Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2007 calen	dar year,	, or tax year beginning		, and	ending			
В	Check if	applicable	Please	C Name of organization				D Em	ployer ident	fication number
	Address	change	use IRS	Remnant Publications, Inc				38-28	10502	
	Name ch	ange	label or print or	Number and street (or P O box if r	nail is not delivere	d to street address)	Room/sui		phone num	ber
	Initial reti	um	type.	649 E Chicago Road		·		/547	270 422	
	Torre		See Specific	City or town	Cicio	or country 7	<u> </u>		279-1304	
⊨	Terminat		Instruc-	Oity Or town	State	or country Z	IP + 4		ounting me	
<u> </u>	Amended		tions.	Coldwater	MI	4	9036		Other (speci	fy) >
L_	Application	on pending		on 501(c)(3) organizations and 4947(H and I ar	re not applic	cable to section	on 527 organizations
_	M-L			must attach a completed Schedule	A (Form 990 or 9	JU-ĒZ).			retum for af	
ن	Website:	<u> </u>	w remna	ntpublications com		-	7		number of a	ffiliates >
	_			. ► ₩	 	_	1 ' '		es included?	Yes No
<u></u>	Organiza	tion type (ch	eck only or	ne) ►X 501(c) (3) ((inse	ert no) 4947	(a)(1) or 527	(11	"No," attac	h a list. See ii	nstructions)
K	Check he	_	If the	organization is not a 509(a)(3) suppor	ting organization a	nd its gross	H(d) Is	this a sepa	rate return file	ed by an organization
				an \$25,000 A return is not required, b implete return	ut if the organization	n chooses	00	vered by a	group ruling?	Yes X No
	to me a re	sturn, be sure	to me a co	implete return			I Gr	roup Exemp	tion Number	>
							M Ch	heck 🕨	if the or	ganization is not required
L	Gross re	eceipts Add	lines 6b.	, 8b, 9b, and 10b to line 12		4,513,016	to	attach Sch), 990-EZ, or 990-PF)
Pa	irt I	Revenue	e, Expe	nses, and Changes in Ne	t Assets or			the inst	ructions)
	1			s, grants, and similar amount					<u> </u>	<u></u>
	1 '		-	onor advised funds	o roccivou.	⁻ 1a	1 6	607,913	is not a great	
				port (not included on line 1a)		1b		610,325	[2]	
		•		oport (not included on line 1a)		1c	`	<u> </u>	1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9	d			ributions (grants) (not include		1d	.	<u></u>		
2008	е				,211,537 none	<u></u>	6,70	01).	1e	2,218,238
10	2			revenue including governmen					2	2,288,506
0	3			and assessments			•		3	0
ب	4		_	is and temporary cash investr	ments				4	1,154
3	5	_		erest from securities .					5	0
<u> </u>	_ I	Gross rer				6a		4,800		
ũ		Less. ren	•			6b	-			. **-
				or (loss). Subtract line 6b fro	m line 6a	•		,	6c	4,800
Ī	enue 8 a			ıncome (describe ▶ m sales of assets other	(A) Consta	. 1 1	/B) 045)	7	0
٢	§ oa	than inve		in sales of assets other	(A) Securitie	s 0 8a	(B) Othe	er 318	門計	
y (er basis and sales expenses		0 8b		356	120	
				ach schedule) .		0 8c		-38	5 5	
				Combine line 8c, columns (A	A) and (B)				์ 8d	-38
	9			activities (attach schedule) If any		gaming, check	here 🕨	• 🔲		
	a	_		ot including \$	<u> </u>				يد پاد دياد	
				orted on line 1b)	•	9a		0	1537	
				nses other than fundraising e		9b		0	4 - 4 - 7	_
				ss) from special events. Subt				_	9c	0
				ventory, less returns and allow	vances	10a		0		
	b	Less cos	st of goo	ds sold		10b	-1	0	100	^
	44 C	Gross prof	nt or (loss	us solu ;) from sales of inventory (attach : om Part VII. line 103)	schedule) Subti		VED		10c	0
	11		J 25 (om Part VII, line 103) .dd lines 1e, 2, 3, 4, 5, 6c, 7, 8	· 1			၂႘ၟၟ	12	4,512,660
	13			da lines 1e, 2, 3, 4, 5, 6c, 7, 8 (from line 44, column (B))			2000	181	13	1,699,790
	g 13 2 14			s (from line 44, column (B)) I general (from line 44, colum	 	NOV 14	2008	RS-0	14	2,045,668
	14 15 16			i Jeneral (Irom line 44, colum i line 44, column (D))	(3//				15	166,200
1	16			ates (attach schedule)	. 1	CGDE	N. UT		16	0
	17			Add lines 16 and 44, column	(A) L		101 (2)	لــــــا	17	3,911,658
_) for the year Subtract line 17					18	601,002
	18 19 20 21			d balances at beginning of ye		3, column (A))	•		19	1,103,574
	20			net assets or fund balances					20	37
	21		_	d balances at end of year Co	-		•		21	1,704,613

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

Form **990** (2007)

Part l	Statement of All organizations must complete or Functional Expenses organizations and section 4947(a)	olumn (A (1) none) Columns (B), (C) cempt charitable tri), and (D) are requir	red for section 501(c)(3) and (4)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	The state of the s	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule)	-				· · · · · · · · ·
	(cash \$0 noncash \$0)					
	If this amount includes foreign grants, check here	22a	o	n	13. 33. 33. 33. 33. 33. 33. 33. 33. 33.	- 45
22 b	Other grants and allocations (attach schedule)					
	(cash \$0 noncash \$0)					
	If this amount includes foreign grants, check here ▶	22b	0	n		
23	Specific assistance to individuals (attach				The There's	in the second second
	schedule)	23	o	o		
24	Benefits paid to or for members (attach			-		
	schedule)	24	0	0	经验证 证	
25 a	Compensation of current officers, directors,				Tar V Con Contract	,
	key employees, etc. listed in Part V-A	25a	50,000	5,000	45,000	0
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B	25b	0	0	0	0
С	Compensation and other distributions, not					
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons			_		
20	described in section 4958(c)(3)(B)	25c	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	00	440.400	44.040	270 544	17.005
27	·	26	440,132	44,013	378,514	17,605
21	Pension plan contributions not included on lines 25a, b, and c	27	o	n.		
28	Employee benefits not included on lines	21				
20	25a – 27	28	21,070	2,107	18,120	843
29	Payroll taxes	29	56,505		46,594	
30	Professional fundraising fees	30	119,688		40,054	119,688
31	Accounting fees	31	5,235		5,235	
32	Legal fees	32	3,528		3,528	
33	Supplies	33	28,614	8,243	20,371	
34	Telephone	34	13,478		13,478	
35	Postage and shipping	35	378,146	378,146		
36	Occupancy	36	120,000		120,000	
37	Equipment rental and maintenance	37	1,220			
38	Printing and publications	38	1,084,570	1,084,570		
39	Travel	39	166,076		149,468	16,608
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	36,969		36,969	
42	Depreciation, depletion, etc (attach schedule)	42	178,196	170,840	7,356	0
43	Other expenses not covered above (itemize).	42-	24.000		24.260	۱ ,
a	Charge card expense	43a	24,260			
D	Transfers Advertising	43b 43c	897,032 25,823			
ر م	Advertising Poyalty expense	43d	202,917			
u a	Royalty expense Insurance	43e	31,126			
f	Property taxes	43f	2,849		-	
a	Utilities	43g	24,224		 	
44	Total functional expenses. Add lines 22a					
	through 43g (Organizations completing				1	
	columns (B)-(D), carry these totals to lines				1	
	13–15)	44	3,911,658	1,699,790	2,045,668	166,200
Joint	Costs. Check ▶ if you are following SOP 98-2					
	y joint costs from a combined educational campaign and fundraising so	licitation	reported in (B) f	Program services	> ▶	Yes XNo
	," enter (i) the aggregate amount of these joint costs \$			allocated to Progr		- .
	e amount allocated to Management and general \$			t allocated to Fund		

Part III Statement of Program Service Accomplishments (See the instructions)

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.

of clients served, publications issued, etc. Discuss achie	Dissemination of church literature nievements in a clear and concise manner. State the number vements that are not measurable. (Section 501(c)(3) and (4) is 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		
	••••••	
(Grants and allocations \$	0) If this amount includes foreign grants, check here	1,699,790
b		
(Conto and allocations &	Night and the state of the stat	¬ _
	0) If this amount includes foreign grants, check here ►	0
С		
•		
(Grants and allocations \$	0) If this amount includes foreign grants, check here ►	□ 0
•		
•••		
		_
(Grants and allocations \$	0) If this amount includes foreign grants, check here	0
e Other program services (attach schedule)	a) If this amount includes foreign grants, shock hard	\neg
(Grants and allocations \$	0) If this amount includes foreign grants, check here	1 600 700
f Total of Program Service Expenses (should	equal line 44, column (B), Program services)	1,699,790

Form **990** (2007)

Par	t IV	Balance Sheets (See the instructions)						
	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only	n the de	scription		(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing .		·		196,022	45	557,587
	46	Savings and temporary cash investments			<u> </u>	100,022	46	337,307
		3	F					
	47 a	Accounts receivable	47a	3	7,942		- 1	
	ь	Less allowance for doubtful accounts	47b		0	192,473	47c	37,942
			2.7		, ,	102,110		0,,012
	48 a	Pledges receivable	48a	, -,-	ol		Į.	
	b	Less allowance for doubtful accounts	Ö	ol	48c	0		
	49	Grants receivable					49	
	50 a	Receivables from current and former officers, dire	ectors,	trustees, and	Γ			
	 	key employees (attach schedule)			L	0	50a	0
	b	Receivables from other disqualified persons (as defined						
Assets		4958(f)(1)) and persons described in section 4958(c)(3)	(B) (atta	ach schedule)			50b	
155	51 a	Other notes and loans receivable (attach					.	
`		schedule)	51a		0			
	1	Less allowance for doubtful accounts	51b		0	0	51c	0
	52	Inventories for sale or use			<u> </u>	470,618		701,160
	53	Prepaid expenses and deferred charges	г				53	
	į.	Investments—publicly-traded securities	►Į	= =	FMV	0	54a	0
	ŀ	Investments—other securities (attach schedule)	▶[Cost	JFM∨ L	0	54b	0
	55 a	investments—land, buildings, and	1 1					
	Ì.	equipment basis	55a	1,71	7,429		·)	
	b	Less accumulated depreciation (attach	l l					
		schedule)	55b	66	7,046	946,811		1,050,383
	56	Investments—other (attach schedule)	1 1		_}-	0	56	0
		Land, buildings, and equipment basis	57a		0			
	b	Less accumulated depreciation (attach			ا			0
	50	schedule)	57b		0	0	57c	0
	58	Other assets, including program-related investme (describe	ents			0	58	0
	59	Total assets (must equal line 74) Add lines 45 t	hrough	58	' h	1,805,924		2,347,072
	60	Accounts payable and accrued expenses	in ough			126,430		59,145
	61	Grants payable and accided expenses			<u> </u>	120,400	61	00,140
	62	Deferred revenue			ŀ		62	
es	63	Loans from officers, directors, trustees, and key	employ	ees (attach	t			······································
itie	33	schedule)	J	000 (0112011		0	63	0
Liabiliti	64 a	Tax-exempt bond liabilities (attach schedule)		·	ľ	0		0
Ë		Mortgages and other notes payable (attach sche	dule)		Ī	526,929		564,513
	65	Other liabilities (describe) [48,991	65	18,801
	66	Total liabilities. Add lines 60 through 65		······································		702,350	66	642,459
	Orga		X ar	nd complete line	es			
X		67 through 69 and lines 73 and 74			- 1		-	
ű	67	Unrestricted .			<u> </u>	913,842		1,149,779
a	68	Temporarily restricted				189,732		554,834
Ö	69	Permanently restricted			ļ.		69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check I	here	▶ and				
Ē		complete lines 70 through 74			1			
ō	70	Capital stock, trust principal, or current funds					70	
ěts	71	Paid-in or capital surplus, or land, building, and e					71	
ASS	72	Retained earnings, endowment, accumulated inc					72	·
et.	73	Total net assets or fund balances. Add lines 6 70 through 72 (Column (A) must equal line 19 a						
Z		equal line 21)	ariu COI	unin (D) inust		1,103,574	73	1,704,613
	74	Total liabilities and net assets/fund balances	I bbA	nes 66 and 73	ł	1,805,924		2,347,072

Onn 3	Remna	ant Publications, Inc	38-2810502	Page 3
Part	IV-A Reconciliation of Revenue per Audited F instructions)	inancial Statements With Reve	nue per Return (See th	е
а	Total revenue, gains, and other support per audited fir	nancial statements	а	
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	. b2		
3	Recoveries of prior year grants	b3		
4	Other (specify).			
			o	
	Add lines b1 through b4	•	b	0
C	Subtract line b from line a		c	0
ď	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	. d1		
2	Other (specify)		-	
	Add lines d1 and d2	d2 <u> </u>	0	
_		• •	d	0
Part	Total revenue (Part I, line 12) Add lines c and d	F: 104 4 100 F	<u>▶</u> e	0
			enses per Return	
a	Total expenses and losses per audited financial staten	ments .	a	
b	Amounts included on line a but not on Part I, line 17	11	†	
1	Donated services and use of facilities	. <u>b1</u>		
2	Prior year adjustments reported on Part I, line 20	. <u>b2</u>		
3	Losses reported on Part I, line 20	. <u>b3</u>		
4	Other (specify)			
	Add lines b1 through b4	<u>b4</u>	0 5	0
С	Subtract line b from line a	•	b	0
d	Amounts included on Part I, line 17, but not on line a:		·	<u> </u>
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (energy)	- 		
_	***************************************	40	ا ا	
	Add lines d1 and d2	<u> </u>	d	0
е	Total expenses (Part I, line 17) Add lines c and d		▶ e	0
Part '	V-A Current Officers, Directors, Trustees, and	d Key Employees (List each pers	on who was an officer dire	

trustee, or	key emplo	yee at any time o	during the year	r even if t	hey were not con	npensated) (See the instru	ictions)
(A) Name	(A) Name and address			hours per position	(C) Compensation (If not pald, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Dwight Hall	Str 378	S Fremont Rd	Title Pres				
City Coldwater	ST MI	ZIP 49036	Hr/WK	40	25,000	0	0
Name Dan Hall	Str 310	Dayburg Rd	Title VP				
City Coldwater	st MI	ZIP 49036	Hr/WK	40	25,000	0	0
Name Darwin Hall	Str 308	Dayburg Rd	Title Director	r			
City Coldwater	ST MI	ZIP 49036	Hr/WK	1	0	0	0
Name Rudy W Hall	Str 398	Rugged Mountain	Title Director	r			
City Cullowhee	ST NC	ZIP 28723	Hr/WK	1	0	0	0
Name N/A	Str		Title				
City	ST	ZIP	Hr/WK				
Name N/A	Str		Title				
City	ST	ZIP	Hr/WK				
Name N/A	Str		Title		İ		
Cıty	ST	ZIP	Hr/WK				
Name N/A	Str		Title		ĺ		
City	ST	ZIP	Hr/WK				
Name N/A	Str		Title		4		
City	ST	ZIP	Hr/WK				
Name N/A	Str		Title				
City	ST	ŽIP	Hr/WK			<u> </u>	

Form 99	(2007) Remnant Publications, Inc.			38-2810502		:	Page 6
Part \		stees, and Key Em				Yes	No
75 a	Enter the total number of officers, directors, an	d trustees permitted to	vote on organizati	on business at board	T		
	meetings .		•		1 1		1
b	Are any officers, directors, trustees, or key em	ployees listed in Form	990, Part V-A, or h	ighest compensated			
	employees listed in Schedule A, Part I, or high	est compensated profe	essional and other	ındependent			l
	contractors listed in Schedule A, Part II-A or II-	B, related to each other	er through family or	business			
	relationships? If "Yes," attach a statement that			• • •	75b	X	
С	Do any officers, directors, trustees, or key emp						1
	compensated employees listed in Schedule A,				1 1		ł
	independent contractors listed in Schedule A, organizations, whether tax exempt or taxable,					` 	ĺ
	the definition of "related organization"	inal are related to the	organization? See	the instructions for	75c	i l	V
	If "Yes," attach a statement that includes the ir	nformation described in	the instructions		730		X
d	Does the organization have a written conflict o		Ture instructions		75d	x	1
Part \			That Received Cor	npensation or Other Bene			rmer
	officer, director, trustee, or key employe						
	person below and enter the amount of c						
		·	(C) Compensation	(D) Contributions to employee		Expens	
	(A) Name and address	(B) Loans and Advances	(if not paid,	benefit plans & deferred	accou	int and o	ther
Name	NI/A Str		enter -0-)	compensation plans	alio	owances	<u> </u>
City		-	,				
Name							
City		1	ļ I				
Name	N/A Str						
City							
Name		-	,				
City							
	N/A Str	-{			,		
City	ST ZIP N/A Str		 				
City		-			ı		
	N/A Str				·		
City		1			L		
Name	N/A Str						
City							
Name	N/A Str	_					
City		<u> </u>		<u> </u>			
	N/A Str ZIP	-					
Part		tions)		<u> </u>	L	Yes	No
76	Did the organization make a change in its acti		onducting activities?	P If "Yes," attach a	T		
	detailed statement of each change			,	76		X
77	Were any changes made in the organizing or	governing documents	but not reported to	the IRS?	77		X
	If "Yes," attach a conformed copy of the change						
78 a	Did the organization have unrelated business	gross income of \$1,00	00 or more during th	ne year covered by			1
	this return?				78a	<u> </u>	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	on, or substantial conti	raction during the ye	ear? If "Yes," attach	1	1	
	a statement			• •	79	 	<u> </u>
80 a	Is the organization related (other than by asso		-			1	
	common membership, governing bodies, trus	tees, officers, etc , to a	any other exempt or	nonexempt			
	organization?				80a	┼──	<u> </u>
b	If "Yes," enter the name of the organization		·····		1 -	-	
			er it is exempt	, —,	-		
	Enter direct and indirect political expenditures		ons)	81a None			
h	Did the organization file Form 1120-POL for t	nic vear?			81b	1	1 A

Form **990** (2007)

Part \	Other Information (continued)		Yes	No
•			1.00	
UZ a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charger or at substantially less than fair rental value?			
h	If "Yes," you may indicate the value of these items here. Do not include this amount	. 82a	X	
	as revenue in Part I or as an expense in Part II	Ì	1	
	(See instructions in Part III)	o	Ì	
83 a	Did the organization comply with the public inspection requirements for returns and exemption application		X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b	N/A	l
85	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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	1 .		
	Dues, assessments, and similar amounts from members 85c N/A			
	Section 162(e) lobbying and political expenditures 85d N/A		-	l
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices Taxable amount of lobbying and political expenditures (line 85d less 85e) 85e N/A 85f N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		NI/A	ļ
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 8	85g	N/A	
•••	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	51 10		
	following tax year?	85h	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		1	†
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other		`	
	sources against amounts due or received from them) 87b			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation of	r		
	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	88a	<u> </u>	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	▶ 885	·	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶		1	
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	1		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attack	n 89b	.	x
_	a statement explaining each transaction . Enter Amount of tax imposed on the organization managers or disqualified	891	<u>'</u>	 ^-
C	persons during the year under sections 4912, 4955, and 4958	l	1	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	r		
	transaction?	896		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	891		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	ţ		
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdi			1
	at any time during the year?	899	<u> </u>	<u> </u>
	List the states with which a copy of this return is filed			. -
b	Number of employees employed in the pay period that includes March 12, 2007 (See	90ь		24
04 a	Instructions)	o ► (517) 2	79-130	
91 a	The books are in care of Name Dan Hall Telephone not be Coldwater, MI City ST ZIP + 4 ▶ 49		19-190	
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other auth			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	911	<u>, </u>	X
	If "Yes," enter the name of the foreign country ▶		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	nk		
	and Financial Accounts		1	_

Form	aan	(2007)
UISII	350	(ZUUF)

Remnant Publications, Inc

38.	20	10	150	2
. 7/7.	. / ^	11	ומו	1/

Page 8

Part						Yes	No
Í	At any time during the calendar year, did the or If "Yes," enter the name of the foreign country					lc	Х
92	Section 4947(a)(1) nonexempt chantable trusts	s filing Form 990 ii	n lieu of For n	n 1041 —Check he	ere		▶ □
	and enter the amount of tax-exempt interest re				▶ 92 N/A		
Part	VII Analysis of Income-Producing Act	ivities (See the	instructions)			
Note	: Enter gross amounts unless otherwise	Unrelated busin	ess income	Excluded by section	n 512, 513, or 514	(E)
indica		(A)	(B)	(C)	(D)	Relate	
93	Program service revenue			Exclusion code	Amount	exempt function	
	Sales of literature			05	 	incor	38,506
	0		 		 	2,20	10,500
				 			
				1			
				- 			
1	Medicare/Medicaid payments			 			
g	Fees and contracts from government agencies		<u> </u>		1		
94	Membership dues and assessments						
95	Interest on savings and temporary cash investments			14	1,154		
96	Dividends and interest from securities						
97	Net rental income or (loss) from real estate		,	***************************************			
á	debt-financed property		· · · · · · · · · · · · · · · · · · ·				
ı	not debt-financed property			14	4,800		
98	Net rental income or (loss) from personal property						
99	Other investment income						
100	Gain or (loss) from sales of assets other than inventory			14	-38		
101	Net income or (loss) from special events	.					
102	Gross profit or (loss) from sales of inventory						
103	Other revenue a	- <u></u>					
1	·						
(·				ļ		
(J	- 					
	·		ļ				
104	Subtotal (add columns (B), (D), and (E))		l	0}	5,916		38,506
105	Total (add line 104, columns (B), (D), and (E))	4 . 4 . 40	5 44		▶	2,29	94,422
	Line 105 plus line 1e, Part I, should equal the ai						
Part							
Line					ly to the accomplis	hment	
	of the organization's exempt purposes (other	than by providing fur	ids for such pu	irposes)			
							
Part	IX Information Regarding Taxable Su	hsidiaries and	Disregarde	d Entities (See t	he instructions)	
, are	(A)	(B)	Diologalac		no monacinome	(E	
	Name, address, and EIN of corporation,	Percentage	of	(C)	(D)	End-of	
	partnership, or disregarded entity	ownership inte	i indi	ture of activities	Total income	asse	-
			%		0.		0
			%		0		0
			%		0		0
			%		0		0
Part	X Information Regarding Transfers A	Associated with	Personal E	Benefit Contract	s (See the inst	ructions)
	Did the organization, during the year, receive any funds, dire						X No
• •	•	•	• ,			==== ;	X No
	Did the organization, during the year, pay premiule if "Yes" to (b), file Form 8870 and Form 4720		песну, оп а р	ersonal benefit col	mact/		
						Form 99) (2007)

Part	Information Regarding us a controlling organization	Transfers To and From the section as defined in section	m Controlled Er	ntities. C	omplet	e only if the o	rganıza	ation
106	Did the reporting organization mal the Code? If "Yes," complete the s	ke any transfers to a cont	trolled entity as de	fined in se	ction 5	12(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(Descri	C) iption of nsfer		Amount	D) of trans	
a						}		
b								
С								
	Totals	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	٠ ,					0
107	Did the reporting organization reco					on	Yes	No X
	(A) Name, address, of each controlled entity	(B) (C) Employer Identification Number transfer		ption of	of Amoun		(D) nt of transfer	
а								
b								
С								
	Totals	`	¥				Т.,	0
108	Did the organization have a binding rents, royalties, and annuities des	ng written contract in effec cribed in question 107 ab	et on August 17, 20 ove?	006, cover	ing the	ınterest,	Yes	No X
Pleas Sign Here	Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete Signature of officer Daniel Hall, Secretary / Tree Type or print name and title	Declaration of preparer (other that	ng accompanying sched an officer) is based on a	lules and stat II information	of which p	and to the best of moreparer has any kn	y knowled lowledge	lge
Paid Prepar	Preparer's signature Tamas W	Cooldon	Date 10/9/2008	Check if self- employed	<u> </u>	Preparer's SSN or PP00053843		en Inst X)
Use Or	James V	V. Gordon, CPA, P.C. stern Ave, Coldwater, MI 4	19036		EIN Phone n		6100	
							Form 99	0 (2007)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

Employer identification number

2007

Remnant Publications, Inc			38-2810502	
Part 1 Compensation of the Five Hig	hest Paid Employees	Other Than Offi	cers. Directors. a	nd Trustees
(See page 1 of the instructions	List each one If there a	re none, enter "N	lone ")	
(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 >				
Part II-A Compensation of the Five Hig	hest Paid Independen	t Contractors fo	r Professional Se	ervices
(See page 2 of the instructions	List each one (whether	individuals or firm	ns) If there are no	ne, enter "None ")
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
•••••••••••				
		Space Spacespaces in the same space of the same		×
Total number of others receiving over \$50,000 for professional services	0			
Part II-B Compensation of the Five Hig (List each contractor who perfor firms If there are none, enter "N	med services other that	n professional se	or Other Services rvices, whether inc	dividuals or
(a) Name and address of each independent contractor			of service	(c) Compensation
None	paid more train \$60,000	(4),,,,		
<u></u>				
			i	
		-		
		-		
Total number of other contractors receiving over \$50,000 for other services)		

Par	Statements About Activities (See page 2 of the instructions)		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 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		x
	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.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2a		х
b	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	-	х
е	Transfer of any part of its income or assets?		-	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	За		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	-	X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<u>3c</u>		x_
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	 	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	┼	X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	<u> </u>	X
d	Enter the total number of donor advised funds owned at the end of the tax year	-		11
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	-	554	4,834
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	-		11
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	-	554	4,834
			_	

Part I	Reason for Non-Private	Foundation St	tatus (See pages 4 thro	ough 8 of the	instructions)							
certify	that the organization is not a private t	foundation because	e it is (Please check only O	NE applicable be	ox)							
5	A church, convention of churches				<i>-</i>							
	_											
6	A school Section 170(b)(1)(A)(ii)	(Also complete P	art V)									
7	A hospital or a cooperative hospit	tal service organiz	ation Section 170(b)(1)(A)(ii	1)								
8	A federal, state, or local governm	ent or government	tal unit Section 170(b)(1)(A)	(v)								
9 [A medical research organization and state		inction with a hospital Section		(iii) Enter the ho	spital's name, city,						
10 [An organization operated for the I	benefit of a college	e or university owned or oper			tion 170(b)(1)(A)(iv)						
11 a 🗌	An organization that normally rec 170(b)(1)(A)(vi) (Also complete the			overnmental unit	or from the gene	ral public Section						
11 ь [b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)											
	X An organization that normally reconcerete from activities related to of its support from gross investment acquired by the organization after	its charitable, etc , ent income and un	functions—subject to certain related business taxable income	n exceptions, an ome (less sectio	id (2) no more th in 511 tax) from b	an 33 1/3% usinesses						
13 _	An organization that is not control			-	•	meets the						
	requirements of section 509(a)(3) Type I	/pe II	Type III-Functionally Integra		tion Type III-Other							
	Provide the following inf	ormation about	the supported organiza	ations (See n	age 8 of the ins	tructions)						
	(a)	(b)	(c)	(0		(e)						
Name(s	s) of supported organization(s)		Type of	is the su	· ·	Amount of						
·	, ,, ,,	identification number (EIN)	organization (described in lines	organization the sup	on listed in porting	support						
			5 through 12 above or IRC section)	1	zation's focuments?							
		}		Yes	No							
				ļ								
				ļ	<u> </u>							
				 	 							
Total			L	L	<u> </u>							
	7.			· · · · · · · · · · · · · · · · · · ·								
14	An organization organized and or	perated to test for	public safety Section 509(a)	(4) (See page 8	or the instruction	15)						

		You may use the worksheet in the instructions						
Ca	ler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 20		(e) Total
15		Gifts, grants, and contributions received (Do	\\\	 (-,, 	(4) 250 .	(4) 20		(0) (00)
		not include unusual grants. See line 28.)	265,682	451,004	194,944	32	8,388	1,240,018
16		Membership fees received					,	0
17		Gross receipts from admissions, merchandise				<u> </u>		
		sold or services performed, or furnishing of	}	1			}	
		facilities in any activity that is related to the	į	ļ			Ì	
		organization's charitable, etc., purpose	4,316,011	1,228,662	2,009,825	88	8,844	8,443,342
18		Gross income from interest, dividends,		†				
		amounts received from payments on securities	}	}			}	
		loans (section 512(a)(5)), rents, royalties,					İ	
		income from similar sources, and unrelated		1			}	
		business taxable income (less section 511					į	
		taxes) from businesses acquired by the	44.400	000				10.501
		organization after June 30, 1975	11,108	398	304		781	12,591
19		Net income from unrelated business		!			İ	
20		activities not included in line 18			- -			0
20		Tax revenues levied for the organization's		1	}		1	
		benefit and either paid to it or expended on its behalf		i	į		ł	0
21		The value of services or facilities furnished to						0
۷۱		the organization by a governmental unit		į	}			
		without charge Do not include the value of		1	į		1	
		services or facilities generally furnished to the		Í	}		1	
		public without charge		1	ì		į	0
22	_	Other income Attach a schedule Do not						<u>~</u>
22		include gain or (loss) from sale of capital assets		<u> </u>)		1	0
23		Total of lines 15 through 22	4,592,801	1,680,064	2,205,073	1 21	8,013	9,695,951
24		Line 23 minus line 17	276,790	451,402	195,248		9,169	1,252,609
25		Enter 1% of line 23	45,928	16,801	22,051		2,180	1,202,000
						>	26a	0
26		•		amount in column	* * * * * * * * * * * * * * * * * * * *		20a	
		Prepare a list for your records to show the name of ar				,	1	
		governmental unit or publicly supported organization) amount shown in line 26a. Do not file this list with y					26b	
		Total support for section 509(a)(1) test. Enter line 24,		the total of all the	oo exocoo amoun		26c	0
		Add Amounts from column (e) for lines 18	19				200	
	u .	22	26			•	26d	0
	_	Public support (line 26c minus line 26d total)					26e	0
		Public support percentage (line 26e (numerator) d	livided by line 26	c (denominator))		•	26f	0 00%
			nounts included in			wed from :		
27		Organizations described on line 12: a For an prepare a list for your records to show the name of, a	nd total amounts r	eceived in each vi	ear from each "d	squalified	person "	Do not
		file this list with your return. Enter the sum of such	amounts for each	year				
						(2003)		
		(2006) (2005) For any amount included in line 17 that was received					list for yo	ur records
	a	to show the name of, and amount received for each y	trom each person	than the larger	of (1) the amount	on line 25	for the ve	ear or (2)
		\$5,000 (Include in the list organizations described in	lines 5 through 11	b. as well as indiv	iduals) Do not fi	le this list	with you	ır return.
		After computing the difference between the amount re	eceived and the la	rger amount desc	ribed in (1) or (2),	enter the	sum of th	ese
		differences (the excess amounts) for each year						
		(2006) (2005)		(2004)		(2003)		
		(4444)		, , , , , , , , , , , , , , , , , , , ,				
	c		1,240,018 1				, ,	
		17 <u>8,443,342</u> 20 <u> </u>	2	1		>	27c	9,683,360
			d line 27b total			>	27d	0
		Public support (line 27c total minus line 27d total)			. 1 1	•	27e	9,683,360
		Total support for section 509(a)(2) test. Enter amount			► 27f S	,695 <u>,951</u>	1 1	AA A==:
	g	Public support percentage (line 27e (numerator) o	divided by line 27	f (denominator))		>	27g	99 87%
		Investment income percentage (line 18, column (e					27h	0 13%
28		Unusual Grants: For an organization described in lin	ne 10, 11, or 12 th	at received any un	usual grants duri	ng 2003 th	rough 200	06, prepare
		a list for your records to show, for each year, the name	ne of the contribute	or, the date and ar	nount of the gran	t, and a bri	er descrip	ouon or
		the nature of the grant Do not file this list with you	i return. Do not if	iciuue mese grant	כו שווו ווו כ			

Part V Private School Questionnaire (See page 9 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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?	29	Yes	No
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?	30		
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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
22	Described and the second of th			
32 a	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	020		
	basis?	32b		
С				
	student admissions, programs, and scholarships?	32c		<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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			
а	Students' rights or privileges?	33a		
.	Admissions policies?	33b		
b	Admissions policies?	335		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
	Constitutings of other interioral assistance			
€	Educational policies?	33e	ļ	\vdash
f	Use of facilities?	33f	<u> </u>	<u> </u>
,	Athletic programs?	33g		
٤	Americ programs	-	 	
ł	Other extracurricular activities?	33h	-	┼—
	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?	34a		
١	Has the organization's right to such aid ever been revoked or suspended?	34b	 	+
	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	35	<u> </u>	

Pa	rt VI-A Lobbying Expenditures by Electing (To be completed ONLY by an eligib	Public Chari	ties (See page 1	1 of the instru	ctions)	rage U
Chec	the back ▶a If the organization belongs to an affiliated gro				ted control" provi	sions apply
	Limits on Lobbying E	-			(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (gr			36		
37	Total lobbying expenditures to influence a legislative body	(direct lobbying)	1	37		
38	Total lobbying expenditures (add lines 36 and 37)			38	0	0
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add lines 38 and 39)			40	0	0
41	Lobbying nontaxable amount Enter the amount from the					
		oying nontaxabl				
		ne amount on line	-			
			excess over \$500,00	1 3		
			excess over \$1,000,0			
			excess over \$1,500,00	00		
42	Over \$17,000,000 \$1,000,0	00				_
43	Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36 Enter -0- if line 42 is more th			42	0	0
44	Subtract line 42 from line 38 Enter -0- if line 42 is more the		43	0	0	
77	Oubtract line 41 from line 36 Enter -0- if line 41 is more th	44	0	0		
	Caution: If there is an amount on either line 43 or line 44,	you must file Fo	rm 4720			
	4-Year Average	ing Period U	nder Section 50	1(h)		
	(Some organizations that made a section 5 See the instructions for li	01(h) election do	not have to complete	all of the five co	lumns below	
		Lobi	ying Expenditure	s During 4-Yea	ar Averaging P	eriod
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount			<u>.</u>		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))				<u> </u>	0
50	Grassroots lobbying expenditures					0
Par	t VI-B Lobbying Activity by Nonelecting P (For reporting only by organizations the			(See page 14	of the instruct	ions)
Durin	g the year, did the organization attempt to influence national	al state or local le	agelation including a	nv.		
	opt to influence public opinion on a legislative matter or refe		-	· · · y	Yes No	Amount
а	Volunteers	Chadhi, throagh	the use of		X	
b	Paid staff or management (Include compensation in exper	ises reported on	lines c through h)		X	
c	Media advertisements		mice o amough m,		X	
d	Mailings to members, legislators, or the public				X	
е	Publications, or published or broadcast statements				X	
f	Grants to other organizations for lobbying purposes				X	
g	Direct contact with legislators, their staffs, government offi	icials, or a legisla	tive body		X	
h	Rallies, demonstrations, seminars, conventions, speeches				X	
1	Total lobbying expenditures (Add lines c through h.)					0
	If "Yes" to any of the above, also attach a statement giving	g a detailed desc	ription of the lobbying	activities		

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

		Exempt Organiz	cations (See pa	age 14 of the instructions) _			
51					ing with any other organization described in 27, relating to political organizations?	ı section		
а				noncharitable exempt organiza			<u></u>	
<u> </u>		Cash	organization to a	nonchantable exempt organizar	tion of	Γ	Yes	
						51a(i)	ļ	<u> </u>
		Other assets				a(ıi)		X
b		transactions						
	(1)	Sales or exchanges o	of assets with a no	ncharitable exempt organization		b(i)		Х
	(ii) l	Purchases of assets f	from a noncharitat	ole exempt organization		b(ii)		Х
	(iii) f	Rental of facilities, eq	uipment, or other	assets		b(iii)		Х
	(iv)	Reimbursement arran	ngements			b(iv)		X
		Loans or loan guarant				b(v)		X
				or fundraising solicitations		b(vi)	 	X
С				other assets, or paid employees			-	X
ď					folumn (b) should always show the fair man	<u> </u>	<u> </u>	
	of the	goods, other assets, o	or services given b	by the reporting organization. If i	the organization received less than fair mar e goods, other assets, or services received	ket value		
	(a)	(b)		(c)	(d)			
	e no	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and s	haring arranc	ement	s
			 					
								
			<u> </u>					
		-	<u> </u>					
		·	ļ					
								
			ļ					
	descrit		of the Code (othe	ed with, or related to, one or mo r than section 501(c)(3)) or in se		Yes	X	No No
		(a)		(b)	(c)			
		Name of organization	n	Type of organization	Description of relationsh	ıb		
								
								
								
								
								

Form 456

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions. ► Attach to your tax return

Attachment
Sequence No 67

Name(s) shown on return	Business or act	ivity to which thi	s form relates	5	Identifying nu	mber	
Remnant Publications, Inc	990				38-2810502		
Part I Election To Expense Certa	in Property Und	er Section 17	9				
Note: If you have any listed property,	complete Part V be	efore you compl	ete Part I				
1 Maximum amount See the instructions f			ses			1	125,000
2 Total cost of section 179 property placed						2	
3 Threshold cost of section 179 property b	efore reduction in li	mitation		•		3	500,000
4 Reduction in limitation Subtract line 3 fr						4	0
5 Dollar limitation for tax year Subtract lin	e 4 from line 1 If a	ero or less, ent	er -0- If marı	red filing		1 1	
separately, see instructions					-	5	125,000
(a) Description of property		(b) Cos	t (business use	only)	(c) Elected of	ost	
6					·		
<u> </u>							
7 Listed property Enter the amount from I				7			
8 Total elected cost of section 179 propert		column (c), line	s 6 and 7			8	0
9 Tentative deduction. Enter the smaller of						9	0
10 Carryover of disallowed deduction from I	•					10	
11 Business income limitation. Enter the sm				line 5 (see in	structions)	11	
12 Section 179 expense deduction Add In				> [43		12	0
13 Carryover of disallowed deduction to 200 Note: Do not use Part II or Part III below for				▶ 13	l	0	
Part II Special Depreciation Allow				luda listad n	roporty \ /Soo	ınetru	ctions)
14 Special allowance for qualified New York					roperty / (See	T	Clions J
property) and cellulosic biomass ethanol					ructions)	14	
15 Property subject to section 168(f)(1) elec		sed itt setvice di	ing the tax y	real (see ilisti	uctions)	15	
16 Other depreciation (including ACRS)		•		•		16	
Part III MACRS Depreciation (Do	not include listed	property) (Se	e instruction	<u>s)</u>		1.101	
MATORICO DO PROGRAMO (DO	TOT INCIDED NOTES	Section A	o mondonom	<u> </u>			
17 MACRS deductions for assets placed in	service in tax years		re 2007		 	17	158,948
18 If you are electing to group any assets p				nore		1	
general asset accounts, check here					▶ □		
Section B - Assets Place	d in Service Durin	og 2007 Tay Ve	ar Using the	General Den	reciation Syste	l´`	***
Occitor B - Assets 1 lace	(b) Month and	(c) Basis for	(d) Recovery	(e)	(f)	T	(g)
(a) Classification of property	year placed	depreciation	period	Convention	Method	م ا	epreciation
(a) Classification of property	in service	(business/investment)	period	Convention	11100		deduction
19 a 3-year property	A 16	(Local I Cost I I I Cost I I I I I I I I I I I I I I I I I I I	<u> </u>				
b 5-year property	\$ 1.00 m	54,513	5	HY	200DB	1	10,903
c 7-year property		12,647		HY	200DB		1,808
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		
property			27 5 yrs	MM	S/L		
i Nonresidential real			39 yrs	MM	S/L		
property				MM	S/L	L	
Section C - Assets Placed	in Service During	2007 Tax Year	Using the A	ternative De	preciation Sys	tem	
20 a Class life					S/L		
b 12-year			12 yrs		S/L		
c 40-year			40 yrs	ММ	S/L		
Part IV Summary (see instructions)				 		,
21 Listed property Enter amount from line			•			21	
22 Total. Add amounts from line 12, lines							
Enter here and on the appropriate lines						22	171,659
23 For assets shown above and placed in	service during the o	current year, ent	er the portion	23	1		
of the basis attributable to section 263A							

Secti	on A - Depreciatio	n and Other	Information (C	aution: See t	he instructions for l	imits for pa	ssenge	r autor	mobiles)	
24a	Do you have evidence	to support the b	ousiness/investmen	t use claimed?	Yes No	24 b If "Y	es," is th	he evide	ence written?	Yes No
	(a)	(b)	(c) Business/	(d)	(e) Basis for dep-	(f)	(9	3)	(h)	(i) Elected
	Type of property	Date placed	investment use	Cost or	reciation (business/	Recovery	Recovery Meth		Depreciation	section 179
	(list vehicles first)	in service	percentage	other basis	investment use only) period Conven-			ention	deduction	cost
25	Special allowance	for qualified	Gulf Opportunit	y Zone proper	ty placed in service	during the	}			_
	tax year and used							25		
26	Property used mor	e than 50% i	n a qualified bu	siness use				•		
			%							
			%							
			%	,						
27	Property used 50%	6 or less in a	qualified busine	ess use		/				
			%				S/L -			
			%				S/L -			Ī
			%				S/L -			1
28	Add amounts in co	olumn (h), lin	es 25 through 2	7 Enter here	and on line 21, pag	e 1	·	28	0	
29	Add amounts in co		_				'		29	(
			Sect	on BInform	nation on Use of V	/ohicles				

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

30	Total business/investment miles driven	(a	a)	(b)	(0	;)	(c	i)	(€	?)	(1	f)	
	during the year (do not include commuting	Vehi	cle 1	Vehic	cle 2	Vehi	cle 3	Vehi	cle 4	Vehi	cle 5	Vehi	cle 6	_
	miles)													
31	Total commuting miles driven during the year	Ĺ						<u> </u>						
32	Total other personal (noncommuting)			_										_
	miles driven	_												
33	Total miles driven during the year													
	Add lines 30 through 32													
34	Was the vehicle available for personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	use during off-duty hours?													_
35	Was the vehicle used primarily by a more than													
	5% owner or related person?													
36	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 (see instructions)

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting,		
	by your employees?	L	<u> </u>
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
	See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	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?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Amortization						
(a)	(b) Date	(c)	(d)	(e)	(f)	
Description of costs	amortization	Amortizable	Code	Amortization period	Amortization for	
	begins	amount	section	or percentage	this year	
42 Amortization of costs that begins during your 2007 t	ax year (see inst	ructions)		·		
See statement	_				6,003	
43 Amortization of costs that began before your 2007 tax year . 43						
44 Total. Add amounts in column (f). See the instructions for where to report						

Yes

Line 20 (990) - Other Changes in Net Assets or Fund Balances

Line 20 (990) - Other Changes in Net Assets or Fund Balances	37
Description	Total
1 Tax loss not recorded on books	37
2	
3	
4	
5	
6	
7	
8	
9	1
10	
11	
12	
13 14	
15	
16	1
17	
18	1
19	
20	
	1

Part IV. Line 65 (990) - Other Liabilities

Part IV, Line 65 (990) - Other Liabilities	48,991	18,801
Description	Beginning	End
Accrued expenses & deposits 4 5	48,991	18,801
6 7 8 9 10		

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Form	Form 4562 Statement - 990	ant - 990							ì		12	12/31/2007		
No m	Description of Property	Date Placed Asset Bus Use In Service Code %	Asset	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Method Conv	Method	Code	Prior Accum Deprec , 179, Bonus	2007 Deprec	2007 Yecum
Total A	otal Amortization (Line 44)										!			
	ACT software	9/6/2005 Z-16 100 00%	Z-16	100 00%	435	0	0	435	က	Ŋ	Ā	193	145	338
	Preps software upgrad	12	2-16	100 00%	901	0	0	901	က	ร	Ā	25	300	325
_	Raisers Edge software		Z-16		17,923	0	0	17,923	က	જ	Ā	0	5,477	5,477
•	T-hub software	6/5/2007 2-16	2-16	100 00%	650	0	0	029	ო	જ	Ā	0	126	126
-	Gift Works fundraising		2-16	100 00%	2,399	0	0	2,399	က	ร	Ā	0	400	400
•	Total Total Amortization (Line 44)	ר (Line 44)		1 1	22,308	0	0	22,308			1 1	218	6,448	999'9

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Department of the Treasury

Remnant Publications, Inc.

Sales of Business Property

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

OMB No 1545-0184

Attachment

38-2810502

Attach to your tax return ► See separate instructions. Sequence No 27 Internal Revenue Service (99) Name(s) shown on return Identifying number

Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Part I Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions) (f) Cost or other (g) Gain or (loss) (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the (mo , day, yr) of property (mo, day, yr) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale 2 0 0 0 3 Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 0 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below Nonrecaptured net section 1231 losses from prior years (see instructions) 8 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less) Microtek Schmaker 900i 7/7/2006 3/21/2007 556 38 200 0 0 Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 Gain, if any, from line 31 13 14 Net gain or (loss) from Form 4684, lines 31 and 38a 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 17 Combine lines 10 through 16 17 -38 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" See instructions 18a Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040,

18b

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