		450.
59	CD RECORDER	021599	200DB	5.00	17	427.			427.	85.		137.
60	CANON BCJ-80 PRINTER	021599	200DB	5.00	17	443.			443.	89.		142.
61	QUANTEX 450 COMPUTER	041299	200DB	5.00	17	2,396.			2,396.	479.		767.
62	TABLE (CONFERENCE)	011499	200DB	7.00	17	550.			550.	79.		135.
63	IMAGESETTER AGFA 9800	110999	200DB	5.00	17	6,800.			6,800.	1,600.		2,176.
64	CHAIRS (CONFERENCE)	012199	200DB	7.00	17	756.			756.	108.		185.
65	CHAIRS (CONFERENCE)	012599	200DB	7.00	17	360.			360.	51.		88.
66	5-COLOR PRESS	041499	200DB	7.00	17	340,145.			340,145.	48,607.		83,302.
67	5-COLOR PRESS	010300	200DB	7.00	15C	60,000.			60,000.			8,574.
68	SADDLE STITCHER	013100	200DB	7.00	15C	125,000.			125,000.			17,863.
69	LAPTOP	011900	200DB	5.00	15B	2,640.			2,640.			528.
70	SOFTWARE	011800		36M	40	5,359.			5,359.			1,637.
71	DENSITOMETER	072000	200DB	7.00	15C	250.			250.			36.
72	PHONES	121200	200DB	7.00	15C	556.			556.			79.
	* 990 PAGE 2 TOTAL											
	PROGRAM SERVICES					1019170.		0.	1019170.	293,304.	0.	171,678.
	* GRAND TOTAL 990 PAGE 2											
	DEPR & AMORT					1019170.		0.	1019170.	293,304.	0.	171,678.

Depreciation and Amortization
(Including Information on Listed Property) 990

▶ See separate instructions. ▶ Attach this form to your return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

REMNANT PUBLICATIONS, INC.

FORM 990 PAGE 2

38-2810502

Part I Election To Expense Certain Tangible Property (Section 179) Note: If you have any listed property, complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	20,000.
2	Total cost of section 179 property placed in service. See instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property						
b 5-year property		2,640.	5 YRS.	HY	200DB	528.
c 7-year property		185,806.	7 YRS.	HY	200DB	26,552.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions.)

16 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	142,961.
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	170,041.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? Yes No **23b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
25 Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i). Enter the total here and on line 7, page 1								27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year:					
SOFTWARE	01/18/00	5,359.		36M	1,637.
41 Amortization of costs that began before 2000					41
42 Total. Add amounts in column (f). See instructions for where to report					42 1,637.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	3,084.		3,084.	
ROYALTY	6,542.		6,542.	
TITHE	8,997.		8,997.	
SUBCONTRACTOR	24,648.		24,648.	
INSURANCE	3,476.		3,476.	
WORKMAN'S COMPENSATION	2,776.		2,776.	
MERCHANDISE	10,992.		10,992.	
MISCELLANEOUS	11,900.		11,900.	
UNEMPLOYMENT	0.			
UTILITIES	26,119.		26,119.	
FREIGHT	56,356.	56,356.		
REPAIRS	9,978.	9,978.		
PRODUCT DESIGN	34,922.	34,922.		
PRINT SUPPLIES	287,172.	287,172.		
TOTAL TO FM 990, LN 43	486,962.	388,428.	98,534.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT 2
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
COPY MACHINE-MONTANA	1,837.	1,837.	0.	
LASER PRINTER	1,951.	1,951.	0.	
P.A. SYSTEM	1,400.	1,399.	1.	
FURNITURE	1,329.	1,329.	0.	
FURNITURE	574.	574.	0.	
REFRIGERATOR	461.	460.	1.	
EQUIPMENT	1,348.	1,304.	44.	
DESK	409.	379.	30.	
COMPUTER	3,068.	3,068.	0.	
RECORDER	735.	638.	97.	
2 LUGGAGE RACKS	799.	692.	107.	
COMPUTER	301.	301.	0.	
DESK	1,010.	874.	136.	
COMPUTER EQUIPMENT	494.	494.	0.	
SATELITE DISH	1,630.	1,412.	218.	
PRINTER	520.	520.	0.	
COMPUTER EQUIPMENT	1,289.	1,287.	2.	
COMPUTER PROGRAM	995.	995.	0.	
TELEPHONE	5,239.	3,935.	1,304.	

LAMINATOR	22,450.	15,722.	6,728.
PRESS CUTTER	22,500.	11,252.	11,248.
BINDER	199,800.	137,382.	62,418.
PALLET JACK	410.	282.	128.
LAMINATOR	21,450.	14,749.	6,701.
PLATEMAKER	3,250.	2,234.	1,016.
CAMERA	2,500.	2,068.	432.
LIGHT TABLE #1	200.	138.	62.
LIGHT TABLE #2	350.	241.	109.
FOLDER	56,100.	16,094.	40,006.
3-KNIFE TRIMMER	30,000.	20,628.	9,372.
ELECTRICAL IMPROVMENTS	10,365.	3,187.	7,178.
RING BINDER	3,543.	1,994.	1,549.
SHRINK WRAP CONVAYER	3,400.	1,914.	1,486.
RACKS	1,290.	726.	564.
STORAGE RACKS	1,190.	669.	521.
TIME CLOCK	762.	429.	333.
RACKS	236.	133.	103.
HANAGATA SHRINK WRAP #3	25,221.	9,781.	15,440.
CD RECORDER	427.	222.	205.
CANON BCJ-80 PRINTER	443.	231.	212.
QUANTEX 450 COMPUTER	2,396.	1,246.	1,150.
TABLE (CONFERENCE)	550.	214.	336.
IMAGESETTER AGFA 9800	6,800.	3,776.	3,024.
CHAIRS (CONFERENCE)	756.	293.	463.
CHAIRS (CONFERENCE)	360.	139.	221.
5-COLOR PRESS	340,145.	131,909.	208,236.
5-COLOR PRESS	60,000.	8,574.	51,426.
SADDLE STITCHER	125,000.	17,863.	107,137.
LAPTOP	2,640.	528.	2,112.
SOFTWARE	5,359.	1,637.	3,722.
DENSITOMETER	250.	36.	214.
PHONES	556.	79.	477.
TOTAL TO FORM 990, PART IV, LN 57	976,088.	429,819.	546,269.

FORM 990	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	AMOUNT
EQUIPMENT PAYABLE	12,352.
NOTE PAYABLE - LOC	30,817.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	43,169.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	4
DESCRIPTION		AMOUNT	
NET ASSETS RELEASED FROM RESTRICTIONS			14,658.
TOTAL TO FORM 990, PART IV-A			14,658.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	5
DESCRIPTION		AMOUNT	
CONTRIBUTIONS - TEMPORARILY RESTRICTED NET ASSETS			13,539.
TOTAL TO FORM 990, PART IV-A			13,539.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I: Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

File by the due date for filing your return See instructions	Type or print	Name of Exempt Organization REMNANT PUBLICATIONS, INC.	Employer identification number 38-2810502
		Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 426	
		City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLDWATER, MI 49036	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **AUGUST 15, 2001** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2000** or
▶ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Michael A. O...* Title ▶ **CPA** Date ▶ **5-9-01**
LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)