Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2014

Open to Public Inspection

Α	For the	e 2014 calen	dar year, or tax	year begir	nning 7/0)1	, 2014	, and ending	6/30			, 2015	
В	Check if	applicable:	С		*) Employ	er ident	ification number	
	Add	dress change	NAUTILUS	OF AMER	RICA, INC	C				95-	3608	292	
	Nan	ne change	2342 SHAT	TUCK AV	E #300				E	Telepho	ne num	ber	
	Initi	ial return	BERKELEY,	CA 947	04					510	-423	-0377	
	Final	I return/terminated								020		0011	
	\vdash	ended return							6	Gross r	eceints	\$ 387,76	:3
	\vdash	olication pending	F Name and add	ress of principa	al officer:			Ha	a) Is this a g				No
		meation penang	SAME AS C	95 1,50				H(I	b) Are all su If 'No,' att	bordinates	include		No
ī	Tay-ev	xempt status	X 501(c)(3)	501(c) (\ 4 (ii	nsert no.)	4947(a)(1) or	527	If 'No,' att	ach a list.	(see ins	structions)	_
') (11	isercito.)	4347(a)(1) 01						
			UTILUS.OR		T	T au .	1.		c) Group exe	1			
K		of organization:		Trust	Association	Other ►	L	Year of formation:	1981	IVI	state of I	legal domicile: CA	
Pa	rt I	Summar	у	tional main		-::::							
						significant act	ivities: A	DVOCATE_E	OR IM	SKOAT	NG L	NVIRONMENTA	ـ ــا
e	-	AND NUCL	EAR NON-P	<u>KOTTŁEK</u>	ATION.								
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်			oting members	organization	rning body (ed its operations of the part VI line 1	oris or disp a)	iosea oi more	man 257	0 01 115	1 3	ssets.	1
જ			dependent voti								4		4
ies			of individuals	_							5		4
Activities & Governance	0.50		of volunteers			CONTROL OF THE PROPERTY OF THE	A THE OWNER OF THE PARTY OF THE	* Control of the Cont			6		0
Act	7a 7	Total unrelate	ed business rev	enue from	Part VIII, col	lumn (C), line	12				7a		0.
	b١	Net unrelated	d business taxa	ble income	from Form 9	990-T, line 34					7b		0.
									Pric	r Year		Current Year	
	8 (Contributions	and grants (Pa	art VIII, line	1h)					67,8	39.	390,78	38.
Revenue													
3Ve	10	nvestment ir	ncome (Part VII	I, column (A), lines 3, 4	, and 7d)		[4,5	59.	-3,07	75.
ď	5.00		e (Part VIII, col										50.
			e – add lines 8							72,3	98.	387,76	53.
	13 (Grants and s	imilar amounts	paid (Part	IX, column (A), lines 1-3).							
	14 E	Benefits paid											
	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							388,231.			321,84	14.
ses	16a F	Professional	fundraising fee	s (Part IX,	column (A),	line 11e)							
Expenses			sing expenses (1					
X	ı		ses (Part IX, co		55 155-55					170 7	102	102 2/	16
	100000		es. Add lines 13							178,7		183,34	
					•			_		566,9		505,19	
5 8		Revenue less	expenses. Sub	otract line i	o irom line	12				494,5	$\overline{}$	-117, 42 End of Year	. / .
anc	20 7	Total assats	(Part X, line 16	`					Beginning				2
Ass	20 7		es (Part X, line 16)							684,3		549,71 102,94	
Net Assets Fund Baland	21 1							SECULIAR SECU		120,1			
			fund balances	. Subtract I	ine 21 from I	ine 20				564,1	.92.	446,76	<u>, 5.</u>
Pa	rt II	Signatur	e Block										
Unde	er penaltie	es of perjury, I de	eclare that I have exa erer (other than office	amined this ret	urn, including acc	companying sched	ules and state	ments, and to the	best of my k	nowledge	and beli	ief, it is true, correct, and	å
-		I.	are tourer triair errice	ny io bacca on				-9					
٠.		Signatu	ire of officer						Date				
Siç	jn											~	
He	re		ER HAYES						EXECUT	TAE I	TRE	U	
			print name and title	•	I Drana :t :	anti-wa		Data			T., T	PTIN	
			oreparer's name		Preparer's sign	iature		Date	l	neck	if	PTIN	
Pa			MONTGOMER						se	lf-employe	ed	P00232100	
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Us	e Only	y Firm's addre	ess 5000 I	HOPYARD	ROAD, S	UITE 335			Fi	rm's EIN	95	-2648289	
			PLEAS	ANTON,	CA 94588	-3351			Pi	none no.	(92		
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Form	990 (2014) NAUTILUS OF AME	RICA,	INC		95-360829	Page 2
Par	t III Statement of Program Se	ervice A	Accomplishments			
	Check if Schedule O contains a		se or note to any line in this	Part III		
1	Briefly describe the organization's mis		NAMES AND MICH	AN NOW PROJECTION	M.T.O.N.	
	ADVOCATE FOR IMPROVING I	<u>ENATEC</u>	NWENTAL AND NUCLE	SAR NON-PROLIFERA	TION.	
2	Did the organization undertake any signif	icant pro	gram services during the year	which were not listed on the	e prior	
_	Form 990 or 990-EZ?					Yes X No
	If 'Yes,' describe these new services of	n Sched	lule O.			
3	Did the organization cease conducting	, or mak	e significant changes in how	w it conducts, any progran	n services?	Yes X No
	If 'Yes,' describe these changes on So	chedule (Э.		_	<u></u>
4	Describe the organization's program s	ervice ac	complishments for each of	its three largest program	services, as measure	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	service	are required to report the al reported.	mount of grants and alloca	ations to others, the	totai expenses,
			\$4000 \$ 4000000 \$10 -4400 \$400			
4 a	(Code:) (Expenses \$	432	2,043. including grants of	of \$) (Revenue \$)
	PEACE AND SECURITY - PUR				WEAPONS DOCT	RINE.
	CONDUCT EXPORT WORKSHOPS	SONG	LOBAL SECURITY AN	D THEATRE MISSIL	E DEFENSE, DE	CLIVER A
	SERIES OF DAILY, WEEKLY	AND M	MONTHLY NEWS SERVI	CES.		
4 h	(Code:) (Expenses \$		including grants of	of \$) (Revenue \$)
41	(Сойс) (Ехрепаса Ф		morading grants (J. 4) (Nevenue 4	
	(O-d				\	
4 c	(Code:) (Expenses \$		including grants o)) (Revenue \$)
4 d	Other program services. (Describe in S					
	(Expenses \$	includ	ling grants of \$) (Revenue	Ş)
4 e BAA	Total program service expenses		432,043. TEEA0102L 05/28/14	4		Form 990 (2014)
DMM			TECAUTUZE U3/28/14	+		. 31111 330 (2017)

Form 990 (2014) NAUTILUS OF AMERICA, INC 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		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, 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		Х
	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
	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, and XII	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 and XII is optional	12 b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	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		X
18	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) NAUTILUS OF AMERICA, INC

Part IV Checklist of Required Schedules (continued)

	onedand contained (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 8	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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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	a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
ŀ	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	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		Х
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, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	If 'Yes' to line 35a, 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	35b		
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
BAA		Form	990 ((2014)

Form 990 (2014) NAUTILUS OF AMERICA, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V....

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c		Х
2 a 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 2 a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- Contraction of the Contraction	X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i> .	3 b	4	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	Х	
b If 'Yes,' enter the name of the foreign country: ► AS			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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 for goods and	_		Х
services provided to the payor?	7 a		^
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
Form 8282?	,,,	SOM	INNERS.
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	Dallan ca	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.		A server	
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:		315 E	
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 10 b			
11 Section 501(c)(12) organizations. Enter:			
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.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
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?	13 a		
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			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	15 10 10 10 10	Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q</i>	14b		100000
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Part VI 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 or note to any line in this Part VI.

Se	ection A. Governing Body and Management			
			Yes	No
•	1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	of the governing body, or if the governing body delegated broad			
	b Enter the number of voting members included in line 1a, above, who are independent			
•	officer, director, trustee, or key employee?	2		X
	3 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		<u>X</u>
4	4 Did the organization make any significant changes to its governing documents		-	v
	since the prior Form 990 was filed?	5		<u>X</u>
	6 Did the organization become aware during the year of a significant diversion of the organization sassets:	6		X
	7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			000000
	members of the governing body?	7 a		_X
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,			v
	stockholders, or persons other than the governing body?	7 b	THE REAL PROPERTY.	X
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
_	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9	10.00	$\frac{X}{2da}$
36	ection B. Policies (This Section B requests information about policies not required by the Internal Re	J	Yes	No
10	0 a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			
	operations are consistent with the organization's exempt purposes?	10 b	- 17	
1	1 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
1.	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 2a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12a	Х	
"	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	124		
	to conflicts?	12 b	X	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSEE. SCHEDULE. O	12 c	Х	
1	3 Did the organization have a written whistleblower policy?	13	X	
	4 Did the organization have a written document retention and destruction policy?	14	Х	
	5 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?		V	SERTING.
	a The organization's CEO, Executive Director, or top management official.	15 a	Х	X
	b Other officers or key employees of the organization	150	20085	A
16	6a 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		X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		0209000
	ection C. Disclosure			
	7 List the states with which a copy of this Form 990 is required to be filed Land Land Land Land Land Land Land Lan			
18	8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.	only)	availa	able
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	9 Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available.	ble to		
	the public during the tax year. SEE SCHEDULE O			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JOAN DIAMOND 2342 SHATTUCK AVE #300 BERKELEY CA 94704 415-422-5223			

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

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. 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 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.

employees; and former such persons.										
Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	sate	d an	y cu	rrent officer, direct	or, or trustee.	
		_		(C)						
(A) Name and Title	(B) Average hours per		dir	do no box, n an c	/trust	eck moss s pers and a ee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KRISTEN BURGESS TREASURER	- - 5 -	X						0.	0.	0.
(2) TOM MILLER PRESIDENT	- 5 0	X						0.	0.	0.
(3) CHRIS THORSON DIRECTOR	- 5 -	X						0.	0.	0.
(4) PETER HAYES DIRECTOR	- <u>40</u> -			Х				193,725.	0.	0.
(5)										
(6)										
<u></u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
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Part VII Section A. Officers, Directors, Tr	ustees,	Key Employees, and					and	d Highest Con	loyees (continued)			
*	(B)			((C)							
(A) Name and title	Average hours per week	offic	unle er ar	ess pe	erson direct	than is bot or/trus	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimated unt of other spensation	
	(list any hours for related organiza - tions below	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org an	rom the anization d related anizations	
	dotted line)	stee	ustee		G	ensated						
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total								193,725.	0.			0.
c Total from continuation sheets to Part VII, Sect							A	0.	0.			0.
d Total (add lines 1b and 1c)	to those I	istad	ahov	۰۰۰۰	who	recei	hav	193,725.	0.	ensation	1	0.
from the organization 1	ı to those i	isieu	abov	ve) v	WIIO	recei	veu	more than \$100,00	o of reportable comp	rensation		
3 Did the organization list any former officer, direct	otor or tru	istoo	kov	, am	anlos	100	or h	nighest compansa	ted employee	1000	Yes	No
on line 1a? If 'Yes,' complete Schedule J for su	ch individu	ıal		•••						3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	of reportab er than \$1	le coi 50,00	mpe 00? 	nsa If '}	ition 'es'	and com	oth <i>plet</i>	er compensation te Schedule J for	from 	4	X	
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ue comper s,' comple	satio	n fro	om lule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	5		Х
Section B. Independent Contractors												
Complete this table for your five highest comper compensation from the organization. Report competence	nsated ind nsation for	epend the ca	dent	t coi dar y	ntra year	ctors endi	tha	at received more the or with or within the or	han \$100,000 of ganization's tax year			
(A) Name and business add	dress							Description (B)	of services	Compe	c) nsation	1
1 - 5												
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited to	tho	se I	istec	abo	ve)	who received more	than			
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Contraction of	Check if Schedule O contains a resp	onse or note to any	line in this Part VII	I		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a Federated campaigns 1a					
ran M	b Membership dues					
S, G	c Fundraising events					
ar #	d Related organizations 1 d					
S, C	e Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f	390,788.				
E C	g Noncash contributions included in lines 1a-1f: \$_					
	h Total. Add lines 1a-1f		390,788.			
Program Service Revenue		Business Code				
eke	2a					
ë	b					
Ş.	C					
S	d					
аш	e					
B	f All other program service revenue					
<u>~</u>	g Total. Add lines 2a-2f					
	3 Investment income (including dividends	s, interest and	2 075			2 075
	other similar amounts) Income from investment of tax-exempt		-3,075.			-3,075.
	Royalties(i) Real	(ii) Personal				
	6 a Gross rents	(ii) i diseilai				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising events (not including . \$ of contributions reported on line 1c).					
ě	See Part IV, line 18					
7	b Less: direct expenses					
ŧ	c Net income or (loss) from fundraising e					
0	9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gaming activ					
		100				
	10a Gross sales of inventory, less returns and allowances.	a				
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inve					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS		50.	50.		
	b					
	с					
	d All other revenue					
	e Total. Add lines 11a-11d		50.			
	12 Total revenue. See instructions		387 763	50	0	-3.075

Part IX Statement of Functional Expenses

	cricon in correction of contains a	coporise of flote to diff			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	193,725.	193,725.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,588.	71,112.	30,476.	
9	Other employee benefits	26,531.	18,572.	7,959.	
10	Payroll taxes		20/0.21	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Fees for services (non-employees):				
	Management				
	Legal				
C	: Accounting				
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	26,154.	18,308.	7,846.	
13	Office expenses	F 002		E 002	
100000	10 Mark 10 Mar	5,082.		5,082.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PROJECTS	102,154.	102,154.		
	PUBLICATIONS	28,172.	28,172.		
			20,112.	20,280.	
	ADMINISTRATIVE EXPENSES	20,280.			
	MISCELLANEOUS	1,504.		1,504.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	505,190.	432,043.	73,147.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line	in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		380,236.	1	419,711.
	2	Savings and temporary cash investments			2	*
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		174,135.	4	
	5	Loans and other receivables from current and former officers, trustees, key employees, and highest compensated employees Part II of Schedule L	Complete		5	
	6	Loans and other receivables from other disqualified persons (a section 4958(f)(1)), persons described in section 4958(c)(3)(B), and employers and sponsoring organizations of section 501(c)(9) volunt beneficiary organizations (see instructions). Complete Part II o	s defined under contributing ary employees' f Schedule L		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
		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	ACMINISTRATION OF THE PROPERTY	130,000.	15	130,001.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u></u>	684,371.	16	549,712.
\neg	17	Accounts payable and accrued expenses		120,179.	17	102,947.
	18	Grants payable	120/115.	18	102/31/1	
	19	Deferred revenue	The second of th		19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete Part IV of Sche	_		21	
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali Complete Part II of Schedule L	ors, trustees, fied persons.		22	
7	23	Secured mortgages and notes payable to unrelated third partie	Control of the Contro		23	
	24	Unsecured notes and loans payable to unrelated third parties.			24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24). Complete Par			25	
- 1	26	Total liabilities. Add lines 17 through 25		120,179.	26	102,947.
es		Organizations that follow SFAS 117 (ASC 958), check here ► Innes 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets		564,192.	27	446,765.
a	28	Temporarily restricted net assets			28	
8	29	Permanently restricted net assets	_		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.				
0	30	Capital stock or trust principal, or current funds		The second of the second of the second of the	30	CHARLES CHARLES STANDED AND
e t	31	Paid-in or capital surplus, or land, building, or equipment fund.	_		31	
488	32	Retained earnings, endowment, accumulated income, or other			32	
et	33	Total net assets or fund balances	_	564,192.	33	446,765.
Ž	34	Total liabilities and net assets/fund balances		684,371.	34	549,712.
				001,011.	100000	010/1121

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Form 990 (2014)

Pai	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12).	1	3	87,7	763.
2	Total expenses (must equal Part IX, column (A), line 25).	2	5	05,1	190.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	17,4	127.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	64,1	192.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	4	46.7	765.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
	officer if defication of contains a response of flote to any line in this flat Air			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			100	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
Ł	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	te			
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х
ł	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
BAA			Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2014

Open to Public

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(b)(1)(A)(iii). Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 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.) 7 X 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 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 9 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 to 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of other (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization listed support (see instructions) support (see instructions) in your governing (see instructions)) document? Yes No (A) (B) (C) (D) (E) Total BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	501,647.	1,230,485.	450,679.	450,679.	390,788.	3,024,278.
2	Tax revenues levied for the organization's benefit and either paid to 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	501,647.	1,230,485.	450,679.	450,679.	390,788.	3,024,278.
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)						1,218,347.
	Public support. Subtract line 5 from line 4						1,805,931.
Sec	tion B. Total Support	r	г				
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	501,647.	1,230,485.	450,679.	450,679.	390,788.	3,024,278.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,742.	2,773.	759.	95.	-3,075.	3,294.
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 VI.)						0.
11	Total support. Add lines 7 through 10						3,027,572.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	>
Sec	tion C Commutation of Du	blic Cupport D	lavoontago				
14	Public support percentage for 20	014 (line 6, colum	n (f) divided by lin	e 11, column (f)).		14	59.65%
15	Public support percentage from 2	2013 Schedule A,	Part II, line 14				77.39 %
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported or	box on line 13, arganization	nd the line 14 is 3	3-1/3% or more,	check this box
t	33-1/3% support test — 2013. If t and stop here. The organization	the organization of qualifies as a pu	lid not check a boo blicly supported or	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	tion qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	VI how the
18	Private foundation. If the organiz	zation did not che	eck a box on line 1	3, 16a, 16b, 17a,	8		
RAA					Sol	adula A (Form 90	00 or 990-F7) 2014

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

	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 I	pelow, please complete Part II.)	

Sec	tion A. Public Support						
Caler	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	tax-exempt purpose						
12	or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	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						
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						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	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.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	8)▶ □
	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20						%
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
	Investment income percentage for				121222		%
18	Investment income percentage fr	om 2013 Schedu	le A, Part III, line	17		18	%
	33-1/3% support tests – 2014. If is not more than 33-1/3%, check	this box and stop	here. The organ	ization qualifies a	as a publicly suppo	orted organization	▶ []
b	33-1/3% support tests – 2013. If line 18 is not more than 33-1/3%	the organization, check this box a	did not check a band stop here. The	ox on line 14 or li e organization qu	ine 19a, and line 1 alifies as a publicl	16 is more than 33 by supported organ	ization ►
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions .	▶ 🗍

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	the designation. If historic and continuing relationship, explaint	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
(c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>	4a		
ł	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
(c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ŀ	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 a	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
t	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
c	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		eliza e
10 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
b	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		and the same
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		THE REAL PROPERTY.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
50	ction E. Type III Functionally-Integrated Supporting Organizations			
36	Stion E. Type in Functionally-integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	ns).		
2	Activities Test. Answer (a) and (b) below		Vaa	No
2			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		MARK.

BAA

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovember Section	20, 1970. See instruct ns A through E.	ions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion.	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		100
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	A Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
-	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Leading to the state of the sta	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated	Type III supporting or	ganization

	t v Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	itions (continuea)	
Sec	tion D — Distributions		1	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of sup			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizatio in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			No. of the last of
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4		SOLD SECTION	
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b				
С	的复数形式 医乳腺性 医乳腺性 医乳腺性 医乳腺性 医乳腺性 医乳腺性 医乳腺性 医乳腺性			
d	Excess from 2013			
е	Excess from 2014			
BΔΔ			Schedule A (Form	n 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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, Form 990-EZ, or Form 990-PF

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

OMB No. 1545-0047

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
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is covered by the	General Rule or a Special Rule
Note. Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organization filing Form 990, 990	0-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
property) from any one contributor. Con	plete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
X For an organization described in section	n 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that
received from any one contributor, durin	ng the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (1)
Form 990, Part VIII, line 1h, or (ii) Form	990-EZ, line 1. Complete Parts I and II.
For an organization described in section	501(c)(7) (8) or (10) filing Form 990 or 990-F7 that received from any one contributor.
during the year, total contributions of m	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, ore than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational
purposes, or for the prevention of cruelt	y to children or animals. Complete Parts I, II, and III.
	5014 \ (7) (0) (10) (1) (20) (20) (20) (7) that are invalidations are small halos.
	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, by for religious, charitable, etc., purposes, but no such contributions totaled more than
	e the total contributions that were received during the year for an <i>exclusively</i> religious,
charitable, etc., purpose. Do not comple	ete any of the parts unless the General Rule applies to this organization because
it received <i>nonexclusively</i> religious, char	ritable, etc., contributions totaling \$5,000 or more during the year ► \$
Coutions An association that is and association	thus the Constal Bule and/or the Special Bules does not file Schodule B /Ferm 000, 000 E7, or
990-PF), but it must answer 'No' on Part IV	d by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or , line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,
Part I, line 2, to certify that it does not mee	t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Page

1 of

1 of Part 1

NAUTILUS OF AMERICA, INC

Employer identification number

95-3608292

Partill Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
-----------------------------	---------------------	----------------------	-------------------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MCCARTHUR FOUNDATION 140 SOUTH DEARBORN ST, #1200 CHICAGO, IL 60603	\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	NEW LAND FOUNDATION 1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036-7798	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		CONTRIBUTIONS	
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		Payroll
(a) Number	Name, address, and ZIP + 4	\$(c)	Payroll
(a) Number	Name, address, and ZIP + 4	\$ (c) Total contributions	Payroll
	Name, address, and ZIP + 4	\$(c) Total contributions	Payroll

Page

1 to

of Part II

Name of organization

Employer identification number

NAUTILUS OF AMERICA, INC

95-3608292

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		ļ s	
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		•	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 		
		\$	
BAA	Sched	tule B (Form 990, 990-EZ, c	or 990-PF) (2014)

of Part III

Name of organization
NAUTTLUS OF AMERICA. INC.

Employer identification number

	JS OF AMERICA, INC		[95-3608292			
Part III	Exclusively religious, charitable, e	tc., contributions to orga	nizations described in section 501(c	:)(7), (8)		
	or (10) that total more than \$1,000 for t	he year from any one contrib	butor. Complete columns (a) through (e) and			
	the following line entry. For organizations of	ompleting Part III, enter the tota		4_		
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	space is needed.	ee instructions.)\$	N/A		
(a)	(b)		(d)			
(a) No. from Part I	Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held		
Part I						
	N/A					
	L					
		(e) Transfer of gift				
	Transferee's name, addres		Relationship of transferor to transfe	oree		
	Transieree S name, addres	13, 6114 611 1 4	Treationship of transferor to transfer			
	 					
			L -			
4.5	4.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held		
Part I	Turpose or gire	030 or gint	Description of now given	J 11014		
		-				
			 			
		(e)				
		(e) Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee			
	L		L			
			L			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	c hold		
Part I	Furpose of gift	Ose of gift	Description of now girt is	3 ileiu		
						
						
		(e)				
		(e) Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transfe	eree		
			[
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is			
(a) No. from Part I	Purpose of gift	Use of gift	Description of how gift is	s held		
1 41(1						
			 			
	 -					
		7-1				
		(e) Transfer of gift				
	Transferee's name, addres		Relationship of transferor to transferee			
	.,	Г	Γ			
						
						

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	NAUTILUS OF AMERICA, INC			95-3608292
Pai	Organizations Maintaining Donor Complete if the organization answer	Advised Funds or Ot	her Similar Funds or	
	Tompiete ii tiio ergamzation anove	(a) Donor advise		(b) Funds and other accounts
1	Total number at end of year	(u) Donor davisor	a runus	(b) I and and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
_				2 02 0
5	Did the organization inform all donors and donor are the organization's property, subject to the or	ganization's exclusive lega	al control?	Yes No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	f the donor or donor advise	or, or for any other purpose	e conferring
Pai	Conservation Easements. Complete if the organization answer	arad 'Vas' to Farm 99	0 Part IV line 7	
1				
,	Preservation of land for public use (e.g., rec			orically important land area
	Protection of natural habitat	realion of education)	Preservation of a certi	
	Preservation of open space			ned historic structure
2	Complete lines 2a through 2d if the organization held	d a qualified concentation of	entribution in the form of a co	nconvotion accoment on the
2	last day of the tax year.	u a qualilleu conservation co	intribution in the form of a co	riservation easement on the
				Held at the End of the Tax Year
;	a Total number of conservation easements		2a	
- 1	Total acreage restricted by conservation easeme	ents	2t	
	Number of conservation easements on a certified	d historic structure include	d in (a) 20	
(d Number of conservation easements included in (structure listed in the National Register	(c) acquired after 8/17/06,	and not on a historic	1
3	Number of conservation easements modified, transfetax year ►			ization during the
4	Number of states where property subject to conserva	ation easement is located >		
5	Does the organization have a written policy rega and enforcement of the conservation easements	rding the periodic monitor		
6	Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing conse	ervation easements during the	e year
7	Amount of expenses incurred in monitoring, inspecti ►\$	ng, and enforcing conservat	on easements during the yea	ar
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	requirements of section 17	0(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports or include, if applicable, the text of the footnote to	onservation easements in its	revenue and expense stater	nent, and balance sheet, and
D	conservation easements.	ions of Art Historias	I Transuras or Other	Similar Accata
Par	Complete if the organization answer	ered 'Yes' to Form 99	D, Part IV, line 8.	Sillilar Assets.
1 a	a If the organization elected, as permitted under S art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financia	for public exhibition, educati	on, or research in furtherance	ement and balance sheet works of e of public service, provide,
ŀ	If the organization elected, as permitted under S historical treasures, or other similar assets held for p following amounts relating to these items:	oublic exhibition, education,	or research in furtherance of	public service, provide the
	(i) Revenue included in Form 990, Part VIII, line	e 1		
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, hist amounts required to be reported under SFAS 11	6 (ASC 958) relating to the	ese items:	
	Revenue included in Form 990, Part VIII, line 1			
ŀ	Assets included in Form 990, Part X			

Part III Organizations Maintaining Coll	ections of Art, His	torical Treasures, or	Other Similar Ass	sets (continuea)
 Using the organization's acquisition, accession, items (check all that apply): Public exhibition 		any of the following that are	e a significant use of its	collection
b Scholarly research	e Othe			
c Preservation for future generations				
Provide a description of the organization's collect Part XIII.	ctions and explain how th	ey further the organization's	exempt purpose in	
5 During the year, did the organization solicit of to be sold to raise funds rather than to be m	aintained as part of the	organization's collection?		Yes No
Part IV Escrow and Custodial Arrange line 9, or reported an amount o	ments. Complete it n Form 990, Part X	the organization ans , line 21.	swered 'Yes' to Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custod on Form 990, Part X?				Yes No
b If 'Yes,' explain the arrangement in Part XIII	and complete the follow	wing table:		
				Amount
c Beginning balance				
d Additions during the year				
e Distributions during the year				
f Ending balance				
2 a Did the organization include an amount on F				Yes No
b If 'Yes,' explain the arrangement in Part XIII	Check here if the expl	anation has been provided	d in Part XIII	
Part V Endowment Funds. Complete i				
(a) Curre	nt year (b) Prior y	ear (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the curr	ent year end balance (line 1g, column (a)) held a	as:	
a Board designated or quasi-endowment ►				
	8			
c Temporarily restricted endowment ►	%			
The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.			
3 a Are there endowment funds not in the possession organization by:	n of the organization tha	t are held and administered	for the	Yes No
(i) unrelated organizations				. 3a(i)
(ii) related organizations				. 3a(ii)
b If 'Yes' to 3a(ii), are the related organization	s listed as required on	Schedule R?		. 3b
4 Describe in Part XIII the intended uses of the	e organization's endowr	ment funds.		
Part VI Land, Buildings, and Equipmen	ıt.			
Complete if the organization an	swered 'Yes' to For	rm 990, Part IV, line	11a. See Form 990	0, Part X, line 10.
Description of property	(a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	6			
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X	, column (B), line 10c.)		0.
RAA			Schod	ule D (Form 990) 2014

Part VII Investments — Other Securities.		N/A
		, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C) (D)		
(E)		
(F)		
(G)		
(H)		
<u>(i)</u>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
		N/A , Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
<u>(4)</u>		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		
Part IX Other Assets.		
	N/ I I - F 000	D. I.I./ I'm 11 I Con France 000 Dart V I'm 15
		, Part IV, line 11d. See Form 990, Part X, line 15.
(a) Des	'Yes' to Form 990 scription	(b) Book value
(a) Des		(b) Book value 130,000.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4)		(b) Book value 130,000.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5)		(b) Book value 130,000.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6)		(b) Book value 130,000.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6) (7)		(b) Book value 130,000.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6) (7) (8)		(b) Book value 130,000.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6) (7)		(b) Book value 130,000.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6) (7) (8) (9)	scription	(b) Book value 130,000. 1.
(a) Description (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	3), line 15.)	(b) Book value 130,000. 1.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form	3), <i>line 15.)</i> orm 990, Part IV, line 11	(b) Book value 130,000. 1.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability	3), line 15.)	(b) Book value 130,000. 1.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes	3), <i>line 15.)</i> orm 990, Part IV, line 11	(b) Book value 130,000. 1.
(a) Description of liability (a) Description of liability (a) Description of liability (a) Description of liability (b) Description of liability (c) Part X Other Liabilities. (d) Description of liability (e) Pederal income taxes (c)	3), <i>line 15.)</i> orm 990, Part IV, line 11	(b) Book value 130,000. 1.
(a) Des (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3)	3), <i>line 15.)</i> orm 990, Part IV, line 11	(b) Book value 130,000. 1.
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(a) Description of liability (b) Complete if the organization answered 'Yes' to Form (a) Description of liability (c) ROUNDING (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	3), <i>line 15.)</i> orm 990, Part IV, line 11	(b) Book value 130,000. 1.
(a) Description of liability (b) Complete if the organization answered 'Yes' to Form (a) Description of liability (c) Federal income taxes (d) Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (c) Federal income taxes (d) Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (c) Federal income taxes (d) Column (d) Must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (d) Federal income taxes (e) Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. (a) Description of liability (f) Federal income taxes (g)	3), <i>line 15.)</i> orm 990, Part IV, line 11	(b) Book value 130,000. 1.
(a) Description of liability (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	3), <i>line 15.)</i> orm 990, Part IV, line 11	(b) Book value 130,000. 1.
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(a) Description of liability (1) LIFE INSURANCE POLICY (2) ROUNDING (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	3), line 15.)	(b) Book value 130,000. 1. 130,001. e or 11f. See Form 990, Part X, line 25

Part XI Reconciliation of Revenue per Audited Financial Statements W	
Complete if the organization answered 'Yes' to Form 990, Part IV	V, line 12a.
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
That lines is all and in the contract of the c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Vith Expenses per Return. N/A
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V	Vith Expenses per Return. N/A V, line 12a.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part IV	Vith Expenses per Return. N/A V, line 12a.
 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part IV Total expenses and losses per audited financial statements 	Vith Expenses per Return. N/A V, line 12a.
 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 	Vith Expenses per Return. N/A V, line 12a. 1
 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part I's Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 	Vith Expenses per Return. N/A V, line 12a.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part IV 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments.	Vith Expenses per Return. N/A V, line 12a.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part I' 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	Vith Expenses per Return. N/A V, line 12a.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part IV 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). 2 and 2 contact of the services and 12 contact of the services and 12 contact of the services and 12 contact of the services and 13 contact of the services and 14 contact of the services and 15 contact of the	Vith Expenses per Return. N/A V, line 12a.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V. Complete if the organization answered 'Yes' to Form 990, Part I's 1 Total expenses and losses per audited financial statements	Vith Expenses per Return. N/A V, line 12a.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part IV 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	Vith Expenses per Return. N/A V, line 12a. 1 2e
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part IV 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Vith Expenses per Return. N/A V, line 12a. 1 2e 3
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part IV 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.). c Add lines 4a and 4b.	Vith Expenses per Return. N/A V, line 12a. 1 2e 3 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered 'Yes' to Form 990, Part IV 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2a b Prior year adjustments. 2b c Other losses 2c d Other (Describe in Part XIII.) 2c e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b	Vith Expenses per Return. N/A V, line 12a. 1 2e 3 4c

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NAUTILUS OF AMERICA, INC

Employer identification number 95-3608292

rai	Questions Regarding Compensation				
				Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the f VII, Section A, line 1a. Complete Part III to provide any relevant	following to or for a person listed in Form 990, Part 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			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
ŀ	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	ve? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or	r allowing expenses incurred by all directors.		Males	
_	trustees, and officers, including the CEO/Executive Director, rega		2		
3	Indicate which, if any, of the following the filing organization used to ecEO/Executive Director. Check all that apply. Do not check any be establish compensation of the CEO/Executive Director, but explain	stablish the compensation of the organization's loxes for methods used by a related organization to in in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Sect or a related organization:	tion A, line 1a with respect to the filing organization			
a	a Receive a severance payment or change-of-control payment?		4 a		Х
	${f b}$ Participate in, or receive payment from, a supplemental nonquali	CONTRACTOR OF AN ACCOUNT OF A CONTRACTOR OF A	4 b		X
(c Participate in, or receive payment from, an equity-based compen		4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the appli	icable amounts for each item in Part III.			
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations mu	ust complete lines 5-9.			
_		500 C C C C C C C C C C C C C C C C C C			
	contingent on the revenues of:				
	a The organization?	_	5 a		X
ŀ	b Any related organization?		5 b		X
	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 contingent on the net earnings of:	he organization pay or accrue any compensation			
	a The organization?		6 a		Χ
b	b Any related organization?		6 b		X
	If 'Yes' to line 6a or 6b, describe in Part III.	l l			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If 'Yes,' describe in Part	ne organization provide any non-fixed rt III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrue	d pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 5 If 'Yes.' describe in Part III.	53.4958-4(a)(3)?	8		Х
_	THE CONTROL OF THE PROPERTY AND A SECOND SERVICE AND A SECOND SERVICE AND A SECOND SECOND SERVICE ASSESSMENT OF THE PROPERTY O	ADDITION STREET	-		Λ_
9	If 'Yes' to line 8, did the organization also follow the rebuttable presum section 53 4958-6(c)?	nption procedure described in Regulations	ا ه		

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

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	deferred compensation	benefits	Columns(B)(I)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
PETER HAYES	(i)	193,725.	0.	0.	0.	0.	193,725.	0.
1 DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
-	(i)						L	
5	(ii)							
	(i)							
6	(ii)							
7	(i) (ii)							
/	(i)							
8	(ii)						+	
	(i)							
9	(ii)							
	(i)							
10	(ii)						t	
	(i)							
11	(ii)						†	
	(i)							
12	(ii)							
	(i)						L	
13	(ii)		CALLETTING ESTIMATION OF THE PROPERTY OF THE P	\$		- 10 miles 10 miles		
	(i)						L	
14	(ii)							
	(i)		l				L	
15	(ii)							
	(i)						_	
16	(ii)							

Part III Supplemental Information

Schedule J (Form 990) 2014

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 ENFORCEMENT OF CONFLICTS

ANNUAL DISCLOSURE FORMS REQUIRED.

FORM 990, PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Folder 2 of 2

California Exempt Organization Annual Information Return 2014

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Calandar Va	2014 or final combanistic (contide to 2	1 1	_
	ear 2014 or fiscal year beginning (mm/dd/yyyy) 7/01/2014 , and ending (mm/dd/yyyy) 6, ganization name	/30/201	.5 · California corporation number
Corporation/Or	ganization name	1	California corporation number
	JS OF AMERICA, INC		0407676
Additional infor	rmation. See instructions.	F	FEIN
			95-3608292
	(suite or room)	ĮF	PMB no.
City SI	HATTUCK AVE #300		ZIP code
100 M	0.001369000		94704
BERKELI Foreign country			Foreign postal code
A First Date	rn. Yes X No J If exempt under R&TC Section 23701d,	has the	
	organization engaged in political activiti		
B Amended	Return Yes X No See instructions		• Yes x No
C IRC Section	on 4947(a)(1) trust Yes x No		
	rmation Return? Dissolved Surrendered (Withdrawn) K Is the organization exempt under R&TC	Section 2370	1g? • Yes X No
_	If 'Ves' enter the gross receipts from		
	erged/Reorganized nonmember sources		<u> </u>
En En	ter date (mm/dd/yyyy) • L If organization is exempt under R&TC S	Section 23701	1
	counting metriod: and meets the filing fee exception, check	k box.	
	Cash 2 X Accrual 3 Other No filing fee is required		
F Federal re		ompany?	• Yes x No
1 •	9901 2 990-PF 3 Sch H (990)	18 250	
G Is this a	group filing? See instructions		oort Dyes Dis
	taxable income?		• Yes x No
H Is this ord	ganization in a group exemption? Yes X No O Is the organization under audit by the II		IRS
	what is the parent's name?		● Yes X No
11 100, 11	That is the parents marries		
	P Is an IRS Form 1023/1024 pending?		Yes No
I Did the or	rganization have any changes to its guidelines Date filed with IRS		
not report	ted to the FTB? See instructions		CACA1112L 07/30/15
Part I	Complete Part I unless not required to file this form. See General Instructions B and C.		
	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	-3,025.
	2 Gross dues and assessments from members and affiliates	··· • <u> </u>	-5,025.
Receipts	2 Gross dues and assessments from members and anniates.		200 700
and	3 Gross contributions, gifts, grants, and similar amounts received SEE SCH. 1		390,788.
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		
	This line must be completed. If the result is less than \$50,000, see General Instruction B.	• 4	387,763.
	5 Cost of goods sold		
	6 Cost or other basis, and sales expenses of assets sold ● 6		
	7 Total costs. Add line 5 and line 6	7	
	8 Total gross income. Subtract line 7 from line 4	• 8	387,763.
_	9 Total expenses and disbursements. From Side 2, Part II, line 18	• 9	505,190.
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	• 10	-117,427.
	11 Filing fee \$10 or \$25. See General Instruction F	-	10.
		12	10.
Filing Fee	12 Total payments	13	
ree	AND THE CONTRACT OF THE CONTRA	n 14	
	14 Use tax. See General Instruction K		
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	🔘 15	10.
Ciar	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	the best of my	knowledge and belief, it is true,
Sign Here	Title Date		 Telephone
	Signature of officer EXECUTIVE DIREC		510-423-0377
	Date Check if		• PTIN
Paid	Preparer's ► self- signature self-	▶	P00232100
Preparer's	VAUDINEY TRINE DAY & CO LID		• FEIN
Use Only	(or yours, if		95-2648289
	self-employed) SOUD HOFTARD KOAD, SUITE 333		• Telephone
	PLEASANTON, CA 94588-3351		
-			(925) 734-6600
	May the FTB discuss this return with the preparer shown above? See instructions	•	X Yes No

059

NAUTILUS OF AMERICA, INC

Part | Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part || or furnish substitute information.

		regai	diess of allount of gross receipts —	complete Fart II or lumi	sii substitute iiiloriilatio	He		
		1	Gross sales or receipts from all b	ousiness activities. See	instructions	•	1	
		2	Interest				2	36.
record to Wee		3	Dividends				3	-3,111.
Rece		4	Gross rents				4	12.1
Othe	r	5	Gross royalties					
Soul	ces	6	Gross amount received from sale					
		7	Other income. Attach schedule					50.
		8	Total gross sales or receipts from other s					-3,025.
		9	Contributions, gifts, grants, and similar an					3,025.
		10	Disbursements to or for members					
		11	Compensation of officers, director	ors, and trustees. Attac	h schedule SEE ST	PATEMENT 2	11	193,725.
		12	Other salaries and wages					101,588.
Expe	enses	13	Interest					101,500.
and Dish	urse-	14	Taxes					
men		15	Rents					
		16	Depreciation and depletion (See					
		17	Other Expenses and Disburseme	nts Attach schedule	SEE ST	PATEMENT 3		200 077
		1000	Total expenses and disbursements. Add li					209,877.
Cala	م ارزام م	18						505,190.
-	edule) L	Balance Sheets		taxable year		d of taxable	
Asse				(a)	(b)	(c)	•	(d) 419,711.
1	to the second of		manifolds		380,236. 174,135.			419,711.
2			receivableeivable		1/4,135.			
4	(4)1798,7445,7		eivable				•	
5			tate government obligations				•	
6			n other bonds				•	
7			n stock				•	
8			18				•	
9		-	nents. Attach schedule				•	
_			ssets	LINE STREET, S			200	
			ated depreciation				0209800	THE STATE OF THE PARTY OF THE P
11			ated depreciation.				•	
12			Attach schedule		130,000.		•	130,001.
13					684,371.			549,712.
			et worth		001,371.			
14			able		120,179.		•	102,947.
		, ,	, gifts, or grants payable		120,175		•	102,517.
			AND THE PROPERTY OF THE PROPER				•	
16			yableyable				•	
17 18			es. Attach schedule					
			or principal fund		564,192.		•	446,765.
19 20			oital surplus. Attach reconciliation		304,132.		•	110,705.
21			ings or income fund			99.4	•	
22			es and net worth		684,371.			549,712.
	edule	-		books with income pe	r return			
	Not in-	omo =	er books	-117,427		n books this year not inc		
1 2			ne tax	-11/,42/		ich schedule		
3			ital losses over capital gains			return not charged	3920	
4			corded on books this year.		against book incor			
			ile		Attach schedule			
5			orded on books this year not deducted			and line 8		The state of the s
(28)			Attach schedule		10 Net income pe			
6	Total. A	Add line	e 1 through line 5	-117,427	. Subtract line 9	from line 6		-117,427.

3652144 Side 2 Form 199 C1 2014 059 CACA1112L 12/08/14

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

CALIFORNIA COPY

Schedule of Contributors

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF ► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

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					
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
1 0111 330-1 1	=					
	4947(a)(1) nonexempt charitable trust treated as a priva	ite foundation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the Ge	neral Rule or a Special Rule					
Note. Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	pecial Rule. See instructions.				
General Rule						
[X] For an organization filing Form 990, 990-EZ property) from any one contributor. Complete	, or 990-PF that received, during the year, contributions totale Parts I and II. See instructions for determining a contribut	ling \$5,000 or more (in money or or's total contributions.				
Special Rules						
under sections 509(a)(1) and 170(b)(1)(A)(vi), t	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supplied that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 is year, total contributions of the greater of (1) \$5,000 or (2) inc 1. Complete Parts I and II.	6a, or 16b, and that				
For an organization described in section 501 during the year, total contributions of more purposes, or for the prevention of cruelty to	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fithan \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit children or animals. Complete Parts I, II, and III.	rom any one contributor, erary, or educational				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-PF), but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990; or check the box on line H of its Form 9 filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-EZ or on its Form 990-PF,				

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

Page

of

1 of Part 1

Name of organization

Employer identification number

MAOTII	LOS OF AMERICA, INC		608292
Partil	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MCCARTHUR FOUNDATION 140 SOUTH DEARBORN ST, #1200 CHICAGO, IL 60603	\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW LAND FOUNDATION 1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036-7798	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 <mark></mark> .	ENERGY GOVERNANCE AND SECURITY 2342 SHATTUCK AVENUE BERKELEY, CA 94704	\$6,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Φ	Person Payroll Moncash Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization
NAUTILUS OF AMERICA, INC

age

95-3608292

Employer identification number

Partill	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page of Part III Name of organization **Employer identification number** NAUTILUS OF AMERICA, INC 95-3608292 Partill Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (a) No. from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

(a) No. from Purpose of gift Use of gift Description of how gift is held

(e)
Transfer of gift
Transferee's name, address, and ZIP + 4
Relationship of transferor to transferee

20	1	А
ZU	1	4

CALIFORNIA STATEMENTS

PAGE 1

NAUTILUS OF AMERICA, INC

95-3608292

STATEM	IENT 1			
FORM 19	99, PART	II,	LINE	7
OTHER I		•		

MISCELLANEOUS \$ 50.

TOTAL \$ 50.

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KRISTEN BURGESS 2342 SHATTUCK AVENUE #300 BERKELEY, CA 94704	TREASURER 5.00	\$ 0.	\$ 0.	\$ 0.
TOM MILLER 2342 SHATTUCK AVENUE #300 BERKELEY, CA 94704	PRESIDENT 5.00	0.	0.	0.
PETER HAYES 2342 SHATTUCK AVENUE #300 BERKELEY, CA 94704	DIRECTOR 40.00	193,725.	0.	0.
CHRIS THORSON 2342 SHATTUCK AVENUE #300 BERKELEY, CA 94704	DIRECTOR 5.00	0.	0.	0.
	TOTAL	\$ 193,725.	<u>\$ 0.</u>	\$ 0.

STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ADMINISTRATIVE EXPENSES.	\$	20,280.
MISCELLANEOUS		1,504.
OFFICE EXPENSES		5,082.
OTHER EMPLOYEE BENEFIT		26,531.
OTHER FEES		26,154.
PROJECTS		102,154.
PUBLICATIONS		28,172.
TOTAL	, <u>\$</u>	209,877.

1	n	-	
Z	U	Ш	4

CALIFORNIA STATEMENTS

PAGE 2

NAUTILUS OF AMERICA, INC

95-3608292

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

LIFE INSURANCE POLICY. 130,000.

ROUNDING 1.

TOTAL \$ 130,001.

IN

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 fifteen 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 12586.1. IRS extensions will be honored.



State Charity Registration Number 042542		Check if: Change of address			
NAUTILUS OF AMERICA, INC		Amended r	report		
Name of Organization					
Address (Number and Street) #300		Corporate or 0	Organization No. 0407676		
BERKELEY, CA 94704 City or Town	State ZIP Code	Federal Employ	ver I.D. No. 95-3608292		
	ENEWAL FEE SCHEDULE (11 Ca	I. Code Regs. s	sections 301-307, 311 and 312)		
Make Check	Representation Payable to Attorney General's I	Registry of Cha	ritable Trusts		
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue		Fee
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million		150 225
Detween \$25,000 and \$100,000 \$25	Detween \$250,007 and \$7 mino	,,,	Greater than \$50 million		300
PART A — ACTIVITIES					
For your most recent full accounting peri		ending	6/30/15) list:		
Gross annual revenue \$	387,763. Total assets	\$	549,712.		
PART B — STATEMENTS REGARDING	G ORGANIZATION DURING	G THE PERIO	DD OF THIS REPORT		
Note: If you answer 'yes' to any of the ques 'yes' response. Please review RRF-1	stions below, you must attach a s instructions for information requ	separate sheet uired.	providing an explanation and details	s for e	ach
1 During this reporting period, were there ar	ny contracts, loans, leases or oth	er financial tran	sactions between the	Yes	No
organization and any officer, director or trusted director or trustee had any financial intere	ee thereof either directly or with an e	entity in which ar	ny such officer,		x
During this reporting period, was there any the property or funds?	eft, embezzlement, diversion or mis	suse of the organ	ization's charitable		x
3 During this reporting period, did non-progr	ram expenditures exceed 50% of	gross revenues	?		х
During this reporting period, were any organiz Form 4720 with the Internal Revenue Serv	zation funds used to pay any penaltrice, attach a copy.	y, fine or judgme	nt? If you filed a		x
5 During this reporting period, were the serv purposes used? If 'yes,' provide an attachmen provider.	vices of a commercial fundraiser on tlisting the name, address, and te	or fundraising c lephone number	ounsel for charitable of the service		x
6 During this reporting period, did the organizat the name of the agency, mailing address,			e an attachment listing		x
7 During this reporting period, did the organizat indicating the number of raffles and the date.		oses? If 'yes,' pro	ovide an attachment		x
Does the organization conduct a vehicle dona the program is operated by the charity or charitable purposes.	ation program? If 'yes,' provide an a whether the organization contract	ttachment indica ts with a comm	ting whether ercial fundraiser for		x
Did your organization have prepared an auprinciples for this reporting period?	udited financial statement in acco	ordance with ge	nerally accepted accounting		x
Organization's area code and telephone numbe	er <u>510-423-0377</u>				
Organization's e-mail address					
I declare under penalty of perjury that I have exand belief, it is true, correct and complete.	xamined this report, including a	ccompanying d	ocuments, and to the best of my kno	owled	ge
	ER HAYES	EXECUTIVE			
Signature of authorized officer Printed	Name	Title	Date		

Form 990

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

For the 2014 calendar year, or tax year beginning , 2014, and ending , 2015 7/01 6/30 D Employer identification number Check if applicable: Address change NAUTILUS OF AMERICA, INC 95-3608292 2342 SHATTUCK AVE #300 E Telephone number Name change BERKELEY, CA 94704 Initial return 510-423-0377 Final return/terminated G Gross receipts \$ Amended return 387,763. H(a) Is this a group return for subordinates? F Name and address of principal officer: Application pending Yes X No H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) No SAME AS C ABOVE X 501(c)(3) Tax-exempt status) ◀ (insert no.) 4947(a)(1) or 527 Website: ▶ NAUTILUS.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Association Other > L Year of formation: 1981 M State of legal domicile: CA Summarv Briefly describe the organization's mission or most significant activities: ADVOCATE FOR IMPROVING ENVIRONMENTA AND NUCLEAR NON-PROLIFERATION. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a)..... 5 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12...... **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)..... 390,788 67,839 9 Program service revenue (Part VIII, line 2g)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 4,559 -3.07511 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 50. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 72,398 387,763 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 14 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 388,231 321,844 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 183,346. 178,702 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)... 505,190. 566,933. Revenue less expenses. Subtract line 18 from line 12..... -117.427.-494,535 End of Year Beginning of Current Year 549,712 20 Total assets (Part X, line 16)..... 684,371 21 Total liabilities (Part X, line 26)..... 102,947. 120,179 22 Net assets or fund balances. Subtract line 21 from line 20..... 564,192 446,765. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here EXECUTIVE DIREC PETER HAYES Type or print name and title. Print/Type preparer's name Preparer's signature Date P00232100 TERRI MONTGOMERY self-employed Paid Preparer ► VAVRINEK, TRINE, DAY & CO., Use Only Firm's address ► 5000 HOPYARD ROAD, SUITE 335 Firm's EIN ► 95-2648289 PLEASANTON, CA 94588-3351 (925) 734-6600 May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes No

Form	n 990 (2014) NAUTILUS OF A	MERICA INC	95-3608292 Pa	ge 2
Par		Service Accomplishments	93-3006292	ge z
	Check if Schedule O contain	s a response or note to any line in this Part III		
1	Briefly describe the organization's r <u>ADVOCATE FOR IMPROVING</u>	nission: E_ENVIRONMENTAL_AND_NUCLEAR_NON-PROLI	FERATION.	
2	Form 990 or 990-EZ?	nificant program services during the year which were not listed		۷o
3		ing, or make significant changes in how it conducts, any pr	rogram services? Yes X	No
4	If 'Yes,' describe these changes on Describe the organization's program Section 501(c)(3) and 501(c)(4) organd revenue, if any, for each program	n service accomplishments for each of its three largest pro anizations are required to report the amount of grants and	gram services, as measured by expense allocations to others, the total expenses	es. S,
4 a	(Code:) (Expenses \$	432,043. including grants of \$) (Revenue \$)
		UBLISH ORIGINAL RESEARCH ON U.S. NUC		
		PS ON GLOBAL SECURITY AND THEATRE MIS	<u>SSILE DEFENSE, DELIVER A</u>	
	SERIES OF DAILY, WEEKI	Y AND MONTHLY NEWS SERVICES.		
				. — -
1 h	(Code:) (Expenses \$	including grants of \$) (Revenue \$	`
40	(Code) (Expenses \$\Psi_{\text{-}}	miclading grants of \$\varphi_{}		—′
4 c	: (Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 d	Other program services. (Describe i	n Schedule O.)		
20.000	(Expenses \$		venue \$)	
4 e	Total program service expenses	432,043.		
BAA		TEEA0102L 05/28/14	Form 990 (2)	014)

			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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, 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		Х
	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
	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, and XII	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 and XII is optional	12 b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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
18	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) NAUTILUS OF AMERICA, INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 8	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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
ł	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	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		X
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? <i>If 'Yes,' complete Schedule M</i>	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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, 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	35b		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				. П
	,	and the second of the second s	0.0000000000000000000000000000000000000	Yes	No
1 8	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1 c		X
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this return	2a 4			
ł	If at least one is reported on line 2a, did the organization file all required federal employment		2 b	Х	NATIONAL PROPERTY.
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	150			V
	Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a		X
	of Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
4 8	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 f	er authority over, a	4 a	Х	
,	If 'Yes,' enter the name of the foreign country: AS	mandar accounty			1000
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts. (FBAR)			
5 :	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	A THE STOCK OF COMMENT AND A SECURITY OF	5 a	Managaran.	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		X
•	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?		6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods and			
	services provided to the payor?		7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7 c		Х
,	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			TEN
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file f				
	as required?		7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file a	71.		
R	Form 1098-C?	by the sponsoring	7 h	10 pm 6	152,35
٥	organization have excess business holdings at any time during the year?		8		
a	Sponsoring organizations maintaining donor advised funds.			49.66	
	Did the sponsoring organization make any taxable distributions under section 4966?		9a	2005223111000	DESIRE SE
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per		9 b		
	Section 501(c)(7) organizations. Enter:				
	100 SE	10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:	•			
á	Gross income from members or shareholders	11 a			
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11 b	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12 a		
	2000 12 F-17 15 10 F-10 F-17 F-17 F-17 E-17 E-17 E-17 E-17 E-17 E-17 E-17 E	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		No.
č	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedul		134		
		· · · ·			
ŗ	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	13 b			
(Enter the amount of reserves on hand	13 c			
	Did the organization receive any payments for indoor tanning services during the tax year?.		14 a		X
_	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14 b		
ΛΛ	TEE 001051 05/28/14		Form	990 (2014)

Form 990 (2014) NAUTILUS OF AMERICA, INC 95-3608292 Page 6 Part VI 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 or note to any line in this Part VI..... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 4 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent..... 4 2 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 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?..... X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?..... 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8 a **b** Each committee with authority to act on behalf of the governing body?..... X Is there any officer, director, 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? X 12 c 13 Did the organization have a written whistleblower policy?..... X 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 15 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? X a The organization's CEO, Executive Director, or top management official..... 15 a b Other officers or key employees of the organization. 15 b X 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 X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website Other (explain in Schedule O) X Upon request Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

BERKELEY CA 94704 415-422-5223

TEEA0106L 11/13/14

JOAN DIAMOND 2342 SHATTUCK AVE #300

Form	aan	(2014)	ד די ייידו א דא	TTC	OF	AMERICA.	TMC
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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 or note to any line in this Part VII.

Section A. 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 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 nor any relate	ed organiz	ation	con	npen	sate	d any	y cu	ırrent officer, direct	or, or trustee.	
				(C)						
(A) Name and Title		l	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KRISTEN BURGESS	5									
TREASURER	0	X						0.	0.	0.
(2) TOM MILLER PRESIDENT	<u>5_</u> 0	Х						0.	0.	0.
	<u>5</u>	X						0.	0.	0.
(4) PETER HAYES DIRECTOR	$-\frac{40}{0}$			Х				193,725.	0.	0.
(5)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tri	SH-37050	Key	Em			es,	and	d Highest Com	pensated Emp	loyees	s (conti	nued)
	(B)			(C	Sin.							
(A) Name and title	Average hours per week	offic	unles er and	s pe d a d	rson lirecto	than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of oth pensation	her
	(list any hours for	Individual or director	Institu	Officer	Key e	Highe: emplo	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f ord	rom the anization	n
	related organiza	Individual trustee or director	nstitutional trustee	٩ ا	Key employee	Highest compensated employee	ଫ				id related anization	
	 tions below dotted 	rustee	tust		/ee	npens						
	line)		8			ated						
(15)												
(16)		П										
(17)												
(18)												
(19)												
(20)												
(21)			+									
(22)			+	1								
(23)			1	1								
(24)		H	+	+	_	_						
		1	_									
(25)		-										
1 b Sub-total							•	193,725.	0.			0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c).							-	0. 193,725.	0.			0.
Total number of individuals (including but not limited							ved			ensation	า	<u> </u>
from the organization 1												
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru	stee,	key	em	ploy	ee,	or h	ighest compensat	ed employee	3	Yes	No X
For any individual listed on line 1a, is the sum of the organization and related organizations greater.												Λ
 such individual Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes 										4	X	
for services rendered to the organization? If 'Yes Section B. Independent Contractors	s,' comple	te Sc	hedu	ıle .	J foi	suc	h pe	erson		5		<u>X</u>
1 Complete this table for your five highest compen	sated inde	epend	lent	con	itrac	tors	tha	t received more th	nan \$100,000 of			
	compensation from the organization. Report compensation for the calendar year ending wi (A) Name and business address						(B) Description of	ĺ		C)	 n	
Hame and basiless add								2 3301,51011		2260		
2 Total number of independent contractors (including to \$100,000 of compensation from the organization		ted to	thos	se lis	sted	abov	ve) v	who received more	than			
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	Check if Schedule O contains a response or note to any				T
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a				
Gra	b Membership dues				
fts,	c Fundraising events				
iai Jai	d Related organizations 1 d e Government grants (contributions) 1 e				
Sin			The State State		
her	f All other contributions, gifts, grants, and similar amounts not included above 1f 390,788.				
草豆	g Noncash contributions included in lines 1a-1f: \$				
Sol	h Total. Add lines 1a-1f	390,788.			
Jue	Business Code				
Program Service Revenue	2a				
e B	b				
βŻ	d				
Š	e				
gra	f All other program service revenue				
P	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts)	-3,075.			-3,075.
	4 Income from investment of tax-exempt bond proceeds. • Royalties. •				
	(i) Real (ii) Personal				
	6 a Gross rents				
	b Less: rental expenses				Service State
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss) d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including . \$ of contributions reported on line 1c).				
æ	See Part IV, line 18 a				
her	b Less: direct expenses b				
5	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expensesb				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a MISCELLANEOUS	50.	50.		
	b				
	С				
	d All other revenue				
	C Total. Add lines Tra-Tra	50.			2 075
	12 Total revenue. See instructions	387,763.	50.	0.	-3,075.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		(2)		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	100 705	100 705		
6	trustees, and key employees	193,725.	193,725.	0.	0.
7	Other salaries and wages	101,588.	71,112.	30,476.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	101,386.	71,112.	30,470.	
9	Other employee benefits	26,531.	18,572.	7,959.	
10	Payroll taxes		,	,	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	: Accounting				
c	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
g	Investment management fees	26,154.	18,308.	7,846.	
13	Office expenses	5,082.		5,082.	
14	Information technology	3,002.		0,002.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		1		
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PROJECTS	102,154.	102,154.		
	PUBLICATIONS	28,172.	28,172.		
	ADMINISTRATIVE EXPENSES	20,280.		20,280.	
	MISCELLANEOUS	1,504.		1,504.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	505,190.	432,043.	73,147.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X						
			(A) Beginning of year		(B) End of year			
	1	Cash – non-interest-bearing	380,236.	1	419,711.			
	2	Savings and temporary cash investments		2	·			
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net	174,135.	4				
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5				
	6	Loans and other 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). Complete Part II of Schedule L		6				
ts	7	Notes and loans receivable, net		7				
Assets	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						
	b	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				
- 1	14	Intangible assets		14				
	107 11.77	The state of the s	120 000	15	120 001			
	15	Other assets. See Part IV, line 11.	130,000.		130,001.			
\dashv	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	684,371. 120,179.	16 17	549,712. 102,947.			
	18	Grants payable	120,179.	18	102,947.			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities.		20				
ر _م	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21				
Ę.								
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22				
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25				
	26	Total liabilities. Add lines 17 through 25	120,179.	26	102,947.			
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.						
일	27	Unrestricted net assets.	564,192.	27	446,765.			
<u>a</u>	28	Temporarily restricted net assets		28				
9	29	Permanently restricted net assets.		29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ►						
느		and complete lines 30 through 34.						
S	30	Capital stock or trust principal, or current funds		30				
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
Asi	32	Retained earnings, endowment, accumulated income, or other funds		32				
e	33	Total net assets or fund balances	564,192.	33	446,765.			
z	34	Total liabilities and net assets/fund balances	684,371.	34	549,712.			

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	387,	763.			
2	Total expenses (must equal Part IX, column (A), line 25).	2	505,	190.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-117,				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		192.			
5	Net unrealized gains (losses) on investments.	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	Carrie	No. 75 days				
	column (B))	10	446,	<u>765.</u>			
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			П			
			Yes	No			
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 in Schedule O.						
2 8	2 a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	d on a					
I	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	te					
	Separate basis Consolidated basis Both consolidated and separate basis						
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За	Х			
ŀ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits						
BAA			Form 990	(2014)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

2014

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

NAUTILUS OF AMERICA, 95-3608292 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.) 1 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(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 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 X in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 9 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 to 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 in 11 lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) (D) (E) Total

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

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	501,647.	1,230,485.	450,679.	450,679.	390,788.	3,024,278.
2	Tax revenues levied for the organization's benefit and either paid to 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	501,647.	1,230,485.	450,679.	450,679.	390,788.	3,024,278.
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)						1,218,347.
6	Public support. Subtract line 5 from line 4						1,805,931.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	501,647.	1,230,485.	450,679.	450,679.	390,788.	3,024,278.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,742.	2,773.	759.	95.	-3,075.	3,294.
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 VI.)						0.
11	Total support. Add lines 7 through 10						3,027,572.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	14 (line 6, colum	n (f) divided by lin	e 11, column (f)).		14	59.65%
	Public support percentage from 2						77.39 %
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization	the organization qualifies as a pul	did not check the lolicly supported or	box on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more,	check this box
b	33-1/3% support test – 2013. If to and stop here. The organization	he organization d qualifies as a pu	id not check a box blicly supported or	x on line 13 or 16 rganization	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	and-circumstances	test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	test, check this tion qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	VI how the ▶
	Private foundation. If the organiz	zation did not che	ck a box on line 1	వ, 16a, 16b, 17a,			
RΔΔ					Soh	adula A (Form QC	00 or 990-F7) 2014

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 fail	Is
to qualify under the tests listed below, please complete Part II.)	

	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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) 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.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						,
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 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.						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support				1,0010	4 1 0014	
	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pul			no 12 nol /0\		15	%
	Public support percentage for 20	THE CO. STRUCTURE CONTRACTORS. INCOME STRUCTURE CO.					%
	Public support percentage from 2					16	6
	tion D. Computation of Inv				(0)	1 4 7	%
	Investment income percentage for						
	Investment income percentage for						%
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check	this box and stop	here. The organ	nization qualifies a	as a publicly supp	orted organization	l
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	y supported orga	nization L
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	····· <u> </u>

Part IV Supporting Organizations

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

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4:	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ı	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
I	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	enacourtes	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8	10	
9 8	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
ı	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
(Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
ı	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	00.0000	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
3	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			2/2/
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		c)		
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction.	3).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
,	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
- 1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	vember	20, 1970. See instructions A through E.	ons. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
Ł	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated	arated .	Type III supporting or	nanization

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	supported organizations	s,	
3	Administrative expenses paid to accomplish exempt purposes of sup			
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organization in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions).			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
į	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2014 from Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013	4等。1920年19		
е	Excess from 2014			
			011145	000 or 000 EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

95-3608292

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

OMB No. 1545-0047

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
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is covered by the Ge	eneral Rule or a Special Rule
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	Z, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or the Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
•	1(a)(3) filing Form 990 or 990 F7 that met the 33 1/3% support test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi),	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that
Form 990, Part VIII, line 1h, or (ii) Form 99	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that ne year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) 0-EZ, line 1. Complete Parts I and II.
For an organization described in section 50 during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.
	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, or religious, charitable, etc., purposes, but no such contributions totaled more than
	e total contributions that were received during the year for an <i>exclusively</i> religious,
charitable, etc., purpose. Do not complete a	any of the parts unless the General Rule applies to this organization because
it received <i>nonexclusively</i> religious, charitat	ole, etc., contributions totaling \$5,000 or more during the year ▶ \$
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-F7, or
990-PF), but it must answer 'No' on Part IV, lin	r the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or e.g., of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,
rail i, line 2, to certily that it does not meet the	e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part
Name of org		1 , ,	r identification number
	LUS OF AMERICA, INC		608292
Partil	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MCCARTHUR FOUNDATION	-	Person X Payroll
	140 SOUTH DEARBORN ST, #1200	\$350,000.	Noncash
	CHICAGO, IL 60603	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW LAND FOUNDATION 1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036-7798	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		6	Payroll
		>	Noncash 📋
			(Complete Part II for noncash contributions.)

(a) Number (b) Name, address, and ZIP + 4 (d) Type of contribution

Person Payroll

(c) Total contributions

Page

1 to

of Part II

Name of organization

NAUTILUS OF AMERICA, INC

Employer identification number

95-3608292

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		-	
]\$	
(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
		_	
		<u>-</u>	
_		-\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
]]\$	
(a) N-			(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- -		1	
		 \$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		1.	
	<u> </u>	\$	
BAA	Sche	dule B (Form 990, 990-EZ, o	or 990-PF) (2014)

1 to

of Part III

Name of organization
NAUTILUS OF AMERICA, INC

Employer identification number 95-3608292

	or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contril ompleting Part III, enter the tot (Enter this information once. S	butor. Comple al of <i>exclusiv</i>	ete columns (a) through (e) and ely religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A 			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	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
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	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
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	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
				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee

SCHEDULE D (Form 990)

►\$

8

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

NAUTILUS OF AMERICA, INC 95-3608292 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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..... Aggregate value of contributions to (during year) 3 Aggregate value of 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 Yes 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 No impermissible private benefit?.... Yes Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat 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 a Total number of conservation easements..... 2a 2h c Number of conservation easements on a certified historic structure included in (a)..... 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,

include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

and enforcement of the conservation easements it holds?....

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)?.....

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

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

- 1 a 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 XIII, 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:
 - (i) Revenue included in Form 990, Part VIII, line 1..... (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 Revenue included in Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

No

No

Part III Organizations Maintai	ning Cone	cuons or	Art, misto	ricai rreasu	ires, or o	the Sillia As	seis (C	Ontinu	eu)
3 Using the organization's acquisition items (check all that apply):	accession, a	nd other reco	rds, check ar	y of the followir	ng that are a	significant use of its	collectio	n	
a Public exhibition			d Loan o	r exchange pro	ograms				
b Scholarly research			e Other						
c Preservation for future generation	ations		_						
4 Provide a description of the organize Part XIII.	ation's collect	ions and expl	ain how they	further the orga	nization's ex	kempt purpose in			
5 During the year, did the organizat to be sold to raise funds rather the	an to be mai	intained as p	part of the or	ganization's co	ollection?		Yes	_	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangen amount on	rents. Cor Form 990	nplete if th), Part X, I	ne organizat ine 21.	tion answ	ered 'Yes' to Fo	rm 990), Part	: IV,
1 a Is the organization an agent, trus on Form 990, Part X?							Yes		No
b If 'Yes,' explain the arrangement	in Part XIII a	ind complete	the following	ng table:					
							Amoun	t	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1 f			
2 a Did the organization include an a	mount on Fo	rm 990, Part	X, line 21,	for escrow or c	custodial ac	count liability?	Yes	J. Company	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here	if the explan	ation has been	provided in	n Part XIII		· · · · · [
Part V Endowment Funds. Co	omplete if	the organ	ization ans	swered 'Yes	' to Form	990, Part IV, lir	ne 10.		
	(a) Current	year	(b) Prior year	(c) Two	years back	(d) Three years back	(e)	Four years	s back
1 a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	of the curre	nt year end	balance (line	e 1g, column (a	a)) held as:				
a Board designated or quasi-endowne			%						
b Permanent endowment ►	- %								
c Temporarily restricted endowmen	t ►	%							
The percentages in lines 2a, 2b,			%.						
3a Are there endowment funds not in the	ne possession	of the organi	ization that a	re held and adm	ninistered for	the	Г	Yes	No
organization by: (i) unrelated organizations							. 3a(i)	163	140
(ii) related organizations							, ,		
b If 'Yes' to 3a(ii), are the related o	-		3				. 3b		
4 Describe in Part XIII the intended			's endowme	nt funds.					
Part VI Land, Buildings, and E Complete if the organization			s' to Form	990, Part I	V, line 11	a. See Form 99	0, Part	X, lin	ne 10.
Description of property		(a) Cost or o	other basis ment)	(b) Cost or o	other er)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land				• 0000000	13136				
b Buildings									
c Leasehold improvements									
d Equipment									
e Other									
Total. Add lines 1a through 1e. (Column		gual Form 90	00. Part X o	olumn (R) line	10c)	•			0.
BAA	. (a) musi ci	, / 0/11/ 55	-, . a , c	(2), 11110		CONTRACTOR TO SERVICE A CONTRACTOR OF THE SERVICE O	ule D (F	orm 990	

Part VII Investments - Other Securities.		N/A	00 D IV I' 10
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(D)			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part IV, line 11c. See Form 990, Part IV, line 11c. See Form 990, Part IV, line 11d. See Form 990, Part IV, line 25 (a) Description of liability (b) Seek value (b) Seek value (c) Seek value (b) Seek value (c) Seek Value (c			
		N / D	
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11c. See Form 9	90, Part X, line 13.
(1)			
(4)			
(5)			
(6)			
(7)			
	'Yes' to Form 990	Part IV line 11d See Form 9	90 Part X line 15
		, raitiv, interra. deer ditti 3	(b) Book value
			130,000.
(2) ROUNDING			1.
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15.)		130,001.
			20070021
Complete if the organization answered 'Yes' to Fo		e or 11f. See Form 990, Part X, line 25	
	(b) Book value		
(4)			
(5)			
(6)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	No.		
2 thatite for many total to the control of the cont			
Liability for uncertain tax positions. In Part XIII, provide the text of the footax positions under FIN 48 (ASC 740). Check here if the text of the footnote h	tnote to the organization's fin	ancial statements that reports the organization's	liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	(1955) (III)
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	7
e Add lines 2a through 2d.	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	7 × 4
c Other losses	
d Other (Describe in Part XIII.)	Charles 1
e Add lines 2a through 2d.	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
Part XIII Supplemental Information.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

95-3608292 NAUTILUS OF AMERICA, Part 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. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments 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. 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?...... 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?..... 4 a b Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... 4 b X c Participate in, or receive payment from, an equity-based compensation arrangement?..... 4 c 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) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5 a X **b** Any related organization?..... 5 b X If 'Yes' to line 5a or 5b, describe in Part III. 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? 6 a **b** Any related organization?..... 6 b If 'Yes' to line 6a or 6b, describe in Part III. 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 X 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 X

section 53.4958-6(c)?.... BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

9 Schedule J (Form 990) 2014

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

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	of W-2 and/or 1099-MI	SC compensation	(C) Retirement and other benefits (E) Total columns(B)((E) Total of columns(B)(i)-(D)	f (F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
PETER HAYES	100	100 705							
1 DIRECTOR	(i)	193,725.	0.	0.	0.	0.	193,725.		
- DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
2	(i) (ii)								
	(i)								
3	(ii)		 						
	(i)							<u> </u>	
4	(ii)								
, - i	(i)							-	
5	(ii)							 	
	(i)							<u></u>	
6	(ii)								
	(i)								
7	(ii)							 	
	(i)								
8	(ii)								
	(i)								
9	(ii)							1	
	(i)								
10	(ii)							 	
	(i)								
11	(ii)						T	1	
	(i)						L		
12	(ii)								
22	(i)								
13	(ii)								
	(i)				L		L	l	
14	(ii)								
15	(i)						L		
15	(ii)								
16	(i)						L	l	
16 BAA	(ii)		TEEA4102L 06/19					J (Form 990) 2014	

Schedule J (Form 990) 2014

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

95-3608292

NAUTILUS OF AMERICA, INC

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 ENFORCEMENT OF CONFLICTS

ANNUAL DISCLOSURE FORMS REQUIRED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.