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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

						7		141714	2000049900	designations are provided in the party	nest restriction of the
<u>A</u>	For th	e 2010 calen	dar year, or tax year begir	nning 7/0)1,2	2010, and endir	ng 6/3	30	,	2011	
В	Check if	applicable:						D Employ	er Identili	cation Number	
	Add	dress change	NAUTILUS OF AMER					95-	36082	92	
	Nar	me change	2421 FOURTH STRE					E Telepho	one numbe	r	
	Initi	ial return	BERKELEY, CA 947	/10				510	-423-	0377	
	Teri	minated					1				
	Am	ended return						G Gross r	eceints \$	569	,165.
	App	olication pending	F Name and address of principa	al officer:			H(a) Is this a				
			SAME AS C ABOVE				H(b) Are all a	affiliates incl	luded?	Yes	
1	Tax-ex	xempt status	X 501(c)(3) 501(c) (`````````````````	sert no.) 4947(a)((1) or 527	if 'No,' a	attach a list.	(see instru	uctions)	
J			UTILUS.ORG		301(110.)	(1) 01 321	H(c) Group e	wamatian nu			
ĸ			X Corporation Trust	Association	Other ►	L Year of Forma					
	art I	Summar		ASSOCIATION	Other -	_ L Tear of Forma	tion: 1901	. 171 5	state of leg	al domicile: CA	L
4.8			be the organization's miss	ion or most s	ignificant activitios:	7 D070C7 mm	EOD TA	ADDOTT	NC EN	TIT DONING	
4.	' -	AND NUCL	EAR NON-PROLIFER	TOTION THOSES	ngrimeant activities.	WDAOCHIE	LOK IL	WEKOAT	Me EN	ATKONWEV	TAL_
Activities & Governance		MP MOCH	DUV NOW T VOUTE DV	WI TOW				 -	· – – – -		
rha	_										
οΛe	2 (Check this bo	x F T if the organization	n discontinu	ed its operations or	disposed of mo					
ď			ting members of the gove	rning body (F	Part VI. line 1a)			770 01 113	3	zis.	3
တ	4 1	Number of inc	dependent voting member	s of the gove	rning body (Part VI,	, line 1b)	<i></i>		4		3
/itie	5 7	Fotal number	of individuals employed in	n calendar ye	ar 2010 (Part V, line	e 2a)			5		5
댨	6 T	Total number	of volunteers (estimate if	necessary).				. <i></i>	6		0
⋖	7a ⊺	Total unrelate	d business revenue from I	Part VIII, coli	umn (C), line 12	· · · · · · · · · · · · · · · · · · ·		<i></i>	7a		0.
	b N	Vet unrelated	business taxable income	from Form 99	90-T, line 34		· · · · · · · · · · · · · · · · · · ·		7 b		0.
								ior Year		Current Y	ear
ø.			and grants (Part VIII, line					985,5	73.	501	,647.
Revenue	9 F	rogram servi	ice revenue (Part VIII, line	; 2g)	<i></i>						
eve			come (Part VIII, column (A					8,2	14.		<u>,742.</u>
ш	11 0	Other revenue	(Part VIII, column (A), lir	nes 5, 6d, 8c	, 9c, 10c, and 11e).			25,3			<u>,776.</u>
_			- add lines 8 through 11					,019,1	04.	569	,165.
			milar amounts paid (Part I		•						
			to or for members (Part I)								
ø			r compensation, employee				-	591,0	75.	618	<u>,074.</u>
Expenses	16a ₽	Professional f	undraising fees (Part IX, c	olumn (A), li	ne 11e)			9	95.	1,	<u>,990.</u>
ğ	b⊺	otal fundrais	ing expenses (Part IX, col	umn (D), line	: 25) ▶	1,990.					Signatur.
Û	17 C	Other expense	es (Part IX, column (A), lir	nes 11a-11d.				499,7	18.	546	,913.
			s. Add lines 13-17 (must e					091,7		1,166	
			expenses. Subtract line 1					-72,6			812.
58								of Current		End of Ye	
Pace	20 T	otal assets (I	Part X, line 16)					058,8		1,379,	
Net Assets or Fund Balances			(Part X, line 26)					235,0			828.
F. F.			fund balances. Subtract li					823,7		1,225,	
Pa		Signatur		IC ZI HOIH III	10 20	***************	<u> </u>	023,1	09.]	1,220,	511.
				um including one		-1-1					
com	plete. Dec	laration of prepar	clare that I have examined this retured to the contract of the	all information of	which preparer has any kr	nowledge.	tne best of my	r knowleage	and belief,	it is true, correct	, and
	-			-				••			
Sig	n	Signature	of officer			· · · · · · · · · · · · · · · · · · ·	Date				
Hei	re	▶									
		Type or p	print name and title.								
		Print/Type pre	eparer's name	Preparer's signa	ture	Date	1,	heck	if PT	IN .	
Pai	d	TERRT 1	MONTGOMERY					L	J"	00232100	
	parer	-		NE, DAY	& CO., LLP	L	S	elf-employe	u JEC	70Z3Z10U	
Use	Only	Firm's addres							- DE 2	640200	
•		Films addres		CA 94588-						648289	
Moss	the IDS	S discuss this						hone no.	(925)	734-660	
viay	uie iro	o uiscuss trils	return with the preparer	PHOMU above	(see instructions)					X Yes	No

	n 990 (2010) NAUTILUS OF AMERICA, INC	95-3608292	Page 2
Par	rt III Statement of Program Service Accomplishments	***************************************	
	Check if Schedule O contains a response to any question in this Part III.		
1	Briefly describe the organization's mission: ADVOCATE FOR IMPROVING ENVIRONMENTAL AND NUCLEAR NON-PROLIFI		
2	Did the organization undertake any significant program services during the year which were not Form 990 or 990-EZ?		. No
	If 'Yes,' describe these new services on Schedule O.		!
3	Did the organization cease conducting, or make significant changes in how it conducts, any project New Independent Conducts and Project Independent Conducts and Proj	gram services? Yes X	No
4	If 'Yes,' describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program	services by expenses. Section 5	01(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g expenses, and revenue, if any, for each program service reported.	rants and allocations to others, th	e total
4 a	(Code:) (Expenses \$ 765,557. including grants of \$)
	PEACE AND SECURITY - PUBLISH ORIGINAL RESEARCH ON U.S. NUCLE	CAR_WEAPONS_DOCTRINE.	
	CONDUCT EXPORT WORKSHOPS ON GLOBAL SECURITY AND THEATRE MISS SERIES OF DAILY, WEEKLY AND MONTHLY NEWS SERVICES.	SILE DEFENSE, DELIVER	<u>A</u>
	SERIES OF DAILI, WEEKLI AND MONITHLI NEWS SERVICES.		
		-	
			
			
4h	(Code:) (Expenses \$ including grants of \$) (Poyonus è	
-,-	moduling grants of φ		
			
•			
			
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		 , , , , , , , , , , , , , , , , , ,	*
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-			
	Other program services. (Describe in Schedule O.)		•
	(Expenses \$ including grants of \$) (Rever	ue \$)	
4e '	Total program service expenses ► 765.557.		

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A..... 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)..... 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I..... 6 X 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Χ complete Schedule D, Part III..... Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Χ 9 Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 10 X Yes, complete Schedule D, Part V. If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII...... X 11 b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 11 c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX..... X 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X... 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ Schedule D, Parts XI, XII, and XIII. 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 14a Did the organization maintain an office, employees, or agents outside of the United States?..... X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV.... X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV. X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV..... 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)...... 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III..... X 19 20 aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H..... 20 Χ b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).....

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Part IV | Checklist of Required Schedules (continued)

	\ostaria			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			
	Schedule J.	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			65.65°) 86.65°)
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
á	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule Q	38	Х	
λΛ				

	orm 990 (2010) NAUTILUS OF AMERICA, INC	95-3608292		Page
P	art V Statements Regarding Other IRS Filings and Tax Compliance			- "
	Check if Schedule O contains a response to any question in this Part V	<u></u>		[
			Ye	s No
	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming		e Bres
	(gambling) winnings to prize winners?		c	X
•	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	5		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturns?	X	0.0
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction			
3	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3	Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O)	
4	4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	er authority over, a	۱	
	b If 'Yes,' enter the name of the foreign country: AUSTRALIA	account)? 4a	X	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	- Accounts		
Þ	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			37
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		+	X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>	-	X
			-	
е	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did to solicit any contributions that were not tax deductible?		1	Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?			
7	7 Organizations that may receive deductible contributions under section 170(c).	6b) 	
	• • • • • • • • • • • • • • • • • • • •			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for services provided to the payor?	r goods and 7a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		-	1
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	was required to file		
	rorm 8282?			X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?7e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			X
	g If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899 7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization form 1098-C?			
0	Chancaring agreement on a maintaining day of the day of the formation of the first			
٥	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have excholdings at any time during the year?	nizations. Did the cess business 8		
9				1984.00
	a Did the organization make any taxable distributions under section 4966?	9a	1.000000	
	b Did the organization make a distribution to a donor, donor advisor, or related person?			T
	Section 501(c)(7) organizations. Enter:			885955
	a Initiation fees and capital contributions included on Part VIII, line 12	in the second se	- 500	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			2004 E001
	b Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 11b			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1041? 12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
i	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			100
•	are entreme of recognite out manda,	#993700950 #	1.0000000000000000000000000000000000000	 Opening Control

14a Did the organization receive any payments for indoor tanning services during the tax year?

14 a

14b

Form 990 (2010) NAUTILUS OF AMERICA, INC 95-3608292 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. $|\mathbf{X}|$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year.... **b** Enter the number of voting members included in line 1a, above, who are independent..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.. 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person?...... 3 Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders?..... 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?..... **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons?..... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a **b** Each committee with authority to act on behalf of the governing body?..... 8h X is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10a Does the organization have local chapters, branches, or affiliates?..... b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?..... 10b Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 13 Х 13 Does the organization have a written whistleblower policy?..... X 14 Does the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a a The organization's CEO, Executive Director, or top management official 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year?.. 16 a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial SEE SCHEDULE O statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

SCOTT BRUCE 2130 FULTON STREET, LM 200 SAN FRANCISCO CA 94117 415-422-5223

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	2	relate	d o			ion co	mpe	T T T T T T T T T T T T T T T T T T T		
(A) (B) (C) Name and title Average Position (check all that apply)							(D)	(E)	(F)	
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	institutional trustee	Officer	a Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) KRISTEN BURGESS TREASURER	5	Х						0.	0.	0.
(2) TOM MILLER MEMBER	5	Х						0.	0.	0.
(3) PETER HAYES EXECUTIVE DIREC	40			Х				215,250.	0.	0.
(4)										
_(5)										
_(8)										
_(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
<u>(16)</u>										
<u></u>										
DAA		Щ.				(21 (10				Form 990 (2010)

Part VII Section A. Officers, Directors, Trust	tees, Key Employees, and							d Highest Con	pensated En	mployees (cont)		
(A)	(B)	ŀ		(0	•			(D)	(E)	(F)		
Name and title	Average hours	Posi	tion (Reportable compensation from	Reportable compensation from	Estimated amount of other		
	hours per week (describe hours for related organi- zations in Sch O)	indivi or dir	Institutional trustee	Officer	Key e	Highest cor employee	Former	the organization (W-2/1099-MISC)	related organization: (W-2/1099-MISC)	compensation from the		
	related	dual	tion	34	employee	est co	Φ			organization and related		
	zations	trust	al tr		руее	aduic				organizations		
	Sch O)	8	stee			mpensated			:			
						<u>B</u>						
(18)												
to company to												
(20)												
(21)												
AND RESIDENCE OF THE PROPERTY												
_(22)												
(23)								•				
(24)												
_(25)												
ZAAN .												
(26)												
(27)												
(28)												
_(29)												
1 b Sub-total	L		<u> </u>	l	<u> </u>	ll	▶	215,250.	C	. 0.		
c Total from continuation sheets to Part VII, Section								0.	C	······································		
d Total (add lines 1b and 1c)							▶	215,250.	C	<u>' 1</u>		
2 Total number of individuals (including but not limited	d to tho	se li	sted	abo	ove)	who	o re	ceived more than	\$100,000 in repo	rtable compensation		
from the organization 🕒 1										Vee No		
					1.		. 1. :		- 4	Yes No		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust ndividua	ee, I	кеу	emp	юу	ee, c	or ni	ignest compensat	ea employee	з Х		
4 For any individual listed on line 1a, is the sum of re	portable	100	npe	nsat	tion	and	oth	er compensation	from			
the organization and related organizations greater to such individual.	han \$15	JO. OL)0? .	It 'Y	es'	com	piet	e Schedule J for		4 X		
5 Did any person listed on line 1a receive or accrue c									individual			
for services rendered to the organization? If 'Yes,' or	complet	e Sc	hed	ule .	Ĵ fo	rsuc	ch p	erson		5 X		
Section B. Independent Contractors 1 Complete this table for your five highest compensat	od indo	DAD	dont		trac	Hore	tha	ot received more t	han \$100 000 of			
compensation from the organization.	eu muc	реп	<u> </u>		ni ac			received more	1121, \$100,000 01			
(A) Name and business addres	_							(B Description) of sonvices	(C) Compensation		
tyame and business addres	<u> </u>							Description	OI SELVICES	Compensation		
						1.		<u> </u>				
2 Total number of independent contractors (including	_	limi	ted	to th	1056	e list	ed a	above) who receiv	red more than			
\$100,000 in compensation from the organization >	U								ă ă			

1 4	T VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S.,	1a Federated campaigns 1a					
ANT	b Membership dues					60000000
E Š	c Fundraising events 1c		1			
FTS IR A	d Related organizations 1d			55 SEC. 5 - 12 SEC. 5		Contract of the
		,647.			50.00	BOS CONTRACTOR
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		· ·····				Military and the state of
물됨	f All other contributions, gifts, grants, and similar amounts not included above 1f 80	0,000.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
E 0	g Noncash contributions included in Ins 1a-1f: \$	•	N 500 8 18 19 18 18			F 9 (1.0 F) E
Ş₹	h Total. Add lines 1a-1f		501,647.			25 SEPERMENT (B) (SEE)
끨	Busines					
PROGRAM SERVICE REVENUE	2a					
8	f All other program service revenue					
<u>%</u>	g Total. Add lines 2a-2f	>				
	Investment income (including dividends, interest other similar amounts)	► ceeds ►	2,742.			2,742.
	5 Royalties	ersonal				
	6a Gross Rents					88000000
	b Less: rental expenses					
	c Rental income or (loss)				a Sala Salas	
	d Net rental income or (loss)	>				
	(i) Securities (ii)	Other				
	7a Gross amount from sales of assets other than inventory.					
				0.0000000000000000000000000000000000000	2100300000000	
	b Less; cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	>				
빌	8a Gross income from fundraising events (not including \$		5 3 3 3 3 3			
<u> </u>	of contributions reported on line 1c).			0.000 00000 A (50.000)		
OTHER REVEN	See Part IV, line 18 a				2.24 \$500.600.605	
불	b Less: direct expenses b					
5	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19a					
Ì	b Less: direct expenses b					
ĺ	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances					
}	b Less: cost of goods sold			Secondary series.		
	c Net income or (loss) from sales of inventory	▶			•	
[Miscellaneous Revenue Busines	s Code				
	11a ROYALTIES		58,550.			58,550.
	b MISCELLANEOUS		6,226.	6,226.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		0-17770.			
- 1	12 Total revenue See instructions	>	569 165	6 226	l n	61,292

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). **(D)** Fundraising (A) Total expenses Program service Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16...... Benefits paid to or for members Compensation of current officers, directors, 215,250. 0. 215,250 0. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0. 0. 0 0 309,464. 216,625. 92,839 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)...... 59,733 41,813. 17,920 23,539. 10 Payroll taxes..... 33,627 10,088 11 Fees for services (non-employees): a Management..... 75 22 53. **b** Legal..... 5,220 1,566 3,654. c Accounting..... **d** Lobbying..... 1,990 e Professional fundraising services, See Part IV, line 17. . . . 1,990 136,422 95,495 40,927 g Other..... 12 Advertising and promotion..... 14 Information technology..... 15 Royalties 1,298 909 389 16 Occupancy..... 24,102 16,871 7,231 17 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings 20 Interest..... 21 Payments to affiliates..... Depreciation, depletion, and amortization. . . . 898 2,994 2,096. Insurance..... 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10%

of line 25, column (A) amount, list line 24f expenses on Schedule O.)..... 335,803. 335,803. a PROGRAM EXPENSES 21,079. 9,034 **b** SUPPLIES 30,113 3,229. 1,384. 4,613. c TELEPHONE 1,929. 827. 2,756. d DUES AND SUBSCRIPTIONS 2,716. 1,901. 815. e BANK CHARGES 561. 801 240 f All other expenses..... 1,990. 1,166,977. 765,557. 399,430. 25 Total functional expenses. Add lines 1 through 24f. . . Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational

Form 990 (2010)

campaign and fundraising solicitation.

		(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing	397,146.	1	484,105.
2	Savings and temporary cash investments	1,374,187.	2	765,700.
3	Pledges and grants receivable, net	157,500.	3	
4	Accounts receivable, net	-	4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	
A 7 8 8 7 9	Notes and loans receivable, net		7	
Ē 8	Inventories for sale or use		8	
s 9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	- mar 10° 17° benedi i 10° mili bir mili bir mili bir bir bir bir mili bir bir bir bir bir bir bir bir bir bi	10 c	and the second s
	Investments – publicly traded securities		11	
12	Investments other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	130,000.
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,379,805.
17	Accounts payable and accrued expenses		17	153,828.
18	Grants payable		18	
19	Deferred revenue.		19	,
ት 20	Tax-exempt bond liabilities		20	
A 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ī 22	Payables to current and former officers, directors, trustees, key employees			
1	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	257000000000000000000000000000000000000		
I E S 23	of Schedule L		22	
·	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	005 044	25	152.000
26	Total liabilities. Add lines 17 through 25	235,044.	26	153,828.
F P	Organizations that follow SFAS 117, check here ► X and complete lines			
	27 through 29 and lines 33 and 34.	1 014 600		1 005 055
§ 27	Unrestricted net assets	1,314,600.		1,225,977.
A 27 28 5 29	Temporarily restricted net assets	509,189.	28	
S 29	Permanently restricted net assets		29	
F 30	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
B 30	Capital stock or trust principal, or current funds		30	
B 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Î 32	Retained earnings, endowment, accumulated income, or other funds		32	
BA 31 32 32 33 5 34	Total net assets or fund balances	1,823,789.	33	1,225,977.
ই 34	Total liabilities and net assets/fund balances	2,058,833.	34	1,379,805.

BAA

Form **990** (2010)

Form 990 (2010) NAUTILUS OF AMERICA, INC	95-3608292	!	Pa	age 12				
Part XI Reconciliation of Net Assets								
Check if Schedule O contains a response to any question in this Part XI				<u>. []</u>				
 1 Total revenue (must equal Part VIII, column (A), line 12). 2 Total expenses (must equal Part IX, column (A), line 25). 3 Revenue less expenses. Subtract line 2 from line 1 	2	1,1	66, 9	165. 977. 312.				
3								
5 Other changes in net assets or fund balances (explain in Schedule O)		1,8	23, 1	789.				
	5			0.				
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	1,2	25,9	377 .				
Part XII Financial Statements and Reporting								
Check if Schedule O contains a response to any question in this Part XII	<u> </u>			. []				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain			Yes	No				
in Schedule O.								
2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X				
b Were the organization's financial statements audited by an independent accountant?		2b	Х					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?		2c		Х				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			0 ¥					
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	s issued on a							
X Separate basis Consolidated basis Both consolidated and separate basis								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		Х				
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3b						
ВАА		Form	990 (2	2010)				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number NAUTILUS OF AMERICA, INC 95-3608292 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(bx1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). հ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type II Type III - Functionally integrated C Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11g(i) A family member of a person described in (i) above?.... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (ii) EIN (iv) Is the (vi) Is the (vii) Amount of support organization in column (i) listed in your governing document? organization in column (i) organized in the (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ,

Schedule A (Form 990 or 990-EZ) 2010

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	1,578,766.	2,349,260.	527,658.	985,573.	501,647.	5,942,904.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,578,766.	2,349,260.	527,658.	985,573.	501,647.	5,942,904.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,729,640.
6	Public support. Subtract line 5						
Sec	from line 4tion B. Total Support						4,213,264.
Cale	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1,578,766.	2,349,260.	527,658.	985,573.	501,647.	5,942,904.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	44,951.	43,342.	12,329.	8,214.	2,742.	111,578.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	,			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						6,054,482.
12	Gross receipts from related activ	ities, etc (see ins	tructions)				0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶ □
	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20	-					69.6%
	Public support percentage from 2	•	•				60.1%
16 a	33-1/3% support test — 2010. If t and stop here. The organization	he organization d qualifies as a put	id not check the to licly supported or	oox on line 13, an ganization	d the line 14 is 33	3-1/3% or more, c	heck this box
b	33-1/3% support test — 2009. If t and stop here. The organization	he organization d qualifies as a pub	id not check a bo dicly supported or	x on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part led organization .	IV how the▶
18 RAA	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a <u>,</u>			tructions •

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

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

Sec	tion A. Public Support						
Calen 1	dar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.').	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(1) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			, , and an analysis			, are minorales
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					1	
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						· · ·
	tion B. Total Support						
	lar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
					ł	1	
10 a	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
10 a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
10 a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
10 a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	is for the organiz	ation's first, secon	d, third, fourth, c	or fifth tax year as	s a section 501(c)(3)	
10 a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).			d, third, fourth, c	or fifth tax year as	s a section 501(c)(3)	
10 a b c 11 12 13 14 Sect	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and ion C. Computation of Pul Public support percentage for 20	<mark>olic Support F</mark> 10 (line 8, colum	Percentage in (f) divided by lin	e 13, column (f))			8
10 a b c 11 12 13 14 Sect	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	olic Support F 10 (line 8, colum 2009 Schedule A	Percentage in (f) divided by lin , Part III, line 15	e 13, column (f))			
10 a b c 11 12 13 14 Sect 15 16 Sect	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and ion C. Computation of Pul Public support percentage from 20 public support percentage from 2 ion D. Computation of Inv	olic Support F 10 (line 8, colum 2009 Schedule A estment Inco	Percentage in (f) divided by lin , Part III, line 15 me Percentage	e 13, column (f))			00
10 a b 11 12 13 14 Sect 15 16 Sect 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and ion C. Computation of Pul Public support percentage from 2 ion D. Computation of Inv. Investment income percentage for 20.	olic Support F 10 (line 8, colum 2009 Schedule A estment Inco or 2010 (line 10c	Percentage In (f) divided by lin , Part III, line 15 The Percentage , column (f) divided	e 13, column (f))	mn (f))		00 00 00
10 a b c 11 12 13 14 15 16 Sect 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and ion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 ion D. Computation of Inv Investment income percentage fi	olic Support F 10 (line 8, colum 2009 Schedule A estment Inco or 2010 (line 10c rom 2009 Schedu	Percentage In (f) divided by lin In Part III, line 15 In Percentage In Column (f) divided Ile A, Part III, line	e 13, column (f))	mn (f)).		00 00 00 00
10 a b c 11 12 13 14 Sect 15 16 Sect 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and ion C. Computation of Pul Public support percentage from 2 ion D. Computation of Inv. Investment income percentage for 20.	olic Support F 10 (line 8, column 2009 Schedule A estment Inco or 2010 (line 10c rom 2009 Schedu the organization this box and sto	Percentage In (f) divided by lin In Part III, line 15 In Percentage In Column (f) divided Ile A, Part III, line In did not check the In Pare. The organ	e 13, column (f)) I by line 13, colu 17 box on line 14, a zation qualifies a	mn (f)). and line 15 is mor as a publicly supp	15 16 17 18 re than 33-1/3%, and orded organization.	% % % d line 17

Schedule A	. (Form 990 o	r 990-EZ) 201	O NAUT.	ILUS OF	. WERIC	A, INC		9.	5-3608292		Page 4
Part IV	Suppleme Part II, Iin (See instr	e <mark>ntal Inform</mark> e 17a or 17	nation. Co b; and Pa	mplete t art III, lin	his part to e 12. Also	provide to complete	the explanate this part fo	tions require or any addit	ed by Part II, ional informa	line 10; ation.	
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	· 								- 		
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	-										
									. – – – – –		
											
											

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

name of the organization		Employer identification number
NAUTILUS OF AMERICA, INC		95-3608292
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	on
	4947(a)(1) nonexempt charitable trust not	t treated as a private foundation
	527 political organization	
	<u> </u>	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treat	ated as a private foundation
•	501(c)(3) taxable private foundation	
Check if your organization is covered by the	e General Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General	Rule and a Special Rule. See instructions.
Our and Bull		
General Rule	0 E7 000 DE Nkikk	000
contributor. (Complete Parts I and II.)	0-EZ, or 990-PF that received, during the year, \$5,0	Jud or more (in money or property) from any one
,		
Special Rules		
Ė	F 800 000 F-7 H	
509(a)(1) and 170(b)(1)(A)(vi), and rece	ng Form 990 or 990-EZ, that met the 33-1/3% supp	ort test of the regulations under sections contribution of the greater of (1) \$5,000 or
(2) 2% of the amount on (i) Form 990, I	eived from any one contributor, during the year, a c Part VIII, line 1h or (ii) Form 990-EZ, line 1. Compl	ete Parts I and II.
For a section 501(c)(7), (8), or (10) orga	anization filing Form 990 or 990-EZ, that received f 1,000 for use <i>exclusively</i> for religious, charitable, so	rom any one contributor, during the year,
aggregate contributions of more than \$\frac{3}{2}\$ the prevention of cruelty to children or a	1,000 for use <i>exclusively</i> for religious, charitable, so animals. Complete Parts I. II. and III.	cientific, literary, or educational purposes, or
	anization filing Form 990 or 990 EZ, that received f	from one one application desired the con-
contributions for use exclusively for relu	ninus charitable etc nurnoses hut these contribut	tions did not aggregate to more than \$1,000
If this box is checked, enter here the to	tal contributions that were received during the year arts unless the General Rule applies to this organiz.	for an exclusively religious, charitable, etc.
	of \$5,000 or more during the year	
Caution: An organization that is not covered	d by the General Rule and/or the Special Rules doe , line 2 of their Form 990, or check the box on line	es not file Schedule B (Form 990, 990-EZ, or
990-PF, to certify that it does not meet the	filing requirements of Schedule B (Form 990, 990-	EZ, or 990-PF).
BAA For Paperwork Reduction Act Notice		Schedule B (Form 990, 990-EZ, or 990-PF) (2010)
990EZ, or 990-PF.	, ood the metrode for Form body	Jeneaule D (1 01111 330, 330-12, 01 330-PF) (2010)

Schedule B (Form 990,	990-EZ,	or 990-PF)	(2010)
Name of organization			

of 1

of Part I

NAUTILUS OF AMERICA, INC

Employer identification number

95-360829	95	-3	60	82	92
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Part I₃	Contributors (see instructions.)		-
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ <u>150,000.</u>	Person X 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
2	PLOUGHSHARES FOUNDATION FORT MASON CENTER, BLDG B #330 SAN FRANCISCO, CA 94123	\$80,000.	Person X 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.)
(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.)

of 1

of Part II

Name of organization

NAUTILUS OF AMERICA, INC

Employer identification number

95-3608292

Part II	Noncash Property (see instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a)	(6)	(0)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Y	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Ġ.	
		\$	
(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
NAUTILUS OF AMERICA, INC

Employer identification number

NAUTILUS OF AMERICA, INC

Partill Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10)

Organizations aggregating more than \$1,000 for the year Complete sels (a) through (a) and the following line actors

(a) No. from	For organizations completing Part III, ente contributions of \$1,000 or less for the year (b)	(c)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(d)
Part I	Purpose of gift	Use of gift		Description of how gift is held
	N/A			
····		, , , , , , , , , , , , , , , , , , , ,		
		(e)	•	
	Transferee's name, addre	Transfer of gift ss, and ZIP + 4	Rel	lationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	1 diposo oi git	Osc of gift	* + 1111111111	Description of now gift is field
	- 11 min ((e)		
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Rei	ationship of transferor to transferee
				The second secon
				V TO THE PERSON AND A SECOND S
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I		<u> </u>		
				700 - 100 -
		(e)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(0)	45			
(a) lo. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
	· control special design of the second specia			
ļ	* ************************************	(e)		E
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
-				
-				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

6

▶\$

NAUTILUS OF AMERICA, INC

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

95-3608292

the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate contributions to (during year) 2 3 Aggregate grants from (during year)...... Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the

include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?......

4 Number of states where property subject to conservation easement is located >

No

No

Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orical T	reasures, o	<u>r Other</u>	Similar Ass	ets (d	<u>:ontinu</u>	ıed)
3 Using the organization's acquisit items (check all that apply):	ion, accessio	n, and of	her records, ch	eck any o	of the following	g that are	e a significant ι	ise of it	s collec	tion
a Public exhibition			d Loan	or exchar	nge programs					
b Scholarly research			e 🗌 Other							
c Preservation for future gener	rations									
4 Provide a description of the orga Part XIV.	nization's co	llections	and explain how	w they fu	rther the organ	nization's	exempt purpor	se in		
5 During the year, did the organiza assets to be sold to raise funds in	ition solicit or rather than to	r receive be mair	donations of ar tained as part o	t, historic	al treasures, o janization's co	or other s llection?.	similar	Yes	;	No
Part IV Escrow and Custodia 9, or reported an amo					ation answe	red 'Ye	s' to Form 9	90, P	art IV,	line
1a Is the organization an agent, true included on Form 990, Part X?			. .			ner asset	s not	Yes	; [No
b If 'Yes,' explain the arrangement	in Part XIV	and comp	olete the followi	ing table:						
- Desiraine belease						1	i e	Amour	<u>it</u>	
c Beginning balance										
d Additions during the year							<u> </u>			
e Distributions during the year							+			
f Ending balance							<u> </u>	1		7
2a Did the organization include an a		orm 990,	Part X, line 21?					Yes	L L	No
b If 'Yes,' explain the arrangement Part V Endowment Funds. Co		the ora	onization and	rworod	'Vac' to Ear	m 000	Port IV line	10		
Fait: Value Lindowillent Fullus.	(a) Current				· · · · · · · · · · · · · · · · · · ·		Three years back	T	Four woor	o book
1 a Paginning of year halance	(a) current	t year	(b) Prior year		c) Two years back	k (u)	Tillee years back	(e)	Four year	S Daux
1 a Beginning of year balance b Contributions						55,755				
						7889404900				
c Net investment earnings, gains, and losses	:								8 (8 E)	
d Grants or scholarships						800000		-32.33	6.40.00	
e Other expenditures for facilities and programs										
f Administrative expenses						150.650				
g End of year balance						500000				
Provide the estimated percentage	-		nce held as:							
a Board designated or quasi-endov			[%]							
b Permanent endowment ►		;								
c Term endowment ►	<u> </u>									
3a Are there endowment funds not i	n the posses	sion of th	ne organization	that are	held and admi	nistered	for the	F		
organization by:									Yes	No
(i) unrelated organizations								3a(i)		<u> </u>
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(ii), are the related of	-		•					3b		<u></u>
4 Describe in Part XIV the intended		_								
Part VI Land, Buildings, and I		· · · · · · · · · · · · · · · · · · ·				(.) (
Description of investment			or other basis vestment)		st or other s (other)	(c) Ac dep	cumulated reciation	(a)	Book va	ilue ———
1a Land						6.05 (5.466)				
b Buildings		—								
c Leasehold improvements					-					
d Equipment		· · · · · · · · · · · · · · · · · · ·								
e Other			- 000 B ()	-1	N 1500 200 20					
Total. Add lines 1a through 1e (Column	า (a) must ec	quai Forn	1 990, Part X, c	oiumn (B), IIne TU(c).).			ola P. Z	***** ^^	0.

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Schedule **D** (Form 990) 2010

Part VII Investments-Other Securities. See Fo	orm 990, Part X, li	ine 12. N/A	, , , , , , , , , , , , , , , , , , , ,
(a) Description of security or category	(b) Book value	(c) Method of valua	tion:
(including name of security)		Cost or end-of-year mar	ket value
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other(A)			
(B)			
(Q)			
(D)			
(E)			
<u>(F)</u>			
(G)			
<u>(H)</u>			
<u>(1)</u>			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) •			
Part VIII Investments-Program Related. (See		·	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion: ket value
(1)		Cost of cita of year man	NOC VALUE
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	E 15\		
Part IX Other Assets. (See Form 990, Part X,			(h) Da ala wakea
(1) LIFE INSURANCE POLICY	cription		(b) Book value 130, 000.
(2)			130,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column(B)		<u>.,,.,</u>	130,000.
Part X Other Liabilities. (See Form 990, Part			
(a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2)	•		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
(10) (11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	•		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

	edule D (Form 990) 2010 NAUTILUS OF AMERICA, INC	30/A	95-3608292	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financ			
1	Total revenue (Form 990, Part VIII,column (A), line 12)			569,165.
2	Total expenses (Form 990, Part IX, column (A), line 25)			,166,977.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			-597,812.
4	Net unrealized gains (losses) on investments		,	
5	Donated services and use of facilities.			
6	Investment expenses			
7	Prior period adjustments	***********		
8	Other (Describe in Part XIV)	***********	********	
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	3 and 9		-597,812.
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements			569,165.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
ā	Net unrealized gains on investments	2a	alasta regard (a)	
ł	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	569,165.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<u>,</u>
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.).			
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			569,165.
Par	XIII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses	per Return	
	Total expenses and losses per audited financial statements		1	,166,977.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		25.75	· · · · · · · · · · · · · · · · · · ·
а	Donated services and use of facilities	2a		
þ	Prior year adjustments.	2b		
	Other losses			
	Other (Describe in Part XIV.).			
е	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			,166,977.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)	4b		
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5 1	,166,977.
	XIV Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lin dditional information.	rt III, lines 1a and 4; Par es 2d and 4b. Also comp	t IV, lines 1b and 2 plete this part to pr	2b; ovide

Schedule D	(Form 990) 2010	MWOITTOO OL	AMERICA, IN	,	95-3606294	z Page s
Part XIV	Supplemental	Information (c	continued)			
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2010

Department of the Treasury Internal Revenue Service Name of the organization

NAUTILUS OF AMERICA, INC

Employer identification number

95-3608292

P	art I Questions Regarding Compensation			
			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			51.55
	First-class or charter travel Housing allowance or residence for personal use			3.65
	Travel for companions Payments for business use of personal residence		02000	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			F64 (659
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	\$1000000 \$1000000	551000	60 00 00 00 00 00 00 00 00 00 00 00 00 0
	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
				89 015
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee	8.786	:355 (E)	
		38 9000		
4	or a related organization:			
	a Receive a severance payment or change-of-control payment from the organization or a related organization?			X
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a⋅c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	a The organization?	5a		Х
	b Any related organization?	5b		<u> X</u>
	If 'Yes' to line 5a or 5b, describe in Part III.	5.50		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	a The organization?	33333		
	b Any related organization?	6a		X X
	If 'Yes' to line 6a or 6b, describe in Part III.	6b	54,548,688	X
		80000		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	٥		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010 NAUTILUS OF AMERICA, INC

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 95-3608292

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(ii) Bonus and incentive reportable compensation compensation compensation reportable reportable compensation compensation reportable reportabl	compensation of the deferred compensation of	(b) Nontaxable benefits benefits 0.	(E) Total of columns (B)(i)-(D) ((F) Compensation reported in prior Form 990 or Form 990-EZ
215,250.			215,250	Form 990-EZ
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization NAUTILUS OF AMERICA, INC	Employer identification number 95–3608292
FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS	
DRAFT PROVIDED TO BOARD PRIOR TO FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMI	ENT OF CONFLICTS
ANNUAL DISCLOSURE FORMS REQUIRED.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABL	E UPON REQUEST.
	
. —	

TAXABLE YEAR California Exempt Organization Annual Information Return

FORM

199

Calendar v	ear 2010 or fiscal year beginning	month 0.7 day 0	11 vear 20	10 and endin	na month 0.6	da:	v 30 ve	ar 2011
								ui ZVII
A First Reti	´				(msert ietter)		0767600	
Corporation/Or		IRI	C Section 4947(a)(1)	trust		_		
•	<u>-</u>							
	JS OF AMERICA, INC					19	5-36082 9	3 2
Address								
2421 F	OURTH STREET							
City						St	ate ZIP Code	
BERKELI	EY, CA 94710							
		• Yes X No	0 001	ntributions, check b	ox. See General inst	ruction	F.	
D Are you a	SERVELEY, CA 94/10 Anneaded Rebard?							
a le thie	a group filing for affiliates?		H Ac	counting method us	sed 1 Cash	2	X Accrual	3 Other
See Ge	neral Instruction L	• Yes No) 1 f 6	exempt under R&T(Section 23701d, ha	s the or	rganization durin	ig the year:
			(1)) participated in any distation or any half	y political campaign of measure, or (3) m	or (Z) a nade an	attempted to Infli election under	Teuce
c Are all	affiliates included?	Yes No	o R&	TC Section 23704.	(relating to lobbyin	g by pu	blic charities)? I	f 'Yes,'
(If 'No.	' attach a list. See instructions.)							
٠,	•	covered	Sec	ction 23701d Organ	izations			Yes X No
by a gr	oup ruling?	Yes No		d the organization h	ave any changes in i	its activ	ities, governing	instrument,
e Federa	Group Exemption Number							
f is a ros	ster of subordinates attached?	Yes No	· !					
							<u> </u>	
•	Dissolved Surrendered (Wit	hdrawn)	K Ist	the organization ex	empt under R&TC Se	ection 2	3701g? ●	Yes X No
• 🗇	Merged/Reorganized (attach explanation)		If '	Yes,' enter amount	of gross receipts fro	om ç		
If a box is							tha	
		federal forms or schedule:	L IS I	une organization un Saudited in a prior	vear?	or nas	•	Yes X No
Γ.							<u> </u>	
L.	🖵	□ '					<u>-</u>	1.00
education	al, or charitable, and is supported primaril	ly (50% or more) by public	rep	ort taxable income	2			Yes X No
Part I	Complete Part I unless not requi	ired to file this form. Se	ee General Instr	uctions B and	C.			
	1 Gross sales or receipts from	m other sources. From S	Side 2, Part II, I	ine 8		1		67,518.
	2 Gross dues and assessmer	nts from members and a	affiliates		. <i>.</i> • [2		
Receipts	3 Gross contributions, gifts, g	grants, and similar amo	unts received	SEE	.SCHB •	3	5	01,647.
Revenues								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_		ruction B	4	5	69,165.
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Expenses	•	•	· ·		F			
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ree					F			
			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		14		
	Then subtract line 12 from	the result				15		10.
	Under penalties of perjury, I declare that I h	nave examined this return, inclu	ding accompanying s	chedules and stater	nents, and to the bes	t of my	knowledge and b	elief, it is true,
	correct, and complete. Declaration of prepa			or which preparer h		1		
Here	Signature -	Title			Date	0	,	
	of officer	:				5		
	Preparer's		ŀ	Date	if self-	, [<u>e</u>		
Paid	signature				employed)
Preparer's Use Only	I IIII 3 Hallie					— 1 ⁻		
,	self-employed)							19
	and address PLEASANTO	N, CA 94588-33	51			— 1 ™		
								1-6600
	May the FTB discuss this return	with the preparer show	vn above? See i	nstructions	· · · · · · · · · · · · · · · · · · ·	•	X Yes	No

059

Part II	Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.
	Complete Fait ii of iurnish Substitute imornianon, see Special Line instructions.

		1	Gross sales or receipts from a	Il business activities, See	e instru	ctions		9 1	
		2	Interest						2,742.
		3	Dividends						
Rece	ints	4	Gross rents						
from		5	Gross royalties						
Other		6	Gross amount received from sa						
Jour		7	Other income. Attach schedule						64 776
		8	Total gross sales or receipts fr				Alement		64,776.
		0				•			C7 F10
			Enter here and on Side 1, Part						67,518.
		9	Contributions, gifts, grants, and similar						
		10	Disbursements to or for memb					1	
_		11	Compensation of officers, direct					<u> </u>	215,250.
Experand and	nses	12	Other salaries and wages						309,464.
Disbu		13	Interest						• • • • • • • • • • • • • • • • • • • •
ment	5	14	Taxes						33,627.
		15	Rents						1,298.
		16	Depreciation and depletion (Se						
		17	Other, Attach schedule						607,338.
		18	Total expenses and disbursements, Add	l line 9 through line 17. Enter h	ere and o	on Side 1, Part I, line	9	18	1,166,977.
	dule	L	Balance Sheets	Beginning o	f taxab	le year	En	d of tax	rable year
Asset				(a)		(b)	(c)	anolesalation F	(d)
				The state of the s		1,771,333.		•	
			receivable	Control Contro		157,500.		6	<u> </u>
			eivable. Attach schedule	***************************************		.	10 mm (10 mm) (10 mm) (10 mm)		
			tate government obligations	. Or former for the best part of the transfer over 1 figures on Selectorounce			3.53.53.57.5		<u>, </u>
			n other bonds. Attach sch	a Cara Cara Cara Cara Cara Cara Cara Ca				6	
			r otner bonds, Attach sch	and the decidence of the control of				6	
							10 10 10 10 10 10 10 10 10 10 10 10 10 1	•	
			s (number of loans) ents. Attach schedule						
					4.000 to 300 Table			•	
			ssets		500/500500			3	
			ated depreciation	The second secon				50500000	
			Attach schedule			120 000		•	
				Disconsidente e anticonociono de actual de act		130,000.	- 10 FT 000 P000000	8	
			et worth		250000000000	2,058,833.		56.043 (B) (B)	1,379,805.
						225 044			152.000
			blegifts, or grants payable	The production of the contract		235,044.		6	153,828.
		•		1 17 17 17 17 17 17 17 17 17 17 17 17 17					
			ies payable. Attach schedule	 AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA				•	
			s. Attach schedule					8	
			or principle fund			1,823,789.			1 005 027
			ital surplus. Attach reconciliation			1,023,109.		•	1,225,977.
			ngs or income fund						
			and net worth			2,058,833.			1,379,805.
	dule						PO-2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 20	20042-00000	2,0,0,000.
		••••	Do not complete this sched				n (d), is less than	n \$25.00	00
1 1	Vet inco	me pe	r books						
2	ederal i	ncome	e tax	9		not included in this	•		
3 (excess c	f capi	tal losses over capital gains	D		Attach schedule			
			corded on books this year.		8	Deductions in this r	•		
			e	D		against book incom		30 24	
			rded on books this year not deducted		X.			ļ	
_		eturn.	Attach schedule		9		d line 8		
	Fotal.	1 46	such line 5	E 0.7 0.10	10	Net income per retu		*	FOR 040
<i>H</i>	ado iine	i thro	ough line 5	-597,812	•	Subtract line 9 from	line 6	<u> </u>	-597,812.

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

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Hame of the organization		Employer identification number
NAUTILUS OF AMERICA, INC		95-3608292
Organization type (check one):		•
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not tre 527 political organization	eated as a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated 501(c)(3) taxable private foundation	d as a private foundation
Check if your organization is covered by the Note. Only a section 501(c)(7), (8), or (10) or	General Rule or a Special Rule . organization can check boxes for both the General Ru	lle and a Special Rule. See instructions.
General Rule		
	-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and recei	g Form 990 or 990-EZ, that met the 33-1/3% support ved from any one contributor, during the year, a cont art VIII, line 1h or (ii) Form 990-EZ, line 1. Complete	tribution of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organ aggregate contributions of more than \$1, the prevention of cruelty to children or an	nization filing Form 990 or 990·EZ, that received from 000 for use <i>exclusively</i> for religious, charitable, scier nimals. Complete Parts I, II, and III.	n any one contributor, during the year, ntific, literary, or educational purposes, or
If this box is checked, enter here the total purpose. Do not complete any of the part	nization filing Form 990 or 990-EZ, that received from lous, charitable, etc, purposes, but these contribution al contributions that were received during the year for ts unless the General Rule applies to this organizatio	ns did not aggregate to more than \$1,000. If an exclusively religious, charitable, etc, If an exclusively received nonexclusively
religious, charitable, etc, contributions of	\$5,000 or more during the year	▶\$
Caution: An organization that is not covered 990-PF) but it must answer 'No' on Part IV, I 990-PF, to certify that it does not meet the fi	by the General Rule and/or the Special Rules does n line 2 of their Form 990, or check the box on line H o ling requirements of Schedule B (Form 990, 990-EZ,	not file Schedule B (Form 990, 990-EZ, or of its Form 990-EZ, or on line 2 of its Form or 990-PF).
DAA Fan Damannania Danimakin Alakatin	., ,	

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B	(Form 990	. 990-EZ.	or 990-PF)	(2010)

of 1

of Part I

Name of organization
NAUTILUS OF AMERICA, INC

Employer identification number

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95	- <	601	× /	u.
		vv	OZ	

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ <u>150,000.</u>	Person X 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
	PLOUGHSHARES FOUNDATION FORT MASON CENTER, BLDG B #330 SAN FRANCISCO, CA 94123	\$80,000.	Person X 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.)
(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.)

of 1

of Part II

Name of organization

BAA

NAUTILUS OF AMERICA, INC

Employer identification number 95–3608292

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Part II Noncash Property (see instructions.) (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I N/A (a) No. from Part l (c) FMV (or estimate) (see instructions) (d) Date received Description of noncash property given (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (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 (d) Date received (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I

Name of organization

Employer identification number

	US OF AMERICA, INC			95-3608292	?
Part III	Exclusively religious, charitable, e organizations aggregating more t	etc, individual contributio han \$1,000 for the year.Co	ons to sect omplete cols	ion 501(c)(7), (8), or (10) (a) through (e) and the followir	ıg line entry.
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	. (Enter this information once. S	haritable, etc See instructio	ns.) 🏲 \$	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gif	t is held
	N/A				
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Reli	ationship of transferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gif	t is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gif	t is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to trans	sferee
:					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
		(e)			
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to trans	feree

010	CALIFORNIA ST	TATEMEN	rs		PAGE '		
	NAUTILUS OF A	IERICA, INC	IERICA, INC				
STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME							
MISCELLANEOUSROYALTIES			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$)TAL <u>\$</u>	6,226. 58,550. 64,776.		
STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, I	DIRECTORS, TRUSTEES	AND KEY EMP	LOYEES				
CURRENT OFFICERS: NAME AND ADDRESS	TITLE AVERAGE I PER WEEK D	HOURS CC	MPEN- BUT	ONTRI- LION TO P & DC	EXPENSE ACCOUNT/ OTHER		
KRISTEN BURGESS 2130 FULTON STREET LM 200 SAN FRANCISCO, CA 94117	TREASURER 5.00	\$	0. \$	0. \$	С		
TOM MILLER 2130 FULTON STREET, LM 200 SAN FRANCISCO, CA 94117	MEMBER 5.00		0.	0.	0		
PETER HAYES 2130 FULTON STREET, LM 200 SAN FRANCISCO, CA 94117	EXECUTIVE I 40.00	DIREC 2	15,250.	0.	0		
		TOTAL \$ 2	15,250. \$	0. \$	0		
STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES		TOTAL <u>\$ 2</u>	15,250. \$	0. \$			
ACCOUNTING FEES. BANK CHARGES DUES AND SUBSCRIPTIONS INSURANCE. LEGAL FEES OTHER EMPLOYEE BENEFIT	PEES.				5,220. 2,716. 2,756. 2,994. 75. 59,733. 136,422. 375. 426. 1,990. 335,803. 30,113. 4,613. 24,102.		

2010

CALIFORNIA STATEMENTS

PAGE 2

NAUTILUS OF AMERICA, INC

95-3608292

STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

130,000. 130,000.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and lifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12585.1. IRS extensions will be honored.



State Charity Registration Number 042542		Check if: Change of address						
NAME OF AMPRICA		Amended	report					
NAUTILUS OF AMERICA, INC Name of Organization								
2421 FOURTH STREET		Corporate or Organization No. 40767600						
Address (Number and Street)	,	oorporate or						
BERKELEY, CA 94710	State ZIP Code	Federal Empl	oyer ID No. 95-3608292					
	ENEWAL FEE SCHEDULE (11 Cal	L Codo Boso d	cootions 201 207 211 and 210					
Make Check	k Payable to Attorney General's F	Registry of Cha	ritable Trusts					
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue		Fee			
Less than \$25,000 0	Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 million	n !	\$150			
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 millio	n \$75	Between \$10,000,001 and \$50 million		\$225			
PART A – ACTIVITIES			Greater than \$50 million		\$300			
For your most recent full accounting per								
Gross annual revenue \$	569, 165. Total assets	Ş	1,379,805.					
PART B — STATEMENTS REGARDIN	G ORGANIZATION DURING	THE PERI	OD OF THIS REPORT					
Note: If you answer 'yes' to any of the que 'yes' response. Please review RRF-1	stions below, you must attach a s instructions for information requ	separate sheet iired.	providing an explanation and details	for e	ach			
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the								
organization and any officer, director or trustee had any financial intere	ustee thereof either directly or wit	th an entity in t	sactions between the which any such officer,	П	X			
2 During this reporting period, was there an property or funds?	y theft, embezzlement, diversion	or misuse of th	e organization's charitable	П	X			
3 During this reporting period, did non-progr	ram expenditures exceed 50% of	gross revenues	s?		X			
4 During this reporting period, were any org Form 4720 with the Internal Revenue Serv	anization funds used to pay any p vice, attach a copy.	enalty, fine or	judgment? If you filed a		X			
5 During this reporting period, were the serv purposes used? If 'yes,' provide an attach service provider.	rices of a commercial fundraiser oment listing the name, address, a	or fundraising o and telephone r	ounsel for charitable number of the	П	X			
6 During this reporting period, did the organ the name of the agency, mailing address,	ization receive any governmental	funding? If so,	provide an attachment listing		X			
7 During this reporting period, did the organ indicating the number of raffles and the da	ization hold a raffle for charitable				X			
Does the organization conduct a vehicle do the program is operated by the charity or vehicle.	onation program? If 'ves ' provide	an attachmen s with a comm	t indicating whether ercial fundraiser for					
charitable purposes.					X			
9 Did your organization have prepared an au principles for this reporting period?	idited financial statement in accor	rdance with ge	nerally accepted accounting	П	X			
Organization's area code and telephone numbe	r 510-423-0377		J.		1221			
Organization's e-mail address								
90-1-	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			·	=			
I declare under penalty of perjury that I have ex and belief, it is true, correct and complete.	xamined this report, including ac	companying d	ocuments, and to the best of my kno	wled	ge			
Signature of authorized officer Printed	Nama T	itle	Data					

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 2010

Open to Public Inspection

Department of the Treasury

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

HILL	ITIEI INCV	TOTAL SETVICE	1	ine organizati	m may mave to t	ase a copy or a	ins return to sa	usiy state repoi	rung regunen	iciita.	1095903	E44564/00/44 (0000)	94500	#6046XX#80X8#
Α	For t	he 2010 calen	dar year, or ta	x year begi	nning 7/	01	, 201	0, and endi	ng 6/3	30		, 2011		
В		if applicable:								D Emplo	yer Identi	fication Numb	er	-
	Ac	ddress change	NAUTILUS	OF AME	RICA, IN	С				95-	36082	292		
	\vdash	ame change	2421 FOUR	RTH STRI	EET				ŀ	E Teleph				
	-	itial return	BERKELEY	CA 94	710					510	-423	-0377		
		erminated							ŀ	510	425	0311		
	\vdash	mended return								G 0			60 1	165.
			F Name and ad-	drace of princip	al officer:				H(a) Is this a	G Gross				
		pplication pending	SAME AS C		ai oilicei.				H(b) Are all a			lates:	Yes Yes	X No
	Tau	avanah atatus			\ (:		(017(-)(1)	- F02		attach a list		ructions)	165	□мо
÷		exempt status	X 501(c)(3)	501(c) ()= (1	nsert no.)	4947(a)(1)	or 527	1		_			
<u>J</u>			UTILUS.OR		7	-	1.		H(c) Group e	1				
K		n of organization:		Trust	Association	Other ►	[1	Year of Forma	tion: 1981	. M:	State of le	gal domicile:	CA	
i c	art I	Summa	ry											
	1	Briefly descri	be the organiz	ation's miss	sion or most	significant	activities: <u>I</u>	<u>ADVOCATE</u>	: FOR I	<u>MPROVI</u>	NG_E	<u>NVIRON</u>	<u>MENT</u>	<u>AL </u>
8		AND NUCL	<u>EAR NON-P</u>	<u>ROLIFER</u>	ATION.									
Activities & Governance														
/err														
် တိ	2	Check this bo	ox ► ∐ if the	organizatio	on discontinu	led its oper	ations or dis	sposed of me	ore than 25	5% of its	net ass	sets.		_
વ્ય	3	Number of vo	oting members	of the gove	irning body (Part VI, IIn	e ta)		• • • • • • • • • • • • • • • • • • • •		3			
es			dependent voti											3
ξ			of individuals of volunteers											5 0
Act			ed business rev											0.
-	, a	Net unrelated	l business taxa	hla incoma	from Form	1011111 (C), II 100-T line	3/1	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · ·		7 b			0.
	-	Tree difference	Dusiness taxa	DIC IIICOITIC	nomi om.	770-1, mic .	54		_	ior Year	/ D	C	- V	
	8	Contributions	and grants (P	ort VIII. line	. 16)					985,5	73	Curre		647.
<u>o</u>			rice revenue (P							905,5	773.		U1, (34/.
Revenue			nce revenue (F ncome (Part VI							0 0	214.		· ·	712
ۿ										25,3				742.
_			e (Part VIII, co e – add lines 8							,019,1			64,	
										, 015, 1	.04.		09,.	165.
			imilar amounts											
			to or for memi											
Ø			er compensatio							591,0		6		074.
ıse	16 a	Professional 1	fundraising fee	s (Part IX,	column (A),	line 11e)				ç	95.		1,9	990.
Expenses	b	Total fundrais	sing expenses	(Part IX, co	lumn (D), lin	ie 25) 🟲		1,990.	1,120,08,89					\$66
ű			es (Part IX, co							499,7	118	5	46 9	913.
			es. Add lines 1							,091,7				977.
			expenses. Su							-72, 6			97,8	
	10	Trevende less	CAPCHICA. OU	Disact mile i	o nom mie	14								
200	20	Total accets ((Part X, line 16	`					Beginning	, 058, 8		End o		
Bak			s (Part X, line										79,8	
Net Assets or Fund Balances				•						235,0			53,8	
			fund balances	. Subtract I	ne 21 from l	ine 20			. 1,	,823,7	89.	1,2	25,9	977.
Pa	rt II	Signatur	e Block											
Und	er penal	lties of perjury, I de	eclare that I have ex arer (other than offic	camined this re	turn, including ac	companying so	chedules and sta	tements, and to	the best of my	y knowledge	and belie	ef, it is true, c	orrect, a	and
	p	IN.	(,		or without proper								
Sig	ın	Signatur	re of officer						Date	3				
He	re	₽												
		Type or	print name and title											
		Print/Type pr	reparer's name		Preparer's sign	nature		Date	To	Check	if P	TIN		
Pai	d	TERRI	MONTGOMER	Y						ـــ self-employe	ed E	002321	00	
	pare	Firm's name	► VAVRI	NEK, TR	INE, DAY	& CO	LLP						•	
	e Oni				ROAD, S					Firm's FIN	▶ 95-	264828	g.	
					CA 94588		-			Phone no.	(925			
May	tho II	PS discuss thi	is return with the				tructions)							
ivialy	me II	กอ เมริยนธริ (กิโ	is return With th	ie brehatet	PHOMU 900A	reir (see ins	sti uctions)	<i></i> .				X Yes	1 1	No

		S OF AMERICA,			95-	3608292	Page :
Pai		-	Accomplishment				
			ise to any question in	this Part III			
1	Briefly describe the organ		ONMENTAL AND I	NUCLEAR NON-P	ROLIFERATION.		
2	Did the organization under Form 990 or 990-EZ?				were not listed on the pr		No No
_	If 'Yes,' describe these ne						_
3	Did the organization cease If 'Yes,' describe these ch			s in how it conducts,	any program services?.	Yes 🛚	∐ No
4	Describe the exempt purp and 501(c)(4) organization expenses, and revenue, it	ns and section 4947	(a)(1) trusts are requi	ration's three largest red to report the amo	program services by expount of grants and alloca	penses. Section 5 tions to others, th	01(c)(3) ne total
4 a	(Code:) (Exp PEACE AND SECURI CONDUCT EXPORT W SERIES OF DAILY,	TY - PUBLISH ORKSHOPS ON	GLOBAL SECURI	EARCH ON U.S.	NUCLEAR WEAPON	DOCTRINE.	<u>A</u>
			·				
				·			
4 b	(Code:) (Expe	enses \$	including g	rants of \$) (Revenue	\$)
							
4 c	(Code:) (Expe	enses \$	including g	rants of \$) (Revenue	\$)
						. 	
						·	
						·	
	Other program services. ([
	(Expenses \$ Total program service exp		ding grants of \$ 765,557.) (Revenue \$)	

BAA

Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	:	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It is complete Schedule D, Part V.	10	3000000000000000	Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
!	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Χ
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>
Ł	o If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) NAUTILUS OF AMERICA, INC

Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the expenientian report more than \$5 000 of exerts and allow an interest and allow the second allows are interest.		103	"
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24-		v
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
,	any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
l	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			5 53 4 (5)
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		Х
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2010)

Form 990 (2010) NAUTILUS OF AMERICA, INC	95-3608292		Page
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V			[
1- Falsa No. anathra and L. C. D. C.	1	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.1;b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.11			1000
	- 0000000		
c Did the organization comply with backup withholding rules for reportable payments to vendors ar (gambling) winnings to prize winners?	nd reportable gaming 1	c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a		100	0.000
b If at least one is reported on line 2a, did the organization file all required federal employment tax	c returns? 2	b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instru	ctions)	S (350, Com S (350, Com	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		а	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O)	
 4a At any time during the calendar year, did the organization have an interest in, or a signature or of financial account in a foreign country (such as a bank account, securities account, or other financial b If 'Yes,' enter the name of the foreign country: ► AUSTRALIA 	other authority over, a cial account)?4	a X	
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finan			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	iciai Accounts.		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter training the burning the tax shelter training the burning the tax shelter training the burning t	ar? 5:		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	· · · · · · · · · · · · · · · · · · ·		Х
		-	├
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and disolicit any contributions that were not tax deductible?		1	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution to tax deductible?	outions or gifts were		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?			
TO BE A STATE OF THE STATE OF T		Versa con	Χ
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit c	ontract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file			Α
as required?	e Form 8899 7g		İ
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?	nization file a		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have a holdings at any time during the year?	excess business		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		arent man.
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:	20 (12) 30 (12)	. 63.62	COLUMN TO
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:		0.000	688.43.47
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		6.0	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041? 12a	0.01500000	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		\$18945) \$18000	*EV0/885
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.		2000	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

14b

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year..... **b** Enter the number of voting members included in line 1a, above, who are independent..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents X 4 since the prior Form 990 was filed?.... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Does the organization have members or stockholders?.... 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.... **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons?..... 7Ь Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a **b** Each committee with authority to act on behalf of the governing body?..... X 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Does the organization have local chapters, branches, or affiliates?..... 10 a X **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?..... 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done......SEE SCHEDULE. O...... 12c 13 Does the organization have a written whistleblower policy?..... X 13 Does the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15 a 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a Х b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEÉ SCHEDUĽE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SCOTT BRUCE 2130 FULTON STREET, LM 200 SAN FRANCISCO CA 94117 415-422-5223

Form 990 (2010) NAUTILUS	OF	AMERICA.	TNC
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII...

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week					that app		Reportable compensation from the organization	Reportable compensation from	Estimated amount of other
	(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ighest	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	related organiza- tions in	al trus	onal tr		ployer	comp				and related organizations
	Schedule O)	stee	ustee		"	Highest compensated employee		:		
(1) KRISTEN BURGESS						ä				
TREASURER	5	Х						0.	0.	0.
(2) TOM MILLER	_									
MEMBER (3) PETER HAYES	5	X						0.	0.	0.
EXECUTIVE DIREC	40			Х				215,250.	0.	0.
_(4)										
(5)										
_(8)										
<u>(9)</u>										700 - 71 - 71 - 71 - 71 - 71 - 71 - 71 -
(10)										
(11)										
(12)								<u> </u>		1 - 100m. i i i i i i i i i i i i i i i i i i i
(13)					1					-
(14)				1						1111/6-1
(15)										***************************************
(16)			1							
(17)			\top		\dagger		\dashv			
ВАА		TE	EA01	107L	12/2	21/10				Form 990 (2010)

Part VII Section A. Officers, Directors, Trus		(ey	En	iplo	ye	es,	an	d Highest Cor	npensated E	mployees (con	t)
(A)	(B)				c) 			(D)	(E)	(F)	
Name and title	Average hours per week (describe hours for related organizations in Sch O)		Institution	Officer		Highest compensated	1	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fro related organization (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations	1
(18)									******		
(19)											
(20)											
(21)									***************************************		
(22)									.,,		
(23)								****			
(24)											
(25)											
(26)									*****		
(27)									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(28)											
(29)									-		
1 b Sub-total	.						A	215,250. 0. 215,250.).	0.
 Total number of individuals (including but not limited from the organization 1 	to those	e lis	ted	abov	/e) 1	who	rec	eived more than \$	5100,000 in repo	ortable compensati	0. ion
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc	dividual					٠					No X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual.	an \$150	ഹവ	pen)? <i>If</i>	satio 'Ye	on a s' c	ind e omp	othe <i>lete</i>	r compensation fr Schedule J for	om	4 X	
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' co	mpensa <i>mplete</i>	tion <i>Sch</i>	fror edu	n ar le J	y ui	nrel sucl	ated h pe	l organization or in	ndividual		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated	d indepe	ende	ent r	ontr	acto	are :	that	received more the	on \$100 000 of		
compensation from the organization.		- True		,011(1	acıı	315	ınaı		10 000,000 61		
Name and business address								(B) Description of	services	(C) Compensation	_
											_
			*				+				
Total number of independent contractors (including but	ıt not fir	nite	d to	tho	se li	isted	d ab	ove) who received	i more than		
\$100,000 in compensation from the organization > ()										

	art vin Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ST Y	1a Federated campaigns 1a	5 - 60 00 00 00			5,000 (50 (4)
GRA	b Membership dues			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
FTS	d Related organizations. 1d		100		300 600 000 000
S, G	e Government grants (contributions) 1e 421, 647.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOLINTS	f All other contributions, gifts, grants, and similar amounts not included above. 1f 80.000				Sept. 1999 1999 1999 1999 1999 1999 1999 19
TRIB	similar amounts not included above 1f 80,000. g Noncash contributions included in Ins 1a-1f: \$				
S S	h Total. Add lines 1a-1f.	501,647.	68 6 65 65 65 65	43.50.000.00.00	
Į Į	Business Code			Company of the second	
PROGRAM SERVICE REVENUE	2a				
AM S	e				
OGR/	f All other program service revenue				
<u>¥</u>	g Total. Add lines 2a-2f▶				
	3 Investment income (including dividends, interest and other similar amounts). ▶ 4 Income from investment of tax-exempt bond proceeds ▶	2,742.			2,742.
	5 Royalties				
	(i) Real (ii) Personal				
	b Less: rental expenses		15 CH (15 CH)		- COMPA 1
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other	57 50 0000 000 000 000	5 64 85 65		
	assets other than inventory .				3.9 (C) (C)
	b Less: cost or other basis and sales expenses				
	c Cain or flocal				
	d Net gain or (loss)				
ä	8a Gross income from fundraising events (not including \$				
EN	of contributions reported on line 1c).				
28	See Part IV, line 18a				100000000000000000000000000000000000000
OTHER REVEN	b Less: direct expenses b				
°	c Net income or (loss) from fundraising events	The second secon			
	9a Gross income from gaming activities. See Part IV, line 19			2.000	
İ	b Less: direct expenses b				
]	c Net income or (loss) from gaming activities ▶				
	10 a Gross sales of inventory, less returns and allowances a	44.54.62 (4.4 min 20) 44.54.65 (4.4 min 20)			
	b Less: cost of goods sold b				
-	c Net income or (loss) from sales of inventory				and the second s
}	Miscellaneous Revenue Business Code 11 a ROYALTIES	E0 550			
	b MISCELLANEOUS	58,550. 6,226.	6,226.		58,550.
	c	0,220.	0,220.		
	d All other revenue				
	e Total. Add lines 11a-11d	64,776.			
	12 Total revenue. See instructions	569,165.	6,226.	0.	61,292.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

(A) Total expenses **(D)** Fundraising Do not include amounts reported on lines Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in the U.S. See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16...... Compensation of current officers, directors, trustees, and key employees 215,250 0 215,250 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).... Ω 0. 309,464. 216,625. 92,839 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)...... Other employee benefits 59,733 41,813 17,920 10 Payroll taxes..... 33,627 23,539 10,088. 11 Fees for services (non-employees): a Management..... **b** Legal..... 75 53 22 5,220. 3,654. 1,566. **d** Lobbying..... e Professional fundraising services. See Part IV, line 17. . . . 1,990. 1,990 f Investment management fees **g** Other..... 136,422 95,495 40,927 12 Advertising and promotion..... Office expenses..... 14 Information technology..... 16 Occupancy..... 1,298 909 389. 17 24,102 16,871 7,231. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings..... 19 Interest..... Payments to affiliates..... Depreciation, depletion, and amortization.... 23 Insurance..... 2,994 2,096 898 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f a PROGRAM EXPENSES 335,803. 335,803 **b** SUPPLIES 30,113. 9,034 21,079. c TELEPHONE 4,613. 3,229. 1,384 d DUES AND SUBSCRIPTIONS 2,756. 1,929. 827. e BANK CHARGES 2,716. 1,901 815. f All other expenses..... 801 561 240. 25 Total functional expenses. Add lines 1 through 24f... 1,166,977. 765,557. 399,430 1,990. Joint costs. Check here ► _ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

P	art >	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	397,146.	1	484,105.
	2	Savings and temporary cash investments	1,374,187.	2	765,700.
	3	Pledges and grants receivable, net	157,500.	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Λ.	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	
ş	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use		8	
\$	9	Prepaid expenses and deferred charges		9	
	10:	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	1	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	130,000.	15	130,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,058,833.	_	1,379,805.
	17	Accounts payable and accrued expenses.	235,044.	17	153,828.
	18	Grants payable		18	
	19	Deferred revenue.		19	
Ļ	20	Tax-exempt bond liabilities.		20	
Á	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
I L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
Ţ		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	235,044.	26	153,828.
N E N		Organizations that follow SFAS 117, check here ► X and complete lines			200000
ī		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	1,314,600.	27	1,225,977.
くらい 上下ら	28	Temporarily restricted net assets	509,189.	28	
	29	Permanently restricted net assets	-	29	
O R		Organizations that do not follow SFAS 117, check here ► and complete			
F		lines 30 through 34.			
בטאט	30	Capital stock or trust principal, or current funds		30	
B	31	Paid in or capital surplus, or land, building, or equipment fund	:	31	, n - <u>M. m.</u>
Ê	32	Retained earnings, endowment, accumulated income, or other funds		32	
B女上女叉ひ足の	33	Total net assets or fund balances	1,823,789.	33	1,225,977.
ริ	34	Total liabilities and net assets/fund balances	2,058,833.	34	1,379,805.
BΔ	· _		1 2 2 7 2 2 2 1		Earm 900 (2010)

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Form 990 (2010)

Forn	1 990 (2010) NAUTILUS OF AMERICA, INC 9	5-3608292		Page	12				
Pai	TXI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	56	9,16	5.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,16	6,97	7.				
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,82	3,789	9 <u>.</u>				
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(0.				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	1,22	25,97	7.				
Par	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII		<u></u>	<u>.</u>					
			`	Yes N	lo				
1	Accounting method used to prepare the Form 990:								
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	ζ_				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	2	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ssued on a							
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	he Single	3a	>	<u> </u>				
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3b						

Form **990** (2010)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	TILUS OF AMERIC							95-3	360829	2		
Par	t l Reason for Pul	blic Charity Statu:	s (All organizations	s must	compl	ete thi	s part.) See	instruc	tions.		
The o	organization is not a priv	vate foundation becaus	se it is: (For lines 1 thr	ough 11	, check	only one	e box.)					
1			ciation of churches de		in sectic	n 170(b)(1)(A)(i).				
2			(Attach Schedule									
3	A hospital or a coop	perative hospital servi	ce organization describ	ed in se	ection 17	70(b)(1)((A)(iii).					
4			i in conjunction with a	hospital	describ	ed in se	ection 17	70(b)(1)((A)(iii). E	Inter the ho	spital':	s
5	name, city, and sta	te:										
	170(b)(1)(A)(iv). (Complete Part II.)											
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8			70(b)(1)(A)(vi). (Comple	ete Part	11.5							
9	An organization tha from activities relate investment income June 30, 1975. See	t normally receives: (1 ed to its exempt function and unrelated busines section 509(a)(2). (Co	l) more than 33-1/3% (ions — subject to certa s taxable income (less implete Part III.)	of its sur in excep section	oport fro ptions, a 511 tax	na (2) n) from l	o more ousiness	than 33 ses acqu	1/20/. 04	tto culocor	f fram	
10			exclusively to test for p									
11												
_	a ∐Type I	b ∐Type II	c Type I	il — Fun	ctionally	rintegra	ited		d 📗	Type III -	Othe	r
е	other than foundation section 509(a)(2).	x, I certify that the org on managers and othe	anization is not contro r than one or more put	lled dire blicly su	ctly or ir pported	ndirectly organiza	by one ations d	or more escribed	e disqua I in secti	lified perso ion 509(a)(ns 1) or	
f	If the organization re	eceived a written dete	rmination from the IRS	that is	a Type !	. Type I	l or Tvp	e III sur	portina	organizatio	nn.	
	CHECK this box		· · · · · · · · · · · · · · · · · · ·	· · · · · · ·				<i></i> .				. Ш
g	Since August 17, 20	106, has the organizati	on accepted any gift o	or contril	bution fr	om any	of the f	ollowing	person:	s?		
	(i) A person who	directly or indirectly o	antrale aithar alana ar	taaatha	. مالئىيىس		بالمحالات	J 1 715		F	Yes	No
	below, the gov	erning body of the su	ontrols, either alone or pported organization?.				rescribe	a III (II)	ano (III)	. 11g(i)		
	(ii) A family memb	per of a person descri	bed in (i) above?						. <i></i>	. 11 a (ii)		
	(iii) A 35% controll	led entity of a person	described in (i) or (ii) a	above?.						. 11 g (iii)	-	
<u>h</u>	Provide the following	g information about th	e supported organizati	on(s).	m							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organi column i your g	Is the zation in (i) listed in overning iment?	the organ	you notify nization in in (i) of upport?	organiz colui organiz	Is the zation in mn (i) ed in the S.?	(vii) Amou	nt of supp	port
				Yes	No	Yes	No	Yes	No			
<u>(A)</u>	. mile			ļ								
<u>(B)</u>		<u></u>										
<u>(C)</u>												
<u>(D)</u>				<u> </u>								
<u>(E)</u>												
Total										,		
· - · · · ·				1 1034/05/05/05/05	poptilistration	\$1.000 (\$100)	র বর্তার সমিত্র হৈছিল। ব	9000000000000				

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

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

<u>Se</u>	ction A. Public Support						
Cal beg	endar year (or fiscal year jinning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	1,578,766.	2,349,260.	527,658.	985,573.	501,647.	5,942,904.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,578,766.	2,349,260.	527,658.	985,573.	501,647.	5,942,904.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6		Colombia (19)	1319 Sept. 1				1,729,640. 4,213,264.
Sec	ction B. Total Support						4,213,204.
Cale	endar year (or fiscal year inning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1,578,766.	2,349,260.	527,658.	985,573.	501,647.	5,942,904.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	44,951.	43,342.	12,329.	8,214.	2,742.	111,578.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10		55 66 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				6,054,482.
12	Gross receipts from related activi	ities, etc (see inst	ructions)				0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ition's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(3	3)
Sec	tion C. Computation of Pub	olic Support P	ercentage				
	Public support percentage for 20						69.6%
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14		· · · · · · · · · · · · · · · · · · ·	15	60.1%
16 a	33-1/3% support test — 2010. If to and stop here. The organization	he organization di qualifies as a pub	d not check the b licly supported or	oox on line 13, and ganization	d the line 14 is 33	-1/3% or more, cl	neck this box
t	33-1/3% support test – 2009. If the and stop here. The organization of	he organization di qualifies as a pub	d not check a box licly supported or	k on line 13 or 16a ganization	a, and line 15 is 3	3-1/3% or more,	check this box
17 a	10%-facts-and-circumstances test or more, and if the organization rethe organization meets the 'facts-	neets the tacts-a	ndicirci imstances	'test chack this b	and cton have	. Evoloin in Dort	IV/ hour
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the facts-al -circumstances'	nd-circumstances test. The organiza	' test, check this b ation qualifies as a	oox and stop here a publicly supporte	. Explain in Part ed organization	IV how the
18 BAA	Private foundation. If the organiz	ation did not ched	k a box on line 1	3, 16a, 16b, 17a,			
)HH					Sch	edule A (Form 99	0 or 990-EZ) 2010

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

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

Se	ction A. Public Support						
	ndar year (or fiscal yr beginning in) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	, , , , , , , , , , , , , , , , , , , ,					
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			, , , , , , , , , , , , , , , , , , , ,			
5	The value of services or facilities furnished by a governmental unit to the organization without charge			100000000000000000000000000000000000000			
78	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	Contract of the contract of th	13		£ 555		
	tion B. Total Support						
	dar year (or fiscal yr beginning in) 🟲 📗	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
13	Total support. (Add Ins 9, 10c, 11, and 12.)						***************************************
14	First five years. If the Form 990 is organization, check this box and	s for the organiza	tion's first, second	I, third, fourth, or	fifth tax year as	a section 501(c)(3)	▶ □
ect	ion C. Computation of Pub	lic Support Pe	ercentage			.,	
	Public support percentage for 201			13, column (f)).		15	%
16	Public support percentage from 2	009 Schedule A, i	Part III, line 15			16	· · · · · · · · · · · · · · · · · · ·
ect	ion D. Computation of Inve	stment Incom	ne Percentage				
17	Investment income percentage for	r 2010 (line 10c, d	column (f) divided	by line 13, colun	nn (f))	17	%
8	Investment income percentage fro	om 2009 Schedule	e A, Part III, line 1	7		18	%
	33-1/3% support tests — 2010. If the is not more than 33-1/3%, check the control of the control	inis dox and stop	nere. The organiz	ation qualifies as	s a publicly suppo	orted organization	
b	33-1/3% support tests – 2009. If the fine 18 is not more than 33-1/3%,	cneck this box ar	na stop nere. The	organization qua	lifies as a publicl	y supported organiz	1/3%, and ation ► □
	Private foundation. If the organiza			•	,	- , ,	

Schedule A	(Form 99	0 or 990-E	Z) 2010	NAUTI	LUS C)F A	MERICA	, INC			95-3	3608292		Page 4
Part IV	Suppler Part II, (See ins	nental I line 17a struction	nformat or 17b; s).	i on. Col and Pa	mplete ırt III, li	this	part to 12. Also	provide complet	the exp e this p	planations part for an	required y addition	by Part II al inform	, line 10 ation.	;
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization	W	Employer identification number						
NAUTILUS OF AMERICA, INC		95-3608292						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treat	led as a private foundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated a	as a private foundation						
	501(c)(3) taxable private foundation							
	Name of the Control o							
Check if your organization is covered by the	e General Rule or a Special Rule.							
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General Rule	and a Special Rule. See instructions.						
General Rule For an organization filing Form 990, 99 contributor. (Complete Parts I and II.)	0-EZ, or 990-PF that received, during the year, \$5,000 or	r more (in money or property) from any one						
Special Rules								
For a section 501(c)(3) organization filin 509(a)(1) and 170(b)(1)(A)(vi), and reco (2) 2% of the amount on (i) Form 990,	ng Form 990 or 990-EZ, that met the 33-1/3% support te eived from any one contributor, during the year, a contrib Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Pa	st of the regulations under sections oution of the greater of (1) \$5,000 or arts I and II.						
For a section 501(c)(7), (8), or (10) org aggregate contributions of more than \$ the prevention of cruelty to children or a section of the prevention of cruelty to children or a section of the prevention of the	anization filing Form 990 or 990-EZ, that received from a 1,000 for use <i>exclusively</i> for religious, charitable, scientif animals. Complete Parts I, II, and III <i>.</i>	any one contributor, during the year, fic, literary, or educational purposes, or						
IT INS NOX IS CHECKED ENTER HERE THE TO	anization filing Form 990 or 990-EZ, that received from a gious, charitable, etc, purposes, but these contributions of tall contributions that were received during the year for a parts unless the General Rule applies to this organization	an avaluativalu raliaious, abaritable, etc.						
	of \$5,000 or more during the year							
990-Pt) but it must answer 'No' on Part IV	d by the General Rule and/or the Special Rules does not , line 2 of their Form 990, or check the box on line H of it filing requirements of Schedule B (Form 990, 990-EZ, or	its Form 990-F7 or on line 2 of its Form						
DAA Fan Danasson Dades Care Ast Matter								

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schadula	R	(Form 9	വ	990.E7	or 990-PF)	(2010)
Ochiculate		(1 01111 2	JU.	2202.	UI 2201 I 1	(ZVIV)

Page 1 of 1

of Part I

Name of organization NAUTILUS OF AMERICA, INC

Employer identification number

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45	≺	61	12/	92

Part	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ <u>150,000.</u>	Person X 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
2	PLOUGHSHARES FOUNDATION FORT MASON CENTER, BLDG B #330 SAN FRANCISCO, CA 94123	\$80,000.	Person X 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.)
(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.)

Page 1

of 1

of Part II

NAUTILUS OF AMERICA, INC

Employer identification number 95-3608292

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
N/A			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(b) ription of noncash property given \$ (c) FMV (or estimate) (see instructions) \$ ription of noncash property given (b) ription of noncash property given \$ (c) FMV (or estimate) (see instructions) \$ ription of noncash property given (b) ription of noncash property given (c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

NAME TIME OF AMEDICA INC.

Employer identification number

	US OF AMERICA, INC			95-3608292		
Part III	Exclusively religious, charitable, organizations aggregating more	than \$1 HMM tay tha waay A				
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	er total of <i>exclusively</i> religious, or	haritable, et	C,		
(a) No. from Part I	For organizations completing Part III, entecontributions of \$1,000 or less for the yea (b) Purpose of gift	(c) Use of gift	Jee manden	ons.)		
	N/A					
		3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
	Transferee's name, addre	(e) Transfer of gift ess, and ZIP + 4	Re	lationship of transferor to transferee		
(a)	(b)	(c)				
No. from Part I	Purpose of gift	Use of gift		(d) Description of how gift is held		
-	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rel	ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e)	-			
-	Transferee's name, addres	Transfer of gift	Relationship of transferor to transferee			
(a)	(b)					
No. from Part I	Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
<u> </u> - -	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
-			, , , , , , , , , , , , , , , , , , , ,			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number NAUTILUS OF AMERICA, INC 95-3608292 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 2 Aggregate contributions to (during year) Aggregate grants from (during year)..... Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Nο Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included in (a)..... 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1.

b Assets included in Form 990, Part X...

		· .				
Schedule D (Form 990) 2010 NAUT	ILUS OF	AMERICA, INC		95-36	08292	Page :
Part III Organizations Mainta	ining Col	lections of Art, His	storical Treasures,	or Other Similar As	sets (conti	nued)
3 Using the organization's acquisit items (check all that apply):						
a Public exhibition			n or exchange program			
b Scholarly research		e Oth				
c Preservation for future gener	ations		THE REST OF THE PERSON NAMED IN COLUMN 1			
4 Provide a description of the organization of the organization.	nization's c					
5 During the year, did the organiza assets to be sold to raise funds i	tion solicit o ather than t	or receive donations of to be maintained as pa	art, historical treasures	, or other similar collection?	Yes	□No
Part IV Escrow and Custodia 9, or reported an amo	l Arrange	ments. Complete i	f organization ansv	vered 'Yes' to Form	990, Part I	V, line
				,	****	
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodi	ian, or other intermedia	ary for contributions or	other assets not	□ v _{**}	
b If 'Yes,' explain the arrangement	in Part XIV	and complete the follo	wing table:	• • • • • • • • • • • • • • • • • • • •	Yes	No
, ,		and complete and lone	mig table.		Amount	
c Beginning balance				1c	Afficult	
d Additions during the year						
e Distributions during the year			******************	1e		
f Ending balance				1f		
2a Did the organization include an a	mount on F	orm 990 Part X line 2		[11]	TV	
b If 'Yes,' explain the arrangement	in Part XIV	5111 550, 1 dit X, iiiic Z		****************	Yes	No
Part V Endowment Funds. Co	mplete if	the organization a	rswered 'Yes' to Fo	orm 990 Part IV lin	~ 10	
	(a) Currer					
1 a Beginning of year balance	(a) cano.	(3) 1101)	(c) Two years b	dux (u) Tillee years back	(e) Four ye	ars Dack
b Contributions					-	
ř						
c Net investment earnings, gains, and losses						3000
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	_					
a Board designated or quasi-endow		<u> </u>				
b Permanent endowment ►		Ś				
c Term endowment						
3a Are there endowment funds not in organization by:					Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related or	annizatione	listed as required on S	chedule R?		3b	
4 Describe in Part XIV the intended	garnzanons	matter and rodgemou on c			Ju	
	uses of the	organization's endown	ent funds.		30	
Part VI Land, Buildings, and E Description of investment	uses of the	organization's endown	nent funds. art X, line 10.		30	

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (other)

1a Land

b Buildings

c Leasehold improvements

d Equipment.
e Other.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).).

BAA

Schedule **D** (Form 990) 2010

Part VII Investments—Other Securities. Se	ee Form 990, Part X, I	ine 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	
(1) Financial derivatives		Cost or end-of-year market value	alue
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
()			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	. >		
Part VIII Investments-Program Related. (S	ee Form 990, Part X,	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation:	
(1)		Cost or end-of-year market va	lue
(1)			
(2)			
(3)			
(4)			·
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	>		
Part IX Other Assets. (See Form 990, Part			
	Description	(h) Book value
(1) LIFE INSURANCE POLICY		100	130,000.
(2)			130,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			,
(10)			
Total. (Column (b) must equal Form 990, Part X, colum	n(B), line 15)	.	130,000.
Part X Other Liabilities. (See Form 990, Part X	art X, line 25)		
(a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			00 TE - 1896\$1990
(7)			
(8)			
(9)			
(10)			
(11)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 25)	>		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Par	TXI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
	Total revenue (Form 990, Part VIII,column (A), line 12)	, , , , , , , , , , , , , , , ,	569,165.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,166,977.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-597,812.
4	Net unrealized gains (losses) on investments	1	
5	Donated services and use of facilities.		
6	Investment expenses.		
7	Prior period adjustments.		
8	Other (Describe in Part XIV)		
_	Total adjustments (net). Add lines 4 through 8		
9	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-597,812.
10	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue		337,012.
	Total revenue, gains, and other support per audited financial statements		569,165.
-	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		307, 103.
2	₹ 		
		——————————————————————————————————————	
	Recoveries of prior year grants		
	1 Other (Describe in Part XIV)		
_	Add lines 2a through 2d		FCO 1CE
_	Subtract line 2e from line 1	3	569,165.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		569,165.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen		
1	Total expenses and losses per audited financial statements	- Aller and a second	1,166,977.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
Ŀ	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		1,166,977.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	4c	1 100 000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,166,977.
	t XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also additional information.	t; Part IV, lines 10 complete this par	and 25; t to provide
			

Schedule D (Form 990) 2010 NAUTILUS OF AMERICA, INC Part XIV Supplemental Information (continued)	95-3608292	Page 5
Part XIV Supplemental Information (continued)		
*		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NAUTILUS OF AMERICA, INC

Employer identification number

95-3608292

Гс	arcial Questions Regarding Compensation			
			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1.000000 2.00000000
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract	2.32.3	39-352	
	Independent compensation consultant Compensation survey or study			99 - 98 - 1
	Form 990 of other organizations Approval by the board or compensation committee	100		8.02
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			85-423 878-83
7	or a related organization:	0.5946	1450.000	50,000 c
	a Receive a severance payment or change-of-control payment from the organization or a related organization?			X
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Χ
	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	8.335.03	0000000	biologica de
			2001400000	\$ 65.00
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	0.400.00	10000	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	5 6323		
	contingent on the revenues of:	3.533.0		
	a The organization?	<u>5a</u>		X
	b Any related organization?	5 b	acialoreza	Χ
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of: a The organization?			
	b Any related organization?	6a		<u> </u>
	If 'Yes' to line 6a or 6b, describe in Part III.	6b	\$530789\$	X
			Albert Sept	2-60/02-00/03
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(-)?			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 NAUTILUS OF AMERICA, INC

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

95-3608292

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	-							1
	9)	3) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	con	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	reported in prior Form 990 or Form 990-F7
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ВАА				TEEA4102L 11/	11/15/10		Schedi	Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

	B0000000000000000000000000000000000000
Name of the organization NAUTILUS OF AMERICA, INC	Employer identification number 95-3608292
FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS	
DRAFT PROVIDED TO BOARD PRIOR TO FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMI	ENT OF CONFLICTS
ANNUAL DISCLOSURE FORMS REQUIRED.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABL	E UPON REQUEST.
	- -
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	···

TEEA4901L 10/26/10