

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2015

Open to Public Inspection

Form **990-EZ** (2015)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

For the 2015 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change Name change OSTERHUS PUBLISHING HOUSE 41-0462260 Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Final return/terminated 4500 WEST BROADWAY 763-537-9311 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending ROBBINSDALE MN 55422 Number > Check ► X if the organization is not Accounting Method. X Cash Accrual Other (specify) ▶ Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c)(527 (Form 990, 990-EZ, or 990-PF) ¶ (insert no) 4947(a)(1) or X Corporation Form of organization Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 75,413 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 29,481 1 Contributions, gifts, grants, and similar amounts received 37,352 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 8,580 4 Investment income 4 Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) C 5c Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than 6a Revenue \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с C 8 8 Other revenue (describe in Schedule O) 75,413 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 13,089 12 P 12 Salaries, other compensation, and employee benefits 485 13 13 Professional fees and other payments to independent contractors 12,419 14 Occupancy, rent, utilities, and maintenance 9,936 15 Printing, publications, postage, and shipping 15 49,333 16 Other expenses (describe in Schedule O) 16 85,262 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -9,849 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 172,542 19 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 162,693 21 Net assets or fund balances at end of year Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Page 3

| F-4 | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V | | | |
|-----|--|-----------------|----------|---------------------|
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | [|
| | detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | ı İ | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | , 1 | 1 |
| | change on Schedule O (see instructions) | 34 | | X |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | , | 1 |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 1 | 1 | ł |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | ľ |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | İ |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | 1 | ĺ |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | 1 | į |
| 39 | Section 501(c)(7) organizations Enter | | 1 | |
| а | Initiation fees and capital contributions included on line 9 | _ | 1 | Í |
| b | Gross receipts, included on line 9, for public use of club facilities | | | ĺ |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. | | | į |
| | section 4911 ▶, section 4912 ▶, section 4955 ▶ | _ | • | É |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | İ |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | } | í | |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| C | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed | | | : E |
| | on organization managers or disqualified persons during the year under sections 4912, | | | : |
| | 4955, and 4958 | _ | - [| : |
| ď | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line | | { | t |
| | 40c reimbursed by the organization | _ | 1 | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | 1 | ı |
| | transaction? If "Yes," complete Form 8886-T | 40e | l | X |
| 41 | List the states with which a copy of this return is filed None | | | |
| 42a | The organization's books are in care of ▶ DAVE OSTERHUS Telephone no. ▶ 7 | 63-53 | 7-9: | 311 |
| | 4500 WEST BROADWAY | | | |
| | LOCALCO AL P. ROBBITODADE | 5422 | | |
| þ | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | <u></u> | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country. | - | [| i |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | 1 | ; |
| | Financial Accounts (FBAR). | 1,, 1 | 1 | x |
| С | At any time during the calendar year, did the organization maintain an office outside the U S? | 42c | | |
| | If "Yes," enter the name of the foreign country | _ | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | ——Т | Yes | No. |
| 44= | Did the agreement on resistance and another service districts the users of the control of the co | | 168 | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | أمما | 1 | X |
| | completed instead of Form 990-EZ | 44a | | |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | 446 | 1 | X |
| _ | completed instead of Form 990-EZ | 44b | | $\frac{\Lambda}{X}$ |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | <u> </u> |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | Ţ | |
| | · | | \dashv | x |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | [] | ŧ | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | [] | f | v |
| | Form 990-EZ (see instructions) | 45b | | <u>X</u> |
| DAA | | Form 990 | ハロム (| (2015) |

| Form | 990-EZ (20 |)15) | OSTE | ERHUS | PUBLIS | SHING | HOUSE | | | 41-04 | 162260 | | | P | age 4 |
|----------|---|-------------------------|----------------------------------|---------------------------------|-------------------------------|----------------------------|-------------------------------------|-----------------|-----------------|--|---|---------------------|----------------------|---------------|--------------|
| 46 | | | | | | | | ivities o | n behalf | of or in opposition | | | | Yes | No |
| Pa | to candid | Sect All se 50 an | tion 501 ection 501 nd 51. | (c)(3) o i (c)(3) or | | ns only must ans | wer questio | | | | plete the tables for | lines | 46 | <u> </u> | X |
| 47 | Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax | | | | | | | Yes | No | | | | | | |
| | - | | omplete So | | | | | | | | | | 47 | | X |
| 48 | - | | | | | |)(A)(II)? If "Ye | | • | | | | 48 | | X |
| 49a b | | - | | • | ers to an exe a section 52 | • | narıtable relati | ed orga | nization's | , | | | 49a 49b | | <u> </u> |
| 50 | | | | | | - | | vees (o | thar than | officers directo | rs, trustees and key | | 490 | | |
| 00 | | | | - | _ | - | | | | n If there is non | • | | | | |
| | | | ame and titi | | | | (b) Aver hours per devoted to | age week | (c) | Reportable mpensation W-2/1099-MISC) | (d) Health benefits contributions to emplo benefit plans, and deferred compensati | yee (e |) Estimate other com | | |
| No | ne | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | 1 | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | · | | | - | | | | | | - | | |
| f | Total num | nber of | other emp | loyees par | d over \$100. | 000 | <u>- L </u> | | | — | | ! | | | |
| 51 | Complete | this tal | ble for the | organizatı | on's five high | est comper | nsated indepe | endent c | ontracto | rs who each rec | eived more than | | | | |
| | \$100,000 | of com | pensation | from the | organization | If there is n | one, enter "N | one " | | | | | | | |
| | | (a) Nam | e and busir | ess addre | ss of each inde | ependent co | ntractor | | | (b) Typ | e of service | (0 |) Compe | nsation | |
| No | ne | | | | | | | | | | | ! | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | _ . | | <u> </u> | | | | | |
| | | | | , , | _ | | | | | | | | | | |
| d 52 | | rganızat | tion comple | | | ` | g over \$100,0 501(c)(3) org | | ns must | attach a | | | X Yes | | No |
| | penalties o | of perjury | y, I declare | | | | | | | and statements, ar | nd to the best of my know | | | | <u>10</u> |
| Sign | | <u> </u> | iture of officer | Do | wied (| | Per la | Α | | De | | | | | _ |
| Here | l i | D | OAVID or print name | | TERHUS | 3 | | | | TREASURE | | | | | |
| | Pnr | nt/Type pr | reparer's name | • | | Pr | reparer's signature | • | | 10 | Date | heat | PTIN | | |
| Paid | Da | trici | a L Fado | ren | | | YATA. | | L. | Jaly . | 1 . 1 | heck elf-employe | of POOI | 128823 | 3 |
| Prep | | m's name | | | n & Fa | dgen, | P.A. | | -) - | | Firm's EIN | | 1-15 | | _ |
| Use (| ~~! | m's addre | ss | 4510 Edina | W 77th | St St 55435- | e 100 | | | | Phone no | | -820 | _ | |
| May 1 | the IRS dis | cuss th | | | | | e instructions | S | | | T F HOME 110 | <u> </u> | Ye | | No |
| | | | | | | | | | | | | F | orm 99 |)-EZ | 2015) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | OSTERROS PUBLISHING HOUSE 41-0462260 | | | | | | | | | | | |
|-----|---|--|---|---|---|-------------|--|----------------|--|--|--|--|
| F | art i | Reas | on for Public Charity | Status (All organizations | must co | mplete | this part.) See instruction | S. | | | | |
| Γhe | orga | nization is not | a private foundation because | it is (For lines 1 through 11, che | eck only o | ne box) | | | | | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | | |
| 2 | \Box | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) | | | | | | | | | | |
| 3 | \Box | A hospital or | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | |
| 4 | П | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | |
| • | | | | | | | | | | | | |
| _ | city, and state | | | | | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | | |
| _ | $\overline{}$ | | (b)(1)(A)(iv). (Complete Part | · | | | | | | | | |
| 6 | | | | vernmental unit described in sec | | | • | | | | | |
| 7 | | An organizati | ion that normally receives a s | ubstantial part of its support from | a govern | mental ur | nit or from the general public | | | | | |
| | _ | described in | section 170(b)(1)(A)(vi). (Co | omplete Part II) | | | | | | | | |
| 8 | | A community | trust described in section 1 | 70(b)(1)(A)(vi). (Complete Part II |) | | | | | | | |
| 9 | X | An organizati | ion that normally receives (1) | more than 33 1/3% of its suppoi | rt from co | ntributions | s, membership fees, and gross | | | | | |
| | | receipts from | activities related to its exemp | ot functionssubject to certain e | xceptions | , and (2) r | no more than 33 1/3% of its | | | | | |
| | | support from | gross investment income an | d unrelated business taxable inco | me (less | section 5 | 11 tax) from businesses | | | | | |
| | | | = | , 1975 See section 509(a)(2). (| • | | • | | | | | |
| 10 | | | | xclusively to test for public safety | | | /a)/4) | | | | | |
| 11 | H | - | • | xclusively for the benefit of, to pe | | | . ,, , | of | | | | |
| • • | | - | • | ons described in section 509(a)(| | | • • • | | | | | |
| | | | | ribes the type of supporting organ | • | • | | TOOK | | | | |
| _ | | | = | | | - | • | | | | | |
| а | | | | d, supervised, or controlled by its | | • | | | | | | |
| | | | • ',' | regularly appoint or elect a majo | ority of the | airectors | or trustees of the supporting | | | | | |
| _ | | - | You must complete Part IV | | | | | | | | | |
| þ | | | | sed or controlled in connection w | • | • | • • • • | | | | | |
| | | | • • | organization vested in the same p | ersons th | at control | or manage the supported | | | | | |
| | | organization(| s) You must complete Parl | : IV, Sections A and C. | | | | | | | | |
| C | | Type III func | tionally integrated. A suppo | orting organization operated in co | nnection | with, and | functionally integrated with, | | | | | |
| | | its supported | organization(s) (see instruction | ons) You must complete Part I | IV, Sectio | ns A, D, | and E. | | | | | |
| d | | Type III non- | functionally integrated. As | upporting organization operated | in connec | tion with i | ts supported organization(s) | | | | | |
| | _ | that is not fun | ictionally integrated. The orga | inization generally must satisfy a | distribution | n require | ment and an attentiveness | | | | | |
| | | requirement (| (see instructions). You must | complete Part IV, Sections A a | ind D. an | d Part V. | | | | | | |
| е | | • | • | a written determination from the | | | | | | | | |
| _ | | | - | ctionally integrated supporting org | | • • | - ', ', ', ', ', ', ', ', ', ', ', ', ', | | | | | |
| f | | - | of supported organizations | morally mogration supporting org | janneation | • | | | | | | |
| g | | | ing information about the sur | poorted organization(s). | | | | L | | | | |
| _ | | of supported | (ii) EIN | (III) Type of organization | (iv) is the | rganization | (v) Amount of monetary | (vi) Amount of | | | | |
| | | anization | ,,,, =,,, | (described on lines 1–9 | (iv) is the organization (v) Amount of monetary (vi) Amount of issted in your governing support (see other support (see | | | | | | | |
| | _ | | 1 | above (see instructions)) | docu | ment? | instructions) | instructions) | | | | |
| | | | į | | | T | l i | | | | | |
| | | | | | Yes | No | | | | | | |
| A) | | | } | | | } | | i. | | | | |
| | | | | | | | | | | | | |
| B) | | | | | | | | | | | | |
| | | | <u> </u> | | <u> </u> | <u> </u> | | | | | | |
| C) | | | 1 | | } | { | | | | | | |
| | | | | | <u> </u> | <u></u> | | | | | | |
| D) | | | | | I | | | | | | | |
| | | | | | <u></u> | | | | | | | |
| Ξ) | | <u> </u> | | | | [| | | | | | |
| _ | | | | | <u> </u> | | | | | | | |
| | | | | | 1 | | | | | | | |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| 260 | uon A. Public Support | | | | | | |
|-----------|---|-----------------------|--|------------------------|-----------------------|-------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | ,,, | | | |
| | tion B. Total Support | | | | | | |
| Caler | dar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | | | | <u> </u> | | ļ |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | <u> </u> | | <u> </u> | <u> </u> | |
| 12 | Gross receipts from related activities, etc. (s | • | | | | 12 | |
| 13 | First five years. If the Form 990 is for the c | organization's first, | second, third, fourt | h, or fifth tax year a | as a section 501(c) | (3) | |
| 800 | organization, check this box and stop here | nnert Bersent | 2000 | | _ | | |
| | tion C. Computation of Public Su | | | | | | |
| 14 45 | Public support percentage for 2015 (line 6, | - * | • | (1)) | | 14 | % |
| 15 16- | Public support percentage from 2014 Scheo 33 1/3% support test—2015. If the organization | | | d l 44 20 | 1/20/ | | <u>%</u> |
| 16a | box and stop here . The organization qualifi | | | | 1/3% of more, che | CK this | ▶ □ |
| b | 33 1/3% support test—2014. If the organization quality | | | | is 33 1/3% or more | | |
| v | check this box and stop here . The organiza | | | | 18 33 17370 01 111016 | ' | ▶ □ |
| 17a | 10%-facts-and-circumstances test—201 | • | | • | or 16b, and line 1 | 4 is | ٠ ـــا |
| | 10% or more, and if the organization meets | - | | | | | |
| | Part VI how the organization meets the "fac organization | | | | • | | ▶ □ |
| b | 10%-facts-and-circumstances test—201 | • | | · · | | ne | _ |
| | 15 is 10% or more, and if the organization in | | | | · · | | |
| | Explain in Part VI how the organization mee | ts the "facts-and-c | ırcumstances" test | The organization of | qualifies as a public | sly | . — |
| | supported organization | | | | | | ▶ ∐ |
| 18 | Private foundation. If the organization did | not check a box or | line 13, 16a, 16b, | 17a, or 17b, check | this box and see | | . — |
| | ınstructions | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | ···· · · · · · · · · · · · · · · · · · | | | | |

Part II Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | <u>-quy</u> | | olow, piodoc col | | | |
|------|--|-----------------------|----------------------|------------------------|--------------------|-------------|-----------|
| Cale | ndar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 34,822 | 30,898 | 75,643 | 29,345 | 29,481 | 200,189 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 53,782 | 53,046 | 47,692 | 40,726 | 37,352 | 232,598 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 88,604 | 83,944 | 123,335 | 70,071 | 66,833 | 432,787 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | - | | | | | 432,787 |
| Sec | tion B. Total Support | <u></u> | <u></u> | | | | 432,161 |
| _ | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | Amounts from line 6 | 88,604 | 83,944 | 123,335 | 70,071 | 66,833 | 432,787 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, | | 30,723 | 220,030 | | | |
| | royalties and income from similar sources | 5,953 | 7,002 | 7,466 | 9,782 | 8,580 | 38,783 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 5,953 | 7,002 | 7,466 | 9,782 | 8,580 | 38,783 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | 94,557 | 90,946 | 130,801 | 79,853 | 75,413 | 471,570 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | • | econd, third, fourth | , or fifth tax year as | a section 501(c)(3 |) | ▶ □ |
| Sec | tion C. Computation of Public Su | | nge | | | | |
| 15 | Public support percentage for 2015 (line 8, | | |)) | | 15 | 91.78% |
| 16 | Public support percentage from 2014 Scheo | | | ,, | | 16 | 92.73% |
| Sec | tion D. Computation of Investmen | | | | | | |
| 17 | Investment income percentage for 2015 (lin | e 10c, column (f) dr | vided by line 13, co | lumn (f)) | | 17 | 8 % |
| 18 | Investment income percentage from 2014 S | Schedule A, Part III, | line 17 | | | 18 | 7 % |
| 19a | 33 1/3% support tests—2015. If the organ | ization did not checl | k the box on line 14 | , and line 15 is mor | e than 33 1/3%, ar | nd line | |
| h | 17 is not more than 33 1/3%, check this box | - | - | | • • | | ► X |
| b | 33 1/3% support tests—2014. If the organ line 18 is not more than 33 1/3%, check this | | | • | | | ▶ □ |
| 20 | Private foundation If the erganization did | • | • | , | | nzali011 | |

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A and D, and complete Part V.)

| Section A. All Supporting Organizations |
|---|
|---|

| Sect | ion A. All Supporting Organizations | olete Part V | | |
|------|--|--------------|-----|-------------|
| | ion A. An oupporting organizations | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | <u> </u> | 163 | 110 |
| | documents? If "No," describe in Part VI how the supported organizations are designated if designated by | ŀ | | , |
| | class or purpose, describe the designation. If historic and continuing relationship, explain | 1 | | Ì |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | ţ | | |
| | organization was described in section 509(a)(1) or (2) | 2 | | Ì |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below | 3a | | Ì |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | ļ | | |
| | organization made the determination | 3b | | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | | |
| | "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below | 4a | | _ |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | } | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | ľ | | |
| | purposes | 4c | | Ĺ |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, | | | |
| | (III) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | , |
| | was accomplished (such as by amendment to the organizing document) | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | I | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | [] | | |
| | by one or more of its supported organizations, or (III) other supporting organizations that also support or | i 1 | | |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | - 1 | - (| |
| | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | ··········· |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? |) | 1 | |
| | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | 1 | |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| þ | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | | Í | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | | | |
| 40- | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section | f l | Í | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | 10- | | |
| | supporting organizations)? If "Yes," answer 10b below | 10 <u>a</u> | | |

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

| <u>Sched</u> | lule A (Form 990 or 990-EZ) 2015 OSTERHUS PUBLISHING HOUSE 41-U46 | 2260 | | Page 5 |
|--------------|--|------------|-------------|----------------|
| Par | tiv Supporting Organizations (continued) | | | |
| | | <u></u> | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | ├ - |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations | 11c | L | l |
| | - The state of the | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | [| | 1 |
| · | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | [| | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | ļ | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | Į. | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | ŀ | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | <u> </u> |
| Secti | ion C. Type II Supporting Organizations | | | |
| | | l | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | } | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | } | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | 1 |
| C 4 | the supported organization(s). | 1 | | |
| Secu | ion D. All Type III Supporting Organizations | | | - Na |
| 1 | Out the experience provide to each of its appropriate appropriate by the last day of the fifth would be for | | Yes | No |
| • | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | ĺ |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | İ |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | ļ ! | | |
| - | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | 1 |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | | : | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions |) | | |
| а | The organization satisfied the Activities Test. Complete line 2 below | | | |
| þ | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction) | tions) | | |
| | | 1 | | |
| | Activities Test Answer (a) and (b) below. | [] | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 2a | | |
| h | that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 20 | | |
| b | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| - | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| - | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b_ | | |

| Schedule A (Form 990 or 990-EZ) 2015 OSTERHUS PUBLISHING HOUS | | 41-0462 | 2260 Page 6 |
|---|------------------|---------------------------------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting | Organizatio | ns | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on | Nov. 20, 1970 | See instructions. All | |
| other Type III non-functionally integrated supporting organizations must complete Se | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | 1 1 | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | • |
| instructions for short tax year or assets held for part of year) | | · · · · · · · · · · · · · · · · · · · | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | f | | |
| factors (explain in detail in Part VI) | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | |] |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | 1 |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally-integral | ated Type III su | pporting organization (se | e |

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013d Excess from 2014e Excess from 2015

Part VI

Schedule A (Form 990 or 990-EZ) 2015 OSTERHUS PUBLISHING HOUSE

41-0462260

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization

OSTERHUS PUBLISHING HOUSE

Employer Identification number 41-0462260

| ODITION FORMATION | 110021 | | | | | | | |
|--------------------------------|------------|--------|--|--|--|--|--|--|
| Form 990-EZ, Part I, Line 16 - | Other Expe | nses | | | | | | |
| Description Amount | | | | | | | | |
| SALE OF TRACTS | | | | | | | | |
| Cost of Goods Sold | \$ | 31,043 | | | | | | |
| Expenses | | | | | | | | |
| OFFICE | \$ | 618 | | | | | | |
| TELEPHONE | \$ | 1,118 | | | | | | |
| SUPPLIES, QUICKBOOKS | \$ | 163 | | | | | | |
| INTEREST | \$ | 48 | | | | | | |
| INSURANCE | \$ | 2,887 | | | | | | |
| EQUIPMENT LEASE/MAINTENAN | \$ | 7,842 | | | | | | |
| ANNUITY PAYMENTS | \$ | 3,986 | | | | | | |
| BANK CHARGES | \$ | 40 | | | | | | |
| MISCELLANEOUS | \$ | -393 | | | | | | |
| SALES TAX | \$ | 25 | | | | | | |
| credit card fees | \$ | 1,956 | | | | | | |
| | | | | | | | | |

Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beg. | of Year | End of Year |
|---------------------------|------|---------|-------------|
| OP CO NOTE REC | \$ | 40,000 | \$ 40,000 |
| OP CO NOTE REC 2 | \$ | 60,000 | \$ 60,000 |
| OP CO NOTE REC 3 | \$ | 32,000 | \$ 24,000 |
| OP CO NOTE REC 4 | \$ | 40,000 | \$ 40,000 |
| OP CO Expense Reports Rec | \$ | 363 | \$ 605 |

49,333

Total \$

| Schedule O (Form 990 or 990-EZ) (2015) | | | Page 2 |
|---|-------|------------|----------------------|
| Name of the organization | | Employer i | dentification number |
| OSTERHUS PUBLISHING HOUSE | | 41-0 | 462260 |
| FURNITURE, FIXTURES | \$ | 45,032 | \$ 45,032 |
| Less Accumulated Depreciation | \$ | 45,032 | \$ 45,032 |
| Total | al \$ | 172,363 | \$ 164,605 |
| Form 990-EZ, Part II, Line 26 - Other Liabili | ties | | |
| Description | Beg | . of Year | End of Year |

Form 990-EZ, Part III - Primary Exempt Purpose

PUBLISH AND DISTRIBUTE CHRISTIAN RELIGIOUS LITERATURE IN

MANY DIFFERENT LANGUAGES AND COUNTRIES

Accounts Payable and Accrued Expenses

SHORT TERM LOAN

\$ 1,841 \$ 1,275

0 \$

1,000