Form 990

Return of Organization Exempt from Income Tax

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

OMB No. 1545-0047 2003

Open to Public Inspection

Form 990 (2003)

TEEA0107L 10/03/03

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

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

Α	For	the 2003 calendar year, or tax year beginning 7/01 , 2003, and ending 6/30		, 2004
В	Chec	ik ii applicable.		dentification Number
		Address change IRS label NAUIILUS OF AMERICA, INC	95-36	08292
			Telephone	number
		See SAN FRANCISCO, CA 94117		
		Final return instruc-	Accounting method:	Cash X Accrual
		Amended return		(specify)
		Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt H and I are not applicable	le to section :	527 organizations.
		charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	eturn for affili	ates? Yes X No
,		H (b) If 'Yes' enter num	nber of affiliate	es. ►
G	Web	o site: ► N/A H (c) Are all affiliates	included?	Yes No
J	Org (che	anization type eck only one)▶ X 501(c) 3 ◀ (insert no.) 4947(a)(1) or 527		5.14.00 (3.00 E)-0.00 (4.1
ĸ		ck here ► if the organization's gross receipts are normally not more than		
		,000. The organization need not file a return with the IRS; but if the organization		
		and a state of the	1	ization is not required
_	Cro		_	990, 990-EZ, or 990-PF).
P	art I	se receipte, ridd inter ex, ex, st., and res to interior transfer and rest to interior	,	100, 000 22, 01 000 11).
2000	1	······································		
		a Direct public support	00.	
	1	b Indirect public support		
		Government contributions (grants)	87.	
		1 Total (add lines la through 1c) (cash \$ 994,187. noncash \$)	1d	994,187.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		24,798.
	3	Membership dues and assessments.	3	
	4	Interest on savings and temporary cash investments	4	28,657.
	5	Dividends and interest from securities	5	
	68	a Gross rents	37.	
	ŀ	Less; rental expenses		
		Net rental income or (loss) (subtract line 6b from line 6a)	6с	218,587.
R	7	Other investment income (describe) 7	
REVENUE	0-	Gross amount from sales of assets other (A) Securities (B) Other		
E	00	than inventory		
U	b	Less: cost or other basis and sales expenses		
	c	Gain or (loss) (attach schedule)		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶		
	a	Gross revenue (not including \$ of contributions		
		reported on line 1a)		
	b	Less: direct expenses other than fundraising expenses		
	С	Net income or (loss) from special events (subtract line 9b from line 9a)	9с	
	10 a	Gross sales of inventory, less returns and allowances		
	b	Less; cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
	11	Other revenue (from Part VII, line 103)	11	20,216.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,286,445.
E	13	Program services (from line 44, column (B))	13	946,108.
EXPENSES	14	Management and general (from line 44, column (C))	14	467,097.
E	15	Fundraising (from line 44, column (D)).	15	48,456.
S	16	Payments to affiliates (attach schedule).		
s	17	Total expenses (add lines 16 and 44, column (A)).	17	1,461,661.
А	18	Excess or (deficit) for the year (subtract line 17 from line 12).		-175,216.
S	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,248,427.
ASSET	20	Other changes in net assets or fund balances (attach explanation).	20	
s	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,073,211.

Form 990 (2003) NAUTILUS OF AMERICA, INC 95-3608292

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do	not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants and allocations (att sch)					
	cash \$					
	non-cash \$)	22				
	Specific assistance to individuals (att sch)	23				
	Compensation of officers, directors, etc	25	272,592.	136,296.	100	
	Other salaries and wages	26	376,862.	263,804.	125,392.	10,904.
	Pension plan contributions	27	0707002.	203,001.	94,215.	18,843.
	Other employee benefits	28				
	Payroll taxes	29				
	Professional fundraising fees	30				
	Accounting fees	31			· ·	
	egal fees	32				
	Supplies	33	32,337.		20 227	
	elephone	34	02/007.		32,337.	
	ostage and shipping	35				
	Occupancy	36	241,906.	120,953.	111,277.	9,676.
	quipment rental and maintenance	37			111,211.	3,070.
	rinting and publications	38				
	ravel	39				
	onferences, conventions, and meetings	40				
	nterest	41				
42 De	epreciation, depletion, etc (attach schedule)	42	225,818.	112,909.	103,876.	9,033.
	ther expenses not covered above (itemize):		,		103,070.	9,033.
	PROFESSIONAL FEES	43a	18,065.	18,065.		
	PROGRAM EXPENSES	43b	294,081.	294,081.		
_		43 c				
		43 d				
e		43e				
Or	otal functional expenses (add lines 22 - 43). ganizations completing columns (B) - (D), yrry these totals to lines 13 - 15	44	1,461,661.	946,108.	467 007	10 156
	osts. Check . If you are following S			340,100.	467,097.	48,456.
	joint costs from a combined educational			tation reported in (R) Pro	aram sontiones	. □ ʊ
If 'Yes.'	enter (i) the aggregate amount of these	ioint co	sts \$: (ii) the ame	ount allocated to Progra	Yes X No
\$	1, 55 5		o Management and gene	ral \$	and (iv) the	amount allocated
to Fundi	raising \$, and (IV) the	amount anocated
Part II	Statement of Program Servi	ice A	ccomplishments			
	the organization's primary exempt purpo		SEE STATEMEN	T_1		Program Service Expenses
All orgai clients s zations	nizations must describe their exempt pur served, publications issued, etc. Discuss a and 4947(a)(1) nonexempt charitable tru	pose ad achieve	chievements in a clear an ments that are not measu st also enter the amount	d concise manner. State urable. (Section 501(c)(3 of grants & allocations to	the number of) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
	EE STATEMENT 2	000 1110	ot diso enter the arrivant	or grants & anocations to	others.)	optional for others.)
" _D						
_						
			(Grants and a	llocations \$		016 100
b		***************************************	(Glarito aria a	modulono 4)	946,108.
			(Grants and a	llocations \$		
·c			(diameter))	
÷ -						
			Grants and a	llocations \$		
d			(arana ana a	nooddorio 4)	
			(Grants and a	llocations S		
e Ott	her program services)	-
_	tal of Program Service Expenses (should)	016 100
BAA	2.17	- 4	TEEA0102L 10/03			946, 108. Form 990 (2003)

Part IV Balance Sheets (See Instructions)

Not		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
-		15 Cash — non-interest-bearing	1,617,498	. 45	1,622,082
	4	16 Savings and temporary cash investments		46	
	4	b Less: allowance for doubtful accounts		47 c	
	4	8a Pledges receivable		48 c	
	4	9 Grants receivable	274,940.		337,272.
A S E T	5	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	307,272
E	5	1 a Other notes & loans receivable (attach sch) 51 a			
s		b Less: allowance for doubtful accounts		51 c	10 To
	5	2 Inventories for sale or use		52	
	5			53	
		4 Investments — securities (attach schedule) ► Cost FMV		54	
	55	5a Investments — land, buildings, & equipment: basis. 55a b Less: accumulated depreciation			
	_	(attach schedule)		55 c	
		Investments — other (attach schedule).		56	
	5/	'a Land, buildings, and equipment: basis 57a 640,803.			
		b Less: accumulated depreciation (attach schedule)	257,888.	57 c	13,191.
	58	/	155,359.	58	158,356.
-	59	transfer (man miles in an origin of) (man oqual mile / l/miles in miles in	2,305,685.	59	2,130,901.
.	60		57,258.	60	57,690.
Ī	61			61	
B	62 63			62	
Ļ		Loans from officers, directors, trustees, and key employees (attach schedule)		63	
LITIES		b Mortgages and other notes payable (attach schedule).		64a	
Ė		Other liabilities (describe .).		64b	
	66	Total liabilities (add lines 60 through 65)	57,258.	66	57,690.
0		nizations that follow SFAS 117, check here X and complete lines 67	37,230.	00	37,090.
N E	· 5	through 69 and lines 73 and 74.			
-	67	Unrestricted	1,656,297.	67	1,735,939.
ASSETS	68	Temporarily restricted.	592,130.	68	337,272.
T	69	Permanently restricted	1	69	•
P O	rgan	izations that do not follow SFAS 117, check here ► and complete lines 70 through 74.			
FUND	70	Capital stock, trust principal, or current funds	ľ	70	
	71	Paid-in or capital surplus, or land, building, and equipment fund.		71	auth mannanana ann an an an an an an an an an
B	72	Retained earnings, endowment, accumulated income, or other funds.		72	
BALANCES	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through	2 249 427		2 072 211
S	71	72; column (A) must equal line 19; column (B) must equal line 21)		73	2,073,211.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	2,305,685.	74	2,130,901.

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.

(A) Name and address	Part IV-A Reconciliation of Rev Financial Statements per Return (See instru	with Revenue	Part IV-B Reconcil Financia per Retu	I Statements with	es per Audited n Expenses
b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments\$ (2) Donated services and use of facilities\$ (3) Recoveries of prior services and use of facilities\$ (4) Office (specify): (5) Recoveries of prior services and use of facilities\$ (5) Recoveries of prior services and use of facilities\$ (6) Office (specify): (7) Donated services and use of facilities\$ (8) Recoveries of prior services and use of facilities\$ (9) Office (specify): (1) Donated services and use of facilities\$ (1) Donated services and use of facilities\$ (2) Donated services and use of facilities\$ (3) Loss repried on line (1) (facilities\$ (4) Office (specify): (5) Add amounts included on line 12, Form 930 but not on line as: (6) Notestment expresses on included on line 17, Form 930 but not on line as: (7) Incomment expresses on included on line 18, Form 930\$ (8) Add amounts on lines (1) and (2)	a Total revenue, gains, and other support	▶ a N/A	a Total expenses and financial statement	d losses per audited	a N/A
gains on investments. \$ (2) Donated services and use of facilities. \$ (3) Recoverise of prior year adjust-maintenance on line 30, from 590. \$ (4) Other (specify): (5) Add amounts on lines (1) through (4). • • • • • • • • • • • • • • • • • • •	b Amounts included on line a but		b Amounts included of	on line a but not	
(2) Dornand services and use of facilities\$ (3) Recoveries of prior year grants or year grants or year grants\$ (4) Other (specify): S Add amounts on lines (1) through (1) b c c Line a minus line d.) c c Line a minus line b c c Line a minus line d.) c c Line a minus line d.) c c Line a minus line d. c c c c Line a minus line d. c c c Line a minus lin	gains on		icos and uso	\$	
Add amounts on lines (1) through (4) b c c c c c c c c c	ices and use		(2) Prior year adjust- ments reported on		
Add amounts on lines (1) through (4)			(3) Losses reported on line 20, Form 990	\$	
c Line a minus line b. C C C C C C C C C C C C C C C C C C	(4) Other (specify):		(4) Other (specify):		
d Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 6, Form 990 but not on line a: (2) Other (specify): (3) Other (specify): (4) Add amounts on lines (1) and (2) and other control of the	Add amounts on lines (1) through (4)	ь			b
Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990\$ (2) Other (specify):	c Line a minus line b	c	c Line a minus line b.	▶	С
not included on line 6b, Form 990\$ (2) Other (specify):			d Amounts included o Form 990 but not or	n line 17, n line a:	
(2) Other (specify): \$ Add amounts on lines (1) and (2) • Total revenue per line 12, Form • 990 (line c plus line 4) • Total revenue per line 12, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 990 (line c plus line 4) • Total expenses per line 17, Form • 10	not included on line		not included on line		
e Total revenue per line 12, Form 990 (line c plus line d). Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instruction of the per week devoted to position (if not paid, enter-0-) (D) Contributions to employee benefit plans and deferred compensation (if not paid, enter-0-) (D) Contributions to employee benefit plans and deferred compensation of allowances (E) Expense account and ot allowances (E) Expense account and other Expense acc				· · · · · · · · · · · · · · · · · · ·	
e Total revenue per line 12, Form 990 (line c plus line d). Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instruction of the per week devoted to position (A) Name and address (B) Title and average hours per week devoted to position (C) Compensation (if not paid, enter-0-) (B) Title and average hours per week devoted to position (C) Compensation (C) Compensation (D) Contributions to employee benefit plans and deferred compensation (E) Expense account and of allowances (B) Title and average hours (I) (In the paid, enter-0-) (B) Expense account and of allowances (B) Title and average hours (IC) (In the paid, enter-0-) (D) Expense account and of allowances (E) Expense account an	_A				
e Total revenue per line 12, Form 990 (line c plus line d). Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instruction of the per week devoted to position (A) Name and address (B) Title and average hours per week devoted to position (C) Compensation (if not paid, enter-0-) (B) Title and average hours per week devoted to position (C) Compensation (C) Compensation (D) Contributions to employee benefit plans and deferred compensation (E) Expense account and of allowances (B) Title and average hours (I) (In the paid, enter-0-) (B) Expense account and of allowances (B) Title and average hours (IC) (In the paid, enter-0-) (D) Expense account and of allowances (E) Expense account an	Add amounts on lines (1) and (2)	d	Add amounts on line	es (1) and (2)	d
Compensation Comp	e Total revenue per line 12. Form		e Total expenses per	line 17, Form	
(A) Name and address (B) Title and average hours per week devoted to position (C) Compensation (if not paid, enter -0-)					
AS NEEDED BERKELEY, CA 94710 TOM MILLER MEMBER AS NEEDED BERKELEY, CA 94710 PETER HAYES EXECUTIVE DIREC AS NEEDED BERKELEY, CA 94710 PETER HAYES EXECUTIVE DIREC AS NEEDED BERKELEY, CA 94710 DVE M. WITTSTOCK L25 UNIVERSITY AVE AS NEEDED BERKELEY, CA 94710 DVE M. WITTSTOCK L25 UNIVERSITY AVE AS NEEDED BERKELEY, CA 94710 DIAMAGE O. O. D.		(B) Title and average hou per week devoted	rs (C) Compensation (if not paid,	(D) Contributions to employee benefit plans and deferred	(E) Expense account and other
TOM MILLER MEMBER AS NEEDED AS NEEDED DETER HAYES EXECUTIVE DIREC AS NEEDED AS NEEDED DIVERSITY AVENUE BERKELEY, CA 94710 DIVE M. WITTSTOCK L25 UNIVERSITY AVE BERKELEY, CA 94710 DIVE M. WITTSTOCK AS NEEDED BERKELEY, CA 94710 DIVERSITY AVE BERKELEY, CA 94710	125 UNIVERSITY AVE		0.	0	0.
AS NEEDED BERKELEY, CA 94710 PETER HAYES EXECUTIVE DIREC 272,593. 0. 125 UNIVERSITY AVENUE AS NEEDED BERKELEY, CA 94710 DVE M. WITTSTOCK MEMBER 0. 0. 125 UNIVERSITY AVE AS NEEDED BERKELEY, CA 94710 DIREC 272,593. 0. AS NEEDED		MEMBER	0	0	. 0.
PETER HAYES 1.25 UNIVERSITY AVENUE BERKELEY, CA 94710 DVE M. WITTSTOCK AS NEEDED MEMBER AS NEEDED 0. BERKELEY, CA 94710 DIAMAGE AS NEEDED 75 Did any officer, director, trustee, or key employee receive aggregate compensation of more	125 UNIVERSITY AVE		0.	0.	
DVE M. WITTSTOCK MEMBER 0. 0. 125 UNIVERSITY AVE AS NEEDED BERKELEY, CA 94710 Did any officer, director, trustee, or key employee receive aggregate compensation of more	PETER_HAYES 125 UNIVERSITY AVENUE		272,593.	0.	0.
BERKELEY, CA 94710	OVE M. WITTSTOCK	· -	0.	0.	0.
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more					
Did any officer, director, trustee, or key employee receive aggregate compensation of more					
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more					
than \$100,000 from your organization and all related organizations of which more than	than \$100,000 from your organization \$10,000 was provided by the related	and all related organizations organizations?	te compensation of more , of which more than	> [Yes X No

F	orm 990 (2003) NAUTILUS OF AMERICA, INC	95-3608292	2	Page !
	Part VI Other Information (See instructions.)			Yes No
	76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		76	Х
-	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 changes.	7.0		
7	78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		78a	X
	b f 'Yes,' has it filed a tax return on Form 990-T for this year?		78b	N/A
7	79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		79	Х
,	30 a ls the organization related (other than by association with a statewide or nationwide organization) through			
2	membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	·····	80 a	Х
	and check whether it is exempt or	nonexempt.		
۶	81 a Enter direct and indirect political expenditures. See line 81 instructions	0.		
	b Did the organization file Form 1120-POL for this year?		81 b	X
	2 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
8	substantially less than fair rental value?		82 a	X
	h If 'Ves' you may indicate the value of these items here. Do not include this amount as			
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	N/A		
8	3a Did the organization comply with the public inspection requirements for returns and exemption applications		83 a	X
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X
8	4a Did the organization solicit any contributions or gifts that were not tax deductible?		84a	X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or	gifts were	84b	N/A
0	not tax deductible?		85 a	N/A
٥	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	waiver for proxy tax owed for the prior year.			
	c Dues, assessments, and similar amounts from members	N/A	00000	
	d Section 162(e) lobbying and political expenditures	N/A	8	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N/A_
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85 h	N/A_
86	5 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12	N/A		
	b Gross receipts, included on line 12, for public use of club facilities	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A		
	b Gross income from other sources. (Do not net amounts due or paid to other sources	N/A		
	against amounts due or received from them.)		8	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301. If 'Yes,' complete Part IX	//01-3?	88	X
89	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ►			
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit trans during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a explaining each transaction	action statement	9Ь	Х
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the			0.
	year under sections 4912, 4955, and 4958			
90	a List the states with which a copy of this return is filed > CAT.TFORNTA			
90	a List the states with which a copy of this return is filed ► <u>CALIFORNIA</u> b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)		оьТ	
91	The books are in care of ► SCOTT BRUCE Telephone number ► 5	10-206-1936		
	Located at ► SAME ZIP	+4 ►		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here		N/A	
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92		N/A
BAA	VICENIES AND THE PROPERTY OF T	Fo	orm 9	90 (2003)

	nter gross amounts unless e indicated.	Unrelate (A)	(B)	(C)	(D)	Related or exempt
93 F	Program service revenue:	Business code	Amount	Exclusion code	Amount	function income
a_l b	PROGRAM FEES					24,798
c -						
ď						
е_						
f M	ledicare/Medicaid payments					
•	ees & contracts from government agencies			-		
	1embership dues and assessments			14	28,657.	
	terest on savings & temporary cash invmnts			14	20,037.	
	et rental income or (loss) from real estate:					
	ebt-financed property					
b no	ot debt-financed property			16	218,587.	
98 Ne	et rental income or (loss) from pers prop					
	ther investment income					
ot	ther than inventory					
	et income or (loss) from special events					
	oss profit or (loss) from sales of inventory ther revenue: a					
	IISCELLANEOUS					20,216
c	Thousand the second		D. W. Ib. 168 W. 1899.			
d						
e						
					247,244.	45,014
104 Su	btotal (add columns (B), (D), and (E))			100000000000000000000000000000000000000		
105 To	otal (add line 104, columns (B), (D), a	and (E))				
105 To Note: <i>Line</i>	otal (add line 104, columns (B), (D), a 105 plus line 1d, Part I, should equal Relationship of Activities to Explain how each activity for which	and (E)) al the amount to the Acco	on line 12, Part I. mplishment of Ex	empt Purpos	ies (See instructions.)	292,258
105 To Note: <i>Line</i> Part VII Line No. ▼	otal (add line 104, columns (B), (D), a e 105 plus line 1d, Part I, should equ Relationship of Activities t	and (E)) al the amount to the Acco n income is reposes (other tha	on line 12, Part I. mplishment of Ex ported in column (E) of n by providing funds fo	empt Purpos Part VII contribur such purposes	Ges (See instructions.) uted importantly to the a	292,258
105 To Note: Line Part VII Line No. ▼ 93A	ptal (add line 104, columns (B), (D), as 105 plus line 1d, Part I, should equivalent Relationship of Activities to Explain how each activity for which of the organization's exempt purpose HONORARIA FOR TALKS,	and (E)) al the amount to the Acco n income is reposes (other tha	on line 12, Part I. mplishment of Ex ported in column (E) of n by providing funds for	empt Purpos Part VII contribu r such purposes ATION OF A	ies (See instructions.) uted importantly to the a). RTICLES	292,258
105 To Note: Line Part VII Line No. V	ptal (add line 104, columns (B), (D), as 105 plus line 1d, Part I, should equal Relationship of Activities 1 Explain how each activity for which of the organization's exempt purport HONORARIA FOR TALKS, Information Regarding Tax	and (E))	on line 12, Part I. mplishment of Ex ported in column (E) of n by providing funds fo G FEES, PUBLIC	empt Purpos Part VII contribu r such purposes ATION OF A	ies (See instructions.) uted importantly to the a). RTICLES	292,258.
105 To Note: Line Part VII Line No. 7 93A Part IX	ptal (add line 104, columns (B), (D), as 105 plus line 1d, Part I, should equivalent Relationship of Activities to Explain how each activity for which of the organization's exempt purpose HONORARIA FOR TALKS,	and (E)) al the amount to the Acco n income is reposes (other tha	on line 12, Part I. mplishment of Ex corted in column (E) of n by providing funds for G FEES, PUBLIC diaries and Disrect (C) of Nature of a	empt Purpos Part VII contribu r such purposes ATION OF A	ies (See instructions.) uted importantly to the a). RTICLES	292,258
105 To Note: Line Part VII Line No. 7 93A Part IX Name	ptal (add line 104, columns (B), (D), as 105 plus line 1d, Part I, should equal Relationship of Activities I Explain how each activity for which of the organization's exempt purpose HONORARIA FOR TALKS, Information Regarding Tax (A) , address, and EIN of corporation,	and (E))	on line 12, Part I. mplishment of Exported in column (E) of an by providing funds for G FEES, PUBLIC (C) diaries and Disrect (C) of Nature of a great (C)	empt Purpos Part VII contribu r such purposes ATION OF A	ited importantly to the a). RTICLES Ses (See instructions.) (D) Total	292,258 ccomplishment (E) End-of-year
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SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2003

OMB Nd. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 95-3608292 NAUTILUS OF AMERICA, INC Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense account and other employee paid more than \$50,000 hours per week devoted to position allowances compensation JOAN DIAMOND C00 0. 40+ 127,170 0 125 UNIVERSITY BERKELEY CA FINANCE MGR GREG COYLE 0 125 UNIVERSITY BEKELEY 0. 40 72,342 Total number of other employees paid over \$50,00Q Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service DAVID VON HIPPEL 57,053. CONSULTING Total number of others receiving over 0 \$50,000 for professional services

Sche	dule A (Form 990 or 990-EZ) 2003 NAUTILUS OF AMERICA, INC 95-36082	€2	F	age 2
Par	Statements About Activities (See 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 \blacktriangleright \$ N/A			
	(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.			
	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		X
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		X
e	Transfer of any part of its income or assets?	2e		X
3a l	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an			
•	explanation of how you determine that recipients qualify to receive payments.)	3a	_	X_
	Do you have a section 403(b) annuity plan for your employees?	3b	_	X
4 [Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X
art	Reason for Non-Private Foundation Status (See instructions.)			
he or	ganization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	A hospital or a cooperative hospital service organization, Section 170(b)(1)(A)(iii).			
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's n	ame, c	ity,	
_	and state ►			
0 [An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1 (Also complete the Support Schedule in Part IV-A.)	70(b)(1)(A)(i	/).
1a [An organization that normally receives a substantial part of its support from a governmental unit or from the general pu Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	blic.		
1b [A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and of from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired lorganization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	S SUDD	eceipts ort	>
3	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organi described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). section 509(a)(3).)	zations (See	S	
	Provide the following information about the supported organizations. (See instructions.)			
	(a) Name(s) of supported organization(s)	Line from a		er
				_
	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)			
4	TEEA0402L 01/19/04 Schedule A (Form 990 or Form	n 990-l	EZ) 20	003

NAUTILUS OF AMERICA, INC

Part IV-A Support Schedule	(Complete only if you	checked a box on line	e 10, 11, or 12.) <i>Use</i> d	ash method of accou	inting.
Note: You may use the worksheet in	the instructions for con	verting from the accru	ual to the cash method	d of accounting.	,
Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	546,711.	2,095,665.	2,971,586.	1,355,133.	6,969,095
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	3,416.	24,656.	25,553.	19,746.	73,371
Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	65,093.	37,607.	49,720.	44,514.	196,934
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	615,220.	2,157,928.	3,046,859.	1,419,393.	7,239,400.
24 Line 23 minus line 17	611,804.	2,133,272.	3,021,306.	1,399,647.	7,166,029.
25 Enter 1% of line 23	6,152.	21,579.	30,469.	14,194.	
Drganizations described on lines Prepare a list for your records to show the supported organization) whose total gifts freturn. Enter the total of all these excess a	name of and amount contrib or 1999 through 2002 exceeds	uted by each person (other ed the amount shown in line	lumn (e), line 24 than a governmental unit or e 26a. Do not file this list w	publicly rith your	143,321. 3,833,863.
c Total support for section 509(a)(1) test: Enter line 24, co	lumn (e)		► 26c	7,166,029.
d Add: Amounts from column (e) fo	r lines: 18	196,934.	19 26b 3,833,86	3. 26d	4,030,797.
e Public support (line 26c minus line	e 26d total)				3,135,232.
f Public support percentage (line 2	6e (numerator) divided	by line 26c (denomin	nator))	► 26f	43.75 %
27 Organizations described on line 1 a F or amounts included in lines 15, name of, and total amounts receive such amounts for each year:	16, and 17 that were reved in each year from,	each 'disqualified per	son.' Do not file this li	ist with your return. E	Enter the sum of
(2002)					
bFor any amount included in line 1 show the name of, and amount re \$5,000. (Include in the list organiz computing the difference between (the excess amounts) for each year (2002)	ceived for each year, t ations described in line the amount received a ar:	hat was more than the es 5 through 11, as we and the larger amount	e larger of (1) the amo ell as individuals.) Do t described in (1) or (2)	ount on line 25 for the not file this list with y , enter the sum of the	year or (2) our return. After ese differences
c Add: Amounts from column (e) for	lines: 15		16	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
17	20		21	27 c	<u> </u>
(2002) c Add: Amounts from column (e) for 17 d Add: Line 27a total	and	line 27b total		27 d	
e Public support (line 27c total minu	s line 27d total)			► 27e	
f Total support for section 509(a)(2)	test: Enter amount fro	m line 23, column (e)	► 27f		
g Public support percentage (line 27					%
h Investment income percentage (lir					%
28 Unusual Grants: For an organizati	on described in line 10,	11, or 12 that receive	ed any unusual grants	during 1999 through	2002, prepare a

10000000	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/I	A	
			Yes	N
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		
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.)			
		_		
		500000000000000000000000000000000000000		
	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32a		
n	nancial Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	. 32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	. 32 c		
	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		1000000000		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33 c		
d	Scholarships or other financial assistance?	33 d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g A	Athletic programs?	33 g	_	
h (Other extracurricular activities?	33h		
ŀ	f you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
_				
_				
34a D	oes the organization receive any financial aid or assistance from a governmental agency?	34a		
ьн	as the organization's right to such aid ever been revoked or suspended?	34b		
	you answered 'Yes' to either 34a or b, please explain using an attached statement.			
S5 D	oes the organization certify that it has complied with the applicable requirements of ections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial endiscrimination? If 'No,' attach an explanation	35		2000000
A11 9 1 1 1 1 1 1				

Ha	rt VI-A Lobbying E (To be comple			Form 5768)	ons.)			N/A
Che	eck ► a if the organ	ization belongs to an a	ffiliated group. Chec	ck ► b if you ch	ecked 'a' and		contr	ol' provisions apply.
		Limits on Lobbyin	g Expenditures			(a) ated grou totals	ıp	(b) To be completed for ALL electing
	(The terr	m 'expenditures' means	amounts paid or incur	red.)		totals	_	organizations
36	Total lobbying expendit	tures to influence public	opinion (grassroots lol	bbying)3	6			
37		tures to influence a legi						
38		tures (add lines 36 and						
39	Secure Se	expenditures						
40				***************************************	0			
41	, ,		-	E00000				
	If the amount on line 40	20%	e lobbying nontaxable a	5000000				
	9	,000,000 \$100		1 \$30000				
		\$1,500,000\$175	N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	***************************************		
	Over \$1,500,000 but not over							
	Over \$17,000,000							
42	Grassroots nontaxable	amount (enter 25% of li	ne 41)	42	2			
43	Subtract line 42 from lin	ne 36. Enter -0- if line 4	2 is more than line 36.	4	3			
44	Subtract line 41 from lin	ne 38. Enter -0- if line 4	1 is more than line 38.	4	1			
	Caution: If there is an a	amount on either line 43	3 or line 44, you must fi	le Form 4720.				
	(Some orga	nizations that made a s	Averaging Period ection 501(h) election dee the instructions for li	lo not have to comple	01(h) te all of the	five colun	nns b	elow.
			Lobbying Expen	ditures During 4 -Yea	r Averaging	Period		
	Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001		(d) 2000		(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots non- taxable amount							
2000	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
art	VI-B Lobbying Ac	tivity by Nonelect	ing Public Charitie	es				
	(For reporting or	nly by organizations tha	t did not complete Part	VI-A) (See instruction	ıs.)			N/A
urin tem	g the year, did the organ pt to influence public opi	ization attempt to influe nion on a legislative ma	nce national, state or lo atter or referendum, thro	ocal legislation, includ ough the use of:	ing any	Yes N	10	Amount
а	Volunteers							
b	Paid staff or managemer	nt (Include compensatio	n in expenses reported	on lines c through h.)			
С	Media advertisements							
d	Mailings to members, leg	islators, or the public						
	Publications, or published							
	Grants to other organizat							
	Direct contact with legisla						-	
	Rallies, demonstrations,							
	Total lobbying expenditur							
Δ	f 'Yes' to any of the above	ve, also attach a statem	ient giving a detailed de	escription of the lobby			-	990 or 990-EZ) 2003

Schedule A (Form 990 or 990-EZ) 2003 NAUTILUS OF AMERICA, INC 95-3608292 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did to of the	he reporting organizatior e Code (other than sectio	n directly or on 501(c)(3	r indirectly engage in any of the follo) organizations) or in section 527, re	owing with any other organization describe elating to political organizations?	d in section	n 501((c)
			n to a noncharitable exempt organiz			Yes	No
(i) C	Cash				51a (i)		X
(ii) C	Other assets				a (ii)		X
b Other	r transactions:						
(i) S	Sales or exchanges of as	sets with a	noncharitable exempt organization.		b (i)		X
(ii) P	Purchases of assets from	a nonchar	itable exempt organization		b (ii)		X
(iii)R	Rental of facilities, equipm	nent, or oth	ner assets		b (iii)		Х
(iv)R	Reimbursement arrangem	nents			b (iv)		X
							X
(vi)P	erformance of services of	or members	ship or fundraising solicitations		b (vi)		X
c Shari	ng of facilities, equipmer	nt, mailing l	lists, other assets, or paid employee	9S	С		X
d If the the go any tr	answer to any of the abo oods, other assets, or se ansaction or sharing arra	ove is 'Yes rvices give angement,	,' complete the following schedule. (n by the reporting organization. If the show in column (d) the value of the	Column (b) should always show the fair ma le organization received less than fair mar goods, other assets, or services received	arket value ket value ir :	of n	
(a) Line no.	(b) Amount involved		(c) of noncharitable exempt organization	(d)			s
N/A							
							2001
		Mariana in particular					
52a Is the	organization directly or in	ndirectly aff	iliated with, or related to, one or mo	ore tax-exempt organizations			
describ	oed in section 501(c) of the	he Code (o	ther than section 501(c)(3)) or in se	ction 527?	Yes	X	No
b If 'Yes,	,' complete the following	schedule:	7				
	(a) Name of organization		(b)	(c)	hin		
7 / 7	Traine of organization		Type of organization	Description of relations	шЬ		
N/A				7. 1.2. A. A. C.			
			1				
						-	
							_
		-					
A THE STATE OF THE					<u> </u>		
ΔΔ			TEFANANCI NOIDEINO	Schodulo A (Form 0	00 000	E 7\ 00	202
A A A THE TOTAL OF THE PARTY.				Schodulo A /Form O	WILL OF COULT		16.1 %

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2003

Employer identification number Name of organization NAUTILUS OF AMERICA, INC 95-3608292 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule — see instructions.) General Rule -For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules -For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.)..... Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Schedule B	(Form	990,	990-EZ,	990-PF)	(2003)
Name of organ					

Page 1 to 1
Employer identification number

of Part I

NAUTILUS OF AMERICA, INC

95-3608292

Parti	Contributors (See Specific Instructions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1	PLOUGHSHARES FUND FORT MASON CENTER	\$50,000	-	
	SAN FRANCISCO, CA 94123	_	(Complete Part II if there is a noncash contribution.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
2	KOREA_FOUNDATION	_	Person X Payroll	
	SEOCHO P.O. BOX 227	\$80,000.	Noncash	
	SEOCHO-GU_SEOUL_KOREA	_	(Complete Part II if there is a noncash contribution.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
3	FORD FOUNDATION 320 EAST 43RD STREET	\$250,000.	Person X Payroll Noncash (Complete Part II if there	
	NEW YORK, NY 10017	_	is a noncash contribution.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash	
			(Complete Part II if there is a noncash contribution.)	

to 1

of Part II

Name of organization

Employer identification number

NAUTILUS OF AMERICA, INC

95-3608292

(a) No. from Part I (a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			(d) Date received
(a) No. from Part I		s	
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	\$(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization

Employer identification number

	US OF AMERICA, INC		95-3608292
Part III		e, etc, individual contributions to than \$1,000 for the year (Compl	to section 501(c)(7), (8), or (10) lete cols (a) through (e) and the following line entry.)
	For organizations completing Part III, encontributions of \$1,000 or less for the year	er total of <i>exclusively</i> religious, charitab ar. (Enter this information once — see in	le, etc, structions.)▶\$ N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addr	(e) Transfer of gift ress, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addre	(e) Transfer of gift ess, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No. from Part I	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee

2003

FEDERAL STATEMENTS

PAGE 1

NAUTILUS OF AMERICA, INC

95-3608292

STATEMENT 1 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ADVOCATE FOR IMPROVING ENVIRONMENTAL AND NUCLEAR NON-PROLIFERATION.

STATEMENT 2 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

PROGRAM SERVICE

GRANTS AND ALLOCATIONS

EXPENSES

PEACE AND SECURITY - PUBLISH ORIGINAL RESEARCH ON U.S. NUCLEAR WEAPONS DOCTRINE, CONDUCT EXPORT WORKSHOPS ON GLOBAL SECURITY AND THEATRE MISSILE DEFENSE, DELIVER A SERIES OF DAILY, WEEKLY, AND MONTHLY NEW SERVICES.

946,108.

\$ 0. \$ 946,108.

STATEMENT 3 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS		ACCUM. DEPREC.		BOOK VALUE	
FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT IMPROVEMENTS MISCELLANEOUS	TOTAL	\$	137,267. 254,308. 99,660. 149,568. 640,803.	\$	137,267. 254,308. 86,469. 149,568. 627,612.	\$	0. 0. 13,191. 0. 13,191.

STATEMENT 4 FORM 990, PART IV, LINE 58 OTHER ASSETS

LIFE INSURANCE.....

TOTAL \$ 158,356.