Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

	(except black lung benefit trust or private foundation)
epartment of the Treasury	► The organization may have to use a copy of this return to satisfy state reporting

		evenue Service	► The o	rganization may h	ave to use a	copy of this returi	n to satisfy	state	reporting re	equire	ements	1	nspecti	on
A	For t	the 2005 calend	lar year, o	r tax year beginni	ng 7/01		2005, and	ending	6/30)		, 2006	5	
В	Check	of applicable							·	DE	mployer ide	ntification	Number	
	\square A	ddress change	Please use IRS label	NAUTILUS OF							95-360	8292		
	\square	lame change	or print or type.	2130 FULTON						Ет	elephone nu	mber		
		nitial return	See specific	SAN FRANCIS	CO, CA 9	4117								
	\vdash	inai return	instruc- tions.							F A	ccounting tethod:	٦٦	Cash X	Accruai
	77	mended return								Ī	Other (sp	لبيا	223.1	J Acciden
	\vdash	application pending	• Soction	on 501(c)(3) organi	zations and A	9/7/aV1) nanaya		H and	are not applic	able t			tions	
	ш~	Application pending		able trusts must a			mpt	1	Is this a grou					X No
			(Form	990 or 990-EZ).	•			1	-	-		as' ▶	res	A No
G	Web	site: ► N/A						1	If 'Yes,' enter			-	┌┐,	[]
J	Orga	anization type				_	_	וח (כ)	Are all affiliated (If 'No,' attack			- Į	; Yes	No
		ck only one)		X 501(c)	3 ◀ (insert no) 4947(a)(1) or	527	L (4)						
K				nization's gross red				П (а)	Is this a sepa		_			ভে
	\$25,	000. The organ	ization ne	ed not file a return	with the IRS	, but if the organ	ızatıon	 	organization				Yes	X No
		oses to file a re i plete return.	turn, be s	ure to file a compl	ete return. So	me states requir	e a	-	Group Exe	$\overline{}$			<u>-</u>	
_				01 01 1101 1		22 060		M	Check ► to attach Sch		the organization			
<u>L</u>	Gros			8b, 9b, and 10b to				<u> </u>				J, 990-EZ,	07 990-2	
Pa				ses, and Char			ind Bala	nces	(See Instri	uctioi	<u>15)</u>			
	1			ints, and similar ar	nounts receiv	ed:	1	ı	4.0.5					
	ı	Direct public	• •				1.	+	487,	911				
	l	Indirect public					1				_ 1			
		Government		(3 /	_		1		98,	000).			
		Total (add lines la through 1c) (ca	ash \$	585,91	1 noncash $$$		\				1 d			911.
	2	Program serv	ice reveni	ue including goveri	nment fees ar	nd contracts (fron	n Part VII,	line 93)		2		8,	484.
	3	Membership (dues and	assessments							3			
	4	Interest on sa	vings and	l temporary cash ıı	nvestments						4		<u>27,</u>	673.
	5										5			
	6a	6a Gross rents 6a									_			
	b	b Less rental expenses. 6b									{			
	c	: Net rental inc	ome or (lo	ss) (subtract line	5b from line 6	a)					6 c			
R	7	Other investm	ent incon	ne (describe	-) 7			
REVENU	Ω.	Gross amoun	t from sale	es of assets other		(A) Securitie	s		(B) Other	•				
E N	"	than inventor					8	3			\Box A			
U	b	Less cost or	other bas	is and sales exper	ses		81)			7 1			
	c	Gain or (loss) (at	tach schedul	e)			8	:			\neg			
	d	Net gain or (le	oss) (com	bine line 8c, colum	ins (A) and (E	3))					8 8			
	9	Special event	s and acti	vities (attach sche	dule) If any a	mount is from g a	aming, che	ck her	∍ ► [
	а	Gross revenu	e_(pet_incl	uding \$		of contribut	ions		`	_				
		reported on a		VED I			9 9	4						
	b	Less. difect e	xpenses o	other than functions	ing expenses		91)						
	c	:Net n∰ome o	r (loss) fro	m apağal events	(subtract line	9b from line 9a)					9с			
				y, less returns and			10:							
		Less cost of		CO.		_	101)			7 1			
				es of inventory (attach	schedule) (subtra	ict line 10b from line	10a)				10c			
	11			art VII, line 103)	, ,		•				11			
	12		•	s 1d, 2, 3, 4, 5, 6c	. 7. 8d. 9c. 10	c. and 11)					12		622.	068.
	13			line 44, column (E		· · · · · · · · · · · · · · · · · · ·					13			129.
E X P	14	-		ral (from line 44, c							14			236.
	15	=		H, column (D))							15			
N S	16	-		attach schedule).							16		···	
EXSES	17	-		es 16 and 44, colu	mn (Δ\\						17		710	365.
														297.
, A	18			ne year (subtract li			'A\\				18	2		
N S E E T T	19			nces at beginning			^))				19		,222,	012.
T T	20										20		105	ביר
	21										21		,125,	
BA/	4 Fo	r Privacy Act a	na Paperv	vork Reduction Ac	t Notice, see '	ine separate inst	ructions.		TEEA01	09L (2/03/06	F	orm 990	(2005)

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch)					
(cash \$					
non-cash \$)					
If this amount includes foreign grants, check here. ▶ ☐	22				
23 Specific assistance to individuals (att sch)	23			1	,
24 Benefits paid to or for members (att sch)	24			1	
25 Compensation of officers, directors, etc.	25	102,500.	51,250.	51,250.	0.
26 Other salaries and wages	26	170,582.	93,840.	76,742.	
27 Pension plan contributions	27				
28 Other employee benefits	28	55,374.	29,420.	25,954.	
29 Payroll taxes .	29	95,998.	51,004.	44,994.	
30 Professional fundraising fees	30				
31 Accounting fees .	31	3,887.		3,887.	
32 Legal fees	32	3,061.		3,061.	
33 Supplies	33	10,666.	5,668.	4,998.	
34 Telephone	34	1,645.	874.	771.	
35 Postage and shipping	35	542.		542.	
36 Occupancy	36	544.		544.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	525.		525.	
39 Travel	39	336.		336.	
40 Conferences, conventions, and meetings	40	222,914.	222,914.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a BANK CHARGES	43a	1,426.		1,426.	
ь INSURANCE	43b	9,550.	5,074.	4,476.	
c MISCELLANEOUS	43 c	8,500.	-,21	8,500.	
d PROFESSIONAL SERVICES	43 d	28,973.	19,085.	9,888.	
e SUBSCRIPTIONS	43 e	2,342.		2,342.	
•	43f				
a	43 g				· · · · · · · · · · · · · · · · · · ·
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	719,365.	479,129.	240,236.	0.
Joint Costs. Check If you are following	SOP 98-2		· · · · · · · · · · · · · · · · · · ·		
Are any joint costs from a combined education			tation reported in (B) Pi	ogram services?	► Yes X No
If 'Yes,' enter (i) the aggregate amount of thes				nount allocated to Progra	
\$, (iii) the amount a	llocated to	Management and gene			amount allocated
to Fundraising \$					
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Part III Statement of Program Service Accomplishments

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

lients served, publications iss rations and 4947(a)(1) nonexe	e their exemp	urpose? t purpose achievements in a clear and concise manner. State the number of uss achievements that are not measurable. (Section 501(c)(3) and (4) organetrusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a ENERGY FUTURE			
(Grants and allocations	\$) If this amount includes foreign grants, check here	25,620.
b_PEACE_AND_SECUR	ITY		
(Grants and allocations	\$) If this amount includes foreign grants, check here	364,144.
c_INFORMATION_SER	VICES		
~			
(Grants and allocations	\$) If this amount includes foreign grants, check here	89,365.
d			
(Grants and allocations	\$) If this amount includes foreign grants, check here	
e Other program services	ė) If this amount includes foreign grants, check here ► []	
(Grants and allocations f Total of Program Service	Expenses (s	nould equal line 44, column (B), Program services)	479,129.

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Form 990 (2005)

Part IV Balance Sheets (See Instructions)

Note:		ere required, attached schedules and amounts within umn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year		
	45	Cash — non-interest-bearing			1,564,599.	45	1,699,676.
	46	Savings and temporary cash investments .				46	
-		Accounts receivable .	47 a			_	
	b	Less, allowance for doubtful accounts.	47 Ь			47 c	
i	48 a	Pledges receivable	48 a	420,000.			
	b	Less allowance for doubtful accounts.	670,189.	48c	420,000.		
	49	Grants receivable		49			
A S S E T	50	Receivables from officers, directors, trustees, and keemployees (attach schedule)		50			
E	51 a	Other notes & loans receivable (attach sch)					
S	b	Less: allowance for doubtful accounts.	51 b			51 c	
	52	Inventories for sale or use .				52	
ļ	53	Prepaid expenses and deferred charges		[53	
-	54	Investments — securities (attach schedule)		► Cost FMV		54	
	55 a	Investments — land, buildings, & equipment: basis	55 a				
	b	Less: accumulated depreciation (attach schedule)	55 b			55 c	
- }	56	Investments — other (attach schedule)	33 13			56	
		Land, buildings, and equipment basis .	57 a	ļ		30	
		Less: accumulated depreciation					
		(attach schedule)	57 b			57 c	
	58	Other assets (describe - SEE STATEMENT 1) [122,846.	58	130,000.
	59	Total assets (must equal line 74) Add lines 45 throu	ıgh 58		2,357,634.	59	2,249,676.
	60	Accounts payable and accrued expenses.			134,762.	60	124,101.
Ļ	61	Grants payable				61	
Å	62	Deferred revenue		Ĺ		62	
A B I L	63	Loans from officers, directors, trustees, and key employees (attach	schedul	e)		63	
Į	64 a	Tax-exempt bond liabilities (attach schedule)		-		64 a	
1	b	Mortgages and other notes payable (attach schedule)				64ь	
E S	65	Other liabilities (describe) [65	
	66	Total liabilities. Add lines 60 through 65 .			134,762.	66	124,101.
	rgan	izations that follow SFAS 117, check here ► 💹 a	nd com	nplete lines 67			
Ĕ		through 69 and lines 73 and 74.					
	67	Unrestricted			1,359,815.	67	1,378,389.
A S S E T S	68	Temporarily restricted			863,057.	68	747,186.
Ī	69	Permanently restricted				69	
	rgan	izations that do not follow SFAS 117, check here ▶		and complete lines			
- 1		70 through 74					
FUZD		Capital stock, trust principal, or current funds		ļ.	 	70	
	71	Paid-in or capital surplus, or land, building, and equi		71			
Ā	72	Retained earnings, endowment, accumulated income	ther funds.		72		
BALAZCES	73	Total net assets or fund balances (add lines 67 throw 72; column (A) must equal line 19; column (B) must	ugh 69 equal	or lines 70 through line 21).	2,222,872.	73	2,125,575.
S	74	Total liabilities and net assets/fund balances. Add li			2,357,634.	74	2,249,676.
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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Instructions.)

	instructions.)		`
a Tot	tal revenue, gains, and other support per audited financial statements.	a	762,068.
	nounts included on line a but not on Part I, line 12.		
	t unrealized gains on investments b1		
	nated services and use of facilities b2 140,00	0.	
	coveries of prior year grants b3		
	ner (specify):	\dashv	
	b4		
Ado	d lines b1 through b4	ь	140,000.
c Sul	btract line b from line a .	С	622,068.
d Am	nounts included on Part I, line 12, but not on line a:		
1 Inv	restment expenses not included on Part I, line 6b		
2 0th	ner (specify)·		
	d2		
Add	d lines d1 and d2 .	d	
e Tot	tal revenue (Part I, line 12). Add lines c and d	► e	622,068.
Part IV	/-B Reconciliation of Expenses per Audited Financial Statements with Expenses p	er Retu	ırn
a Tot	tal expenses and losses per audited financial statements	а	859,365.
b Am	nounts included on line a but not on Part I, line 17		
1 Doi	nated services and use of facilities b1 140,00	0.	
2Pri	or year adjustments reported on Part I, line 20 b2		
	sses reported on Part I, line 20 . b3	_	
4 0th	ner (specify).		
	<u></u>	_	
bbA	d lines b1 through b4	ь	140,000.
c Sul	btract line b from line a .	С	719,365.
d Am	nounts included on Part I, line 17, but not on line a:		
1 Inv	restment expenses not included on Part I, line 6b d1		
2 0th	ner (spec ⁻ fy)		
	d2		
Ade	d lines d1 and d2 .	d	
e Tot	tal expenses (Part I, line 17) Add lines c and d	► e	719,365.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
KRISTIN BURGESS	MEMBER	0.	0.	0.
125 UNIVERSITY AVE] 1			
BERKELEY, CA 94710				
TOM MILLER	CHAIR	0.	0.	0.
125 UNIVERSITY AVE] 1			
BERKELEY, CA 94710]			
PETER HAYES	EXECUTIVE DIREC	102,500.	5,125.	14,368.
125 UNIVERSITY AVENUE] 45			
BERKELEY, CA 94710				
OVE M. WITTSTOCK] MEMBER	0.	0.	0.
125 UNIVERSITY AVE]			
BERKELEY, CA 94710				
]			
	_			
]			
				. <u>.</u>

Form 990 (2005) NAUTILUS OF AMERICA,	INC		95-36082	92	۲	¹age €
Part V-A Current Officers, Directors, Tru	ustees, and Key E	mployees (continued)		Yes	No
75a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizat	ion business as board meeting	s - 4			
b Are any officers, directors, trustees, or key emisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throudentifies the individuals and explains the relations.	nsated professional and igh family or business i	d other independent con	tractors listed in Schedule	75 b		Х
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from	ployees listed in form S asated professional and	d other independent con	tractors listed in Schedule			
to this organization through common supervisi			or taxable, that are related	75 c		Х
Note. Related organizations include section 50	9(a)(3) supporting orga	anızatıons.				
If 'Yes,' attach a statement that identifies the interior other organization(s), and describes the comparelated organization	ensation arrangements					v
d Does the organization have a written conflict o		·		75 d		X
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key emp	lovee received compens	ation or other benefits (de	scribed b	elow)	
(A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans and deferred compensation plans						
						
Part VI Other Information (See the instruc	tions)		·		Yes	No
76 Did the organization engage in any activity not		the IRS2 If 'Ves '				
attach a detailed description of each activity	· ·	the most in res,		76		X
77 Were any chariges made in the organizing or g	overning documents b	ut not reported to the IR	S?	77		X
If 'Yes,' attach a conformed copy of the chang	es.					ļ
78a Did the organization have unrelated business of	gross income of \$1,000	or more during the year	covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b	N/	Α
79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement	n, or substantial contra	ection during the		79		Х
80 a Is the organization related (other than by assormembership, governing bodies, trustees, office	ers, etc, to any other e			80 a		Х
b If 'Yes,' enter the name of the organization ▶		· -	- -	-		
81 a Enter direct and indirect political expenditures			xempt or nonexemp	t 0.		
b Did the organization file Form 1120-POL for thi	s year? .	<u> </u>		81ь		Χ
BAA				Form	990 ((2005)

	······································	95-300825	12		'age /			
Pa	rt VI Other Information (continued)			Yes	No			
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge o substantially less than fair rental value?	r at	82 a	Х				
ŀ	olf '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.)	140,000.						
83 <i>a</i>	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	Х				
	Did the organization comply with the disclosure requirements relating to guid pro guo contributions?		83b	X				
	Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X			
	-	. 						
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or g not tax deductible?	ins were	84 b	N.				
	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85 a		/A			
k	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 r waiver for proxy tax owed for the prior year.	eceived a						
(: Dues, assessments, and similar amounts from members . 85c	N/A	1					
c	Section 162(e) lobbying and political expenditures	N/A	Γ					
6	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . 85e	N/A	1					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	7					
ç	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N,	/A			
ŀ	n 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	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on							
	line 12	N/A	\ \ \					
Ŀ	Gross receipts, included on line 12, for public use of club facilities. 86b	N/A						
87	501(c)(12) organizations Enter: a Gross income from members or shareholders.	N/A						
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b	N/A						
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or pa or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 77 If 'Yes,' complete Part IX	irtnership, 701-3?	88		х			
89 =	1501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under							
-	section 4911 ► 0.; section 4912 ► 0., section 4955 ►	0.						
			1 1					
L	• 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a sexplaining each transaction	statement	89 b	İ	Х			
c	Enter [.] Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•			0.			
	I Enter Amount of tax on line 89c, above, reimbursed by the organization	-			0.			
	List the states with which a copy of this return is filed - CA							
Ł	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		90 ь		0			
91 a	The books are in care of ► SCOTT_BRUCE Telephone number ► 41	5-422-55	23					
		+4 ► 9411						
				Yes	No			
r.	At any time during the calendar year, did the organization have an interest in or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)	y over a !?	91 b	Х				
	If 'Yes,' enter the name of the foreign country AUSTRALIA							
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements							
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		91 c		<u> X</u>			
	If 'Yes,' enter the name of the foreign country ►		-		_			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here .	1 t	N/I		- []			
	and enter the amount of tax-exempt interest received or accrued during the tax year	92			<u> N/A</u>			
BAA			Form	990 (2005)			

LI.MIN.AM	7 mary 513 of moonie 1 tours.	Unrelated	business income	Excluded by sec	tion 512, 513, or 514	450
Note: Ente	er gross amounts unless ındıcated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a <u>F</u> F						1,330.
ь <u>М</u>	ISCELLANEOUS					7,154.
_						
d						
e	edicare/Medicaid payments					
	s & contracts from government agencies					
_	mbership dues and assessments					· · · · · · · · · · · · · · · · · · ·
	erest on savings & temporary cash invmnts			14	27,673.	
	vidends & interest from securities.					
97 Net	rental income or (loss) from real estate					
	bt-financed property					
	t debt-financed property					
	rental income or (loss) from pers prop					
	ner investment income. iin or (loss) from sales of assets					
oth	ner than inventory					
101 Net	income or (loss) from special events					——————————————————————————————————————
	ss profit or (loss) from sales of inventory					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ner revenue a	ļ				
						
				 		
e						
104 Sub	ototal (add columns (B), (D), and (E))		•		27,673.	8,484.
105 Tot	tal (add line 104, columns (B), (D),	and (E))	-		<u> </u>	36,157.
	105 plus line 1d, Part I, should equ					
Part VIII	Relationship of Activities	to the Acco	mplishment of E	xempt Purpose	S (See the instruction	ns.)
Line No.	Library How each activity for write	h income is rep	oorted in column (E)	of Part VII contribute	ed importantly to the a	accomplishment
	of the organization's exempt purp	oses (other tha	n by providing funds	for such purposes)	- <u></u>	
N/A						
					· 	
Part IX	Information Regarding Ta				i	
	(A)	(B)	((C)	(D)	(E)
	, address, and EIN of corporation,	Percentage		of activities	Total	End-of-year
	rtnership, or disregarded entity	ownership int	erest 8		income	assets
N/A			%			
		-	%			
			%			
Part X	Information Regarding Tra	nsfers Ass		sonal Benefit C	ontracts (See the I	nstructions)
***************************************	e organization, during the year, receive any fu		•		· · · · · · · · · · · · · · · · · · ·	Yes X No
	he organization, during the year, pa			•		Yes X No
	If 'Yes' to (b), file Form 8870 and Fo			ir a personal benefit	contract.	
	Under penalties of perjury, I declare that I hat true, correct and complete seclaration of p			ing schedules and stateme	ents, and to the best of my k	nowledge and belief, it is
	true, correct and complete Declaration of p	reparer (other than	officer) is based on all infor	mation of which preparer		_
Please	- They was				July 9	, 2008
Sign	Signature of officer	Λ.	r		Date 0 0	
Here	- Scott Bruce	Pirect	- of US	operatus		
	Type or print name and title				· 	
Paid	Preparer's .	۸		Date	Self.	eparer's SSN or PTIN (See eneral Instruction W)
Pre-	signature	H Mon	tgomery	6/28/08	employed P	00232100
parer's	volum if colf	RINE, DAY	& CO., LLP			
Üse	yours if self- employed),		JME 335		EIN ► 95-26	
Only	address, and ZIP + 4 PLEASANTON,	CA 94588-	-3351		Phone no ► (925	5) 734-6600
BAA					TEEA0108L 10/18/0	5 Form 990 (2005)

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2005

OMB No 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 NAUTILUS OF AMERICA, INC 95-3608292 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one If there are none, enter 'None.') (d) Contributions (a) Name and address of each (b) Title and average (c) Compensation (e) Expense to employee benefit employee paid more hours per week account and other plans and deferred thán \$50,000 devoted to position allowances compensation SEE STATEMENT 2 63,864 3,193. 1,443. Total number of other employees paid over \$50,000 Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms) If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, ènter 'None ' See instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services

Sche	dule	A (Form 990 or 990-EZ) 2005	NAUTILUS OF	AMERICA	INC		95-36082	92	F	age 2
Pai	1 111	Statements About Acti	vities (See instruct	tions)					Yes	No
1	to i	ing the year, has the organization nfluence public opinion on a legisla ncurred in connection with the lobb ist equal amounts on line 38, Part	itive matter or refere sying activities	endum? If 'Ye ►\$	tate, or loca s,' enter the N/	total expenses par	ing any attempt d 	1		Х
	org	janizations that made an election u anizations checking 'Yes' must cor bying activities.	nder section 501(h) nplete Part VI-B ANI	by filing Forn Dattach a sta	n 5768 must itement givir	complete Part VI-Ang a detailed descri	Other ption of the			
2	sut tax	ring the year, has the organization, istantial contributors, trustees, dire able organization with which any substiciary? (If the answer to any que	ctors, officers, create ich person is affiliate	ors, key emp ed as an offic	loyees, or m er, director,	iembers of their far trustee, majority o	nilies, or with any wner, or principal			
ε	Sal	e, exchange, or leasing of property	?					2a		Χ
ŧ	L er	ding of money or other extension of	of credit?					2 b		Х
ď	: Fur	nishing of goods, services, or facili	ties?		CEE	FORM OOD DA	יס ייס ייס ייס ייס ייס ייס ייס ייס ייס	2c		X
c	l Pay	ment of compensation (or paymen	t or reimbursement	of expenses		FORM 990, PA \$1,000)?	TKI V	2d	Х	
•	Tra	nsfer of any part of its income or a	ssets?					2e		X
3 a		you make grants for scholarships, lanation of how you determine that				ch an		3a		Х
ŀ		you have a section 403(b) annuity		, ,	,,,,,,,			3b	Х	
		ing the year, did the organization r		•		•	` '	3с		<u>X</u>
48		you maintain any separate accour the use or distribution of funds?	t for participating do	nors where c	onors nave	the right to provide	advice	4a	ì	<u>X</u> _
t	Do	you provide credit counseling, deb	management, cred	it repair, or d	ebt negotiat	ion services?		4b		X
Pai	t IV	Reason for Non-Private	Foundation St	atus (See II	structions)					
The	orga	nization is not a private foundation	because it is. (Pleas	se check only	ONE applic	able box)				
5		A church, convention of churches,			on 170(b)(1)(A)(ı)				
6		A school Section 170(b)(1)(A)(II)								
7	H	A hospital or a cooperative hospital	-		. , . , . , .	•				
8 9	Н	A Federal, state, or local government A medical research organization of	•		. , , , , ,	, , ,	Enter the hospital's	namo	-utv	
3	L	and state ► ,	perated in conjunction	on with a nos	pitai. Sectio	11 170(b)(1)(A)(iii). 1	-inter the hospital s	name,	Jity,	
10		An organization operated for the b (Also complete the Support Schee	enefit of a college of lule in Part IV-A)	r university o	wned or ope	erated by a governm	nental unit. Section	170(b)(1)(A)((iv)
11 a	X	An organization that normally rece Section 170(b)(1)(A)(vi). (Also con	ives a substantial pa	art of its supp ichedule in P	ort from a g art IV-A.)	overnmental unit o	r from the general p	oublic		
118	• 🗌	A community trust. Section 170(b)	(1)(A)(vı). (Also com	plete the Su	port Sched	ule in Part IV-A)				
12		An organization that normally receifrom activities related to its charitation gross investment income and organization after June 30, 1975.	ible, etc, functions – I unrelated business	- subject to c taxable inco	ertain excep me (less sec	tions, and (2) no metion 511 tax) from 1	ore than 33-1/3% of businesses acquired	f its sup	port	ots
13		An organization that is not control described in: (1) lines 5 through 12 box that describes the type of sup	2 above, or (2) section	n 501(c)(4),	(5), or (6), ıf					
		Provide	the following informa							
			(a) Name(s) of si	upported org	anızatıon(s)			(b) Lin	e num abov	
										
										
										
14		An organization organized and ope	erated to test for pub	olic safety Se	ction 509(a)	```	ns)		0 5 7 \	2005

NAUTILUS OF AMERICA, INC Schedule A (Form 990 or 990-EZ) 2005 95-3608292 Page 3 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do not include unusual grants See line 28.) 1,346,159 2,095,665 766,530. 546,711. 4,755,065. 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 2,000 1.428. 3.416. 24,656. charitable, etc, purpose 31,500. 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-32,716 20,429. 65,093. 37,607. ization after June 30, 1975 155,845. Net income from unrelated business activities not included in line 18 0. Tax revenues levied for the organization's benefit and either paid to it or expended 0. 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 0. the public without charge. Other income Attach a schedule. Do not include gain or (loss) from sale of 0. capital assets 615,220. 4,942,410. 1,380,875 788.387. 2,157,928. Total of lines 15 through 22 24 Line 23 minus line 17 1,378,875 786,959 611,804. 2,133,272 4,910,910 13,809. 7,884. 6,152. 21,579. 25 Enter 1% of line 23 98,218. 26 a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts 26 b 1,197,128. c Total support for section 509(a)(1) test Enter line 24, column (e). 4,910,910. 26 c d Add: Amounts from column (e) for lines. 1,197,128. 26 d 1,352,973. 3,557,937. 26 e e Public support (line 26c minus line 26d total) 72.45 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 26 f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) ____ (2002) ____ (2002) ____ (2001) ____ **b**For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2004) _ _ _ _ (2003) _ _ _ _ (2002) _ _ _ _ (2002) _ _ _ _ (2001) _ _ _ _ _ c Add. Amounts from column (e) for lines: 15 16 20 27 c 27 d and line 27b total d Add Line 27a total e Public support (line 27c total minus line 27d total) . 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

q Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27 g

용

Pai	rt V Private School Questionnaire (See Instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		- 5 -
		11/13	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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.)			
		_		
	Does the organization maintain the following	-		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	-	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
33	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33a		
ļ	b Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance? .	33 d		
•	e Educational policies?	33 e		
	f Use of facilities? .	33f		
	g Athletic programs?	33g		
I	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		-		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
ı	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
35	If you ariswered 'Yes' to either 34a or b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial			
	nondiscrimination? If 'No,' attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)	
(To be completed ONLY by an eligible organization that filed Form 5768)	N/A

						····	
Chec	k ► a I If the organization belongs t	o an affiliated group	Check ► b	ıf you	checke	d 'a' and 'limited conti	rol' provisions apply.
	Limits on Lol (The term 'expenditures'	bying Expenditu means amounts paid o				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence	36		Organizations			
	• • •	. , ,	, ,,			· · · · · · · · · · · · · · · · · · ·	
37	Total lobbying expenditures to influence	e a legislative body (dir	rect lobbying).		37		
38	Total lobbying expenditures (add lines 3	36 and 37)			38		
39	Other exempt purpose expenditures.	•	•		39		
40	Total exempt purpose expenditures (ad	d lines 38 and 39)			40		
41	Lobbying nontaxable amount. Enter the	amount from the follo	wing table -				
	If the amount on line 40 is —	The lobbying nont	axable amount is	. —			
	Not over \$500,000.	20% of the amount	t on line 40				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of t	he excess over \$500,00	00			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of t	he excess over \$1,000,	,000 -	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500,0	000		,	
	Over \$17,000,000	\$1,000,000					
42	Grassroots nontaxable amount (enter 2	5% of line 41) .			42		
43	Subtract line 42 from line 36 Enter -0-	if line 42 is more than	line 36		43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38				44		
	Caution: If there is an amount on either	r line 43 or line 44, yoι	ı must file Form 4	1720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50)

		Lobbying Expenditures During 4 -Year Averaging Period					
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
45	Lobbying nontaxable amount			_			
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots non- taxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						

Part VI-B Lobbying Activity by Nonelecting Public Charities

(1 of reporting only by organizations that did not complete 1 art 41-A) (See instructions)			N/A
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
${f b}$ Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h}$.)	_		

- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes.
- $\textbf{g} \ \mathsf{Direct} \ \mathsf{contact} \ \mathsf{with} \ \mathsf{legislators}, \ \mathsf{their} \ \mathsf{staffs}, \ \mathsf{government} \ \mathsf{officials}, \ \mathsf{or} \ \mathsf{a} \ \mathsf{legislative} \ \mathsf{body}$
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

f 'Yes' to any of the above, also attach a statement giving a detailed description	of the	ne lobb	vinc	ı activities
--	--------	---------	------	--------------

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<u> </u>		٠,,,,	
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Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

51 Did the	e reporting organization Code (other than sectio	directly or in n 501(c)(3) o	directly engage in any of the following rganizations) or in section 527, relations.	ng with any other organization described in secting to political organizations?	tion 501	(c)
	·		o a noncharitable exempt organizati		Yes	No
(i) Ca				. 51a (X
	ther assets	•		a(X
	transactions:	• •	·		"	+:-
		sets with a n	oncharitable exempt organization	. b(. l	X
• •	-		ble exempt organization	b(X
	ental of facilities, equipm		, <u> </u>		<u>الت</u> (iii)	X
• •	eimbursement arrangem	· ·	assets	b(X
	einbursement arrangem eans or loan guarantees	ents	•••			X
	<u> </u>		ip or fundraising solicitations	<u>b</u> ($\frac{1}{X}$
, ,			ts, other assets, or paid employees	c	<u> </u>	X
d If the a the go any tra	answer to any of the abo ods, other assets, or se ansaction or sharing arra		complete the following schedule. Co by the reporting organization. If the now in column (d) the value of the g	olumn (b) should always show the fair market val organization received less than fair market valu oods, other assets, or services received	llue of ue in	
(a) Line no.	(b) Amount involved	Name of	(c) noncharitable exempt organization	(d) Description of transfers, transactions, and sharing a	ırrangemer	nts
N/A						
	-					
			-			
			.,			
			•			
						
		 				
		 		 		
		-		-		
		-				
		-				
descri	bed in section 501(ć) of	the Code (ot	hated with, or related to, one or mor her than section 501(c)(3)) or in sec	re tax-exempt organizations .	Yes X	No
b If 'Yes	,' complete the following	schedule				
	(a)		(b)	(c)		
	Name of organization		Type of organization	Description of relationship		
N/A						
		******			-	
		<u>.</u>				
	 			 		
····	<u></u>	·				
				 		
	 			<u> </u>		
				<u> </u>		
BAA				Schedule A (Form 990 or	: 990-EZ) 2005

2005

FEDERAL STATEMENTS

PAGE 1

NAUTILUS OF AMERICA, INC

95-3608292

1,443.

STATEMENT 1 FORM 990, PART IV, LINE 58 OTHER ASSETS

LIFE INSURANCE

TOTAL \$ 130,000. \$ 130,000.

STATEMENT 2 SCHEDULE A, PART I COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE	COMPEN-	CONTRIBUTIO	EXPENSE
	HOURS WORKED	SATION	EBP & DC	ACCOUNT
JOHN WITHERS 2130 FULTON STREET, LM 200 SAN FRANCISCO, CA 94117	IT DIRECTOR 45	63,864.	3,193.	1,443.

TOTAL \$ 63,864. \$ 3,193. \$