Υ	E/	١A	

California Exempt Organization Annual Information Return

			_
FORM	1.	1.5	17
100			

199	18 A	nnual Inf	ormation	Return	.					199	
		ear beginning m			ır 1998, ar	d ending mont	h JUNE day	30 ye	ar 199		
		OF FAIR FACE	r number le (s) Trein	gallaria saturnaria de la composition della comp	Millian Comm.	A TRIAL TOTALITY	☐ Yes. If yes, o				
	corporation nu	noer					ved 🔲 Withdrawn				xplanation)
D 101	4921		95-3608	292			ecked, enter date				ਾਹਾ: ਹ ਰਤ
							filed this year; Sta				
		Attach Preado				_	1120			1041 11	2011
NAUTI	LUS OF	AMERICA, I	NC.		£ 1.1		is exempt under R	&TC Section	n 23701d a	and is a scho	ol, public
•	n/Organization					charity, religion	us organization or is	controlled	by a religio	ous organizati	ion,
Address	SECOND	SIKEEI				check box. Se	e General Instructi	on, F. No	iling fee is	s required.	• 🗆
BERKE	I.EY		CA	94710-190	12		filing? See Genera xempt charitable tru				
City			State	ZIP co			No	st as descri	Jed III INC	Section 494	7(a)(1)? 5033
,			o.a.o	211 01			ethod used <u>acc</u>	rual			[]
						······································					1 L
Part I	Complete Par	t i uniess not re	quired to file this	s form. See Ge	eneral inst	ructions B and	C.				
		ales or receipts fro							1 \$	98,259)
.		ues and assessme					2.74		2	-0-	
Receipts		ontributions, gifts,	-				92		3 2.	183.146	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
and Revenues	•	oss receipts for fili e must be compl	• .		•		tion C	•	4 2	281.405	
(Attach check		goods sold					-0			201.40	
or money		other basis and sa					-0+				
order here.)	7 Total co	sts. Add line*5 and	d line 6						7	-0-	
		oss income. Subtra								281,405	
Expenses		penses and disbur								461,036	
	10 Excess	of receipts over ex	penses and disbu	ursements. Sub	tract line 9	from line 8	<u> </u>	· · · · · · · · · · · · · · · · · · ·	10 ;	820,369	<u> </u>
	11 Filing fe	s \$10 or \$25. See	General Instructi	ion, F				• • • • • •	11	1 0	0 0
Filing Fee	12 Penalty	Penalty for failure to file on time. See General Instruction, L									
	13 Balance	due. Add line 11	and line 12						13	1 0	0 0
		TC Section 237010									
		nfluence legislation									
-		by public charities								☐ Yes	X No
	-	have any change		•			•				
	•	the Franchise Ta		•	•						
		xempt under R&T nt of gross receipt								☐ Yes	X No
		file Form 100, Fo								☐ Yes	☑ No
		nt of total income					_				
18 The fina	ancial records	are in care of N	J <u>autilus Ir</u>	nstitute,	1831	2nd St.,	Berkeley C. Daytime te	A 9471 lephone	0 310) 20)4- <u>9296</u>) <u> </u>
			.831 Second								
		es of perjury, I decla								nowledge and	belief,
Please Sign	it is true, con	et and complete. De	eclaration of prepare	er (other than taxp	ayer) is base	d on all information	n of which preparer i . Operation		wledge.		
Here		- Carol ?	2		_{(11/15/99	Finance			510) 20	
	Signatur	e of officer				Date Date	Title		D s social se	aytime telepi	hone
	Preparer's signature	► None	٠.			→ □ale	Check if self-employed	riepaier	, social St	Junty 110.	
Paid Preparer's	Signature						Tagii-giribioyeo —	FEIN			.,
Use Only	Firm's name	for yours if -									-
		d) and address			·		Daytin	u ne telephor	ie ()		

Part I		organizations with gross receipts o	f more than \$25,000 a	and	private foundations	regardless of	amour	nt of g	ross	
	re	Sceipts — complete Part II or furni	sn substitute informa	ition.	See Specific Line	Instructions.	FORM	990	ENCL	OSED
	'	Gross sales or receipts from all busines	ss activities. See instructi	ions p	page 3	• • • • • • • • • •	. 1	↓		
		Interest		—	<u></u>					
Receipts	3							 	<u> </u>	
from Oth	or 7	Gross rents						↓		
Sources		Gross royalties								
	6	Gross amount received from sale of as	. 6	<u> </u>						
		Other income. Attach schedule				<i></i>	. 7			
	8	Total gross sales or receipts from other								
		Enter here and on Side 1, Part I, line 1	<u> </u>		<u> </u>		. 8			
		Contributions, gifts, grants, and similar	amounts paid. Attach sch	redule)		. 9			
		Disbursements to or for members	• • • • • • • • • • • • •				. 10			
	11	Compensation of officers, directors and	trustees. Attach schedule	е			. 11			
Expenses	12	Other salaries and wages				· • • • • • • • • • •	. 12			
and		Interest								
Disburse-	14	Taxes					14			
ments		Rents							*	
	16	Depreciation and depletion					16			
-		Other. Attach schedule								
	18	Total expenses and disbursements. Add	d line 9 through line 17. E	Enter	here and on Side 1.	Part I. line 9	18			
Sched	lule i	L Balance Sheets	Beginning				nd of ir	come	year	
Assets			(a)	7	(b)	(c)		T	(d)	
1 Cash	١	· · · · · · · · · · · · · · · · · · ·	. ////////////////////////////////////	\overline{a}				1		
2 Net a	accour	nts receivable	.\/////////////////////////////////////					} 		
3 Net r	notes	receivable. Attach schedule	.\/////////////////////////////////////					1		
4 Inver	ntories	• • • • • • • • • • • • • • • • • • • •						} 		
		d state government obligations						1	-	
		s in other bonds. Attach schedule			·			}		
		s in stock. Attach schedule	_ 1////////////////////////////////////					 		
		pans (number of loans)	<i>V////////////////////////////////////</i>	<u> </u>						
		stments. Attach schedule						 		
		ble assets		1		7//////////////////////////////////////	<u>/////</u>	<i>7777</i>	7/////	///////
		umulated depreciation		1/		1	1	V///		
		• • • • • • • • • • • • • • • • • • • •						\vdash		
		ts. Attach schedule		//-				├		
		S	· (////////////////////////////////////					 		
		net worth		/ 77				7777	77777 7	777777
		ayable						<i>YZZZ</i>		
		ns, gifts, grants payable	V/////////////////////////////////////	/				 		
		notes payable. Attach schedule	*//////////////////////////////////////	%	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
		payable		/				 		
		ties. Attach schedule		<u> </u>				\vdash		
		k or principle fund	V:////////////////////////////////////	/				<u> </u>		
		apital surplus. Attach reconciliation		\mathcal{I}				-		·
		arnings or income fund		/ 						
		ies and net worth		<u> </u>			1111			
Schedu			ooks with income per re	oturn		(::///////////				
J011044		Do not complete this schedule if	the amount on Schedule	L. lir	ne 13. column (d), is le	ess than \$25,000				
Not in	como	per books						7777	777777	7777777
		me tax	····	∣ ′	Income recorded on t	•				//////
				\dashv	not included in this re			<u> (////</u>	<u> </u>	<u>///////</u>
		apital losses over capital gains recorded on books this		₫.	Attach schedule		• • •	77777	777777	7777777
		-	V.////////////////////////////////////	4 8	Deductions in this ret	•				//////
		schedule		7	against book income		ł	<u> </u>	<u> </u>	<u> //////</u>
		corded on books this year not	V	4.	Attach schedule					
_	eu III	this return. Attach schedule	~7////77/7//////	_	Total. Add line 7 and			7777	777777	7777777.
Total.	<u>ا د د م</u>	rough line 5		410	Net income per return		ļ	<u> </u>	<u> </u>	<u> </u>
Add III	<u> </u>	rough line 5	1	1	Subtract line 9 from li	пеб				

FORM CT - 2 (REV. 4-99)

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

PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the loss of your tax exemption and the assessment of a minimum tax of \$800 plus interest.

Telephone (916) 445-202	J		<u> </u>					
ACCOUNTING PERIOD -	- For the Yea	or Beginning	JULY 1		19 <u>98</u> and Ending	IUNE_30		, 19 <u>99 </u>
If address changed che		•	-	▼	State Charity registration r (If unknown, leave bla		5 4	4 2
					Employer Identification no	ımber 9536	0 8	292
042542 YEAR	ENDE D	06/30/199)9 L	:	Corporate or Organization No.	D[1]0	1 4	921
NAUTILUS OF	AMER IC	A INC			A. Is the organization	on exempt from		Yes No
1831 2ND ST BERKELEY CA	9471	0		_	federal income to	ix ŝ		X
• City or town, State, and Zi	P code	_		•	If "no", is this ent If "no", affix Exhi federal tax status	ity a split-interest trus bit A to explain your	™ N/A	A
REPORT PROCESSING	INFORMAT	ION						
Please inform our office CT-2 Form/label Has the organization file Form 990	🗅 Lab	el Only e following form	is with the Inter					
PART I FILING REQU	IIDEMENTS:	CHECK ONE	ROY AND ATT	ACH THE	REQUIRED IRS FORM	ıs		
∑ This entity is not a part of the latest term of the lates							le A (F	-orm
990) and related att	achments (even though we	may not be requ	uired to fil	e these uniform forms	with the IRS). Omit	Part I	Il below.
☐ This entity is a priva	ite foundatio	on. We have att	ached a comple	eted copy (of IRS Form 990-PF and	related attachmen	ts. Coi	mplete
PART IA ACTIVITIES:	ENTER AA	MOUNTS AND	CHECK BOX					Yes No
Gross receipts \$ _2,2	81.405		Total assets \$_	1.511.	484			
Are the program activi			•					X
PART II STATEMENT	S REGARDI	NG THIS ORG	ANIZATION DU	JRING TH	E PERIOD OF THIS R	EPORT		Yes No
1 Was 50% or more of	your total re	venue from gover	nment agencies?				. 1	X
N/A 1/2) Foderal T	low the gove	rnment agencies	and the total gra	int amount	s received from each.	D		
N/A 1(a) Federal □ _ 2 Were you audited by a	nv governme	ent agency which	resulted in audit	exceptions	in excess of \$50,000 be	eing taken?	. 2	X
If "yes", attach a	copy of the a	audit report. Ente	er here the total e	exceptions.	2	a \$ NONE.	-	
3 Did an auditor or acc	ountant issue	e a report on you	r financial staten	nents?			. 3	X
4 Were there any contracts	ountaints or s loans lease	es or other financia	l transactions betw	veen the org	anization and any officer, o	lirector or trustee	-	A A S
thereof either directly	v or with an e	entity in which any	such officer, direct	tor or truste	e had any financial interest	? (Exclude the pay-		minoral attachment
ment of life insurance	:e on an offici rs. Directors a	er or director; final and Trustees on For	ncing the principal om 990. Part V. For	residence o m 990EZ, Pa	f officer; compensation for a art IV; or Form 990PF, Part	services aisciosea VII.)	. 4	X
If "yes", attach a	full explanat	ion. Enter here th	ne amount involve	ed	4	S NONE.	-	क्षात्रकार अस्ति । अस्ति ।
value of the donat	justification ions	of why noncharit	able entities rece	eive your ch	ıaritable property. Enter I 5	nere the fair market NONE.	. 5 -	X
6 Did this organization solicitation or sale	regularly soli of salvage?	icit salvage, sell If "yes", include	salvage in a thri amounts on For	ft store, or m 990, line	was it a party to a cont 10	ract involving the	. 6	X
u li Cilia		11	والمرواء والمرام والمرام		oving documents, schedule	and statements and	to the	best

Under penalties of perjury. I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Organization's area code and telephone number (510) 204 - 9296

Steve Freedkin Operations & Finance Director 11/15/1999

Signature of authorized officer (See instructions)

7(a,	**/as there any theft, embezzlement, diversion or misuse of your charitable property or funds? If "yes", attach a schedule giving a full and complete explanation	(a
7(b)	Were any of your officers, directors or trustees named in any court action in which it was alleged that any trust or fiduciary duty was breached? If "yes", attach a statement giving a full and complete explanation	
7 (e)	Were there any allegations of theft, embezzlement, diversion, or misuse of funds or property by officers, directors, trustees or employees which were investigated by your organization? If "yes", attach a statement giving a full and complete explanation.	
	Were any organization funds used to pay any penalty, fine or judgment?	8
9	Did a fundraising consultant or commercial fundraiser receive any payment from you, or retain any money from fundraising on your behalf?	9
10	If "yes", complete Part IV (Form CT-2). Did your invested accepts total \$50,000 or mare? If "yes", complete Part IV (Form CT-2) (See No. 10 instantion).	
11	Did your invested assets total \$50,000 or more? If "yes", complete Part V (Form CT-2) (See line 10 instructions) 10 Did you receive any income from any bingo game?	J
''	If "yes", enter here and on Form 990, line 9a, the gross receipts provided by all bingo players before deductions for any costs or prizes, whether or not all gross receipts were received by your organization. 11a \$_NONE	I
12	Employee compensation of the five highest paid employees:	
	(a) Did any individual employee receive salary plus employer contribution to employee benefit plans, expense	١.
	account or other allowance in excess of \$100,000?	2
	and the second of the second o) L
	(c) Did any employee receive the benefit of a residence for personal use which was owned or leased by the	:U
	organization?	۰.
	(d) Did the organization lease, rent or purchase any equipment, property, or facility to or from an employee or	Ü
	any business entity in which the employee had any financial interest?	یے (
	If "yes", enter here the total amount involved	.u
	(e) Did the organization make any loans in excess of \$5,000 to any employee?	۵
	If any of questions 12(a),(b),(c),(d) or (e) are answered "yes", attach specific details to fully	.6
	explain any "yes" response and fully complete Part I, Schedule A (Form 990).	
3	Did you make payments totalling over \$50,000 to any independent consultants or contractors other than for	
. –	(a) fundraising, (b) accounting, (c) legal fees, (d) investment fees?	
<i>:</i>	If "yes", either complete Part II of Schedule A (Form 990) for the five highest paid regardless of	
	the amounts; or, attach a similar schedule of names, addresses, type of service and amounts.	
	Enter here the total of all payments to all independent contractors	
4	If you incurred or paid any of the following taxes and/or related penalties, enter the amounts in blanks	
	provided.	
	Tax Penalty	
	a. Payroll	
	b. Sales (on items you sold)	
<u> </u>		
J '	Were you named as a beneficiary to receive a portion of commercial transactions (commercial co-ventures,	
	joint venture marketing, or cause-related marketing)?	
	If "yes", enter here the gross amount received	

PART III ADDITIONAL INFORMATION	N FROM PRIVATE FOUN	IDATIONS ONLY N	N/A		
				Yes	No
16 Did you file a Form 4720 with the Intern					<u> </u>
If "yes", attach a copy of Form 4720) and enter here the amount	t of total taxes paid with	that return 16a		
PART IV FUNDRAISING CONSULTAN			(SEE QUESTION 9)	N/A	
	ACTIVITY #1	ACTIVITY #2	ACTIVITY #3**	TOT	AL
17 Brief Description of Campaign, Drive,		untu e i i de			
Event, or Services					
	NONE.		N N N		
-			$t_{ij} = b_{ij}$		
		· •			
18 Date or Period Covered					
19 Name of FC-CFR	es la	* ស្ត្រីង			
i	7 (1) \$100	r variable (variable) var			
		uch unavers			
20 Address of FC-CFR					
			·		
		re.			
21 Gross Receipts from Donors*	: :		21		
22 Total Retained by or Paid to FC-CFR			22 -		
23 All Other Fund-Raising Expenses		· · · · · · · · · · · · · · · · · · ·	23 -	-	
24 Net Proceeds (Line 21 Less 22 and 23)					
	On line 21, do not deduct a activities, attach a schedule	· ·	tions. I <mark>d include amount</mark> s in Part IV	′ totals.	. <u> </u>
PART V SUMMARY OF INVESTMENT	S TOTALING \$50,000 C	OR MORE (SEE QUE	STION 10) N/A		
25 Securities, beginning of year at cost			25		
26 Securities acquired, at cost or original b	oasis		26		
27 Securities sold, at cost or original basis	(may include sales expense	es)			
28 Securities, end of year at cost			28		
29 Securities, end of year at market value					
30 Sum of all gains on sales during the yea31 Sum of all losses on sales during the yea	ar		31		
32 Dividends and interest from securities (S	990 line 5 or 990-PF. Part 1	l line 4 column (a))			
33 Total return realized (line 30 less line 31	1, plus line 32)	·			
34 Less all fees, salaries, and other costs i	ncurred to earn investment	income			
35 Net return realized from investments in	securities (line 33 less line	34)			
Has this organization engaged in, purchase	nd sold or hold during the	vear:		Yes	No
36 Investments (any type) which produce no	current income?	,			
37 Investments (any type) worth one half or	less of original basis?				
38 Securities on margin?					
39 Warrants, puts, calls, options, commodity	y futures, or short sales?				
40 Stocks rated "Speculative Grade" by Moo	ody's, or ranked "B—" or lov	wer by Standard & Poor's?	'		
41 Securities not publicly traded?				 	

If "yes" on any line from 36–43, attach a full explanation including original basis and current value.

Form CT-2 19<u>98</u>

Nautilus of America, Inc.

State Charity # CT 42542 Employer ID # 95-3608292 Corporate ID # D 1014921

Part II, Line 13	a - Top Five Independent Contractors
\$ 91,737	Center for Global Communications (GLOCOM) 1F, 6-15-21 Roppongi, Minato-ku, Tokyo 106, Japan
41,431	Dr. James Williams 106-A Grandview Ave., Berkeley, CA 94114
26,749	Dr. David Von Hippel 910 East 23rd Ave., Eugene, OR 97405-3075
26,718	Mr. Hans Kristensen 1927 Tulare Ave., Richmond, CA 94805-2024
20,000	IUCN, for International Centree for Trade and Sustainable Development 13, Chemin des Anemones, CH-1219 Geneve, Switzerland