

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

### A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B Check if applicable:
  - Address change
  - Name change
  - Initial return
  - Final
  - Return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
No Limits Limb Loss Foundation  
D/B/A Camp No Limits

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
265 Centre Road

City or town, state or province, country, and ZIP or foreign postal code  
Wales, ME 04280

**F** Name and address of principal officer  
MARY LEIGHTON  
265 CENTRE ROAD  
WALES, ME 04280

**D** Employer identification number  
20-3144444

**E** Telephone number  
(207) 240-5762

**G** Gross receipts \$ 609,098

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

- I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527
- J** Website: ▶ [www.nolimitsfoundation.org](http://www.nolimitsfoundation.org)
- K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation 2006

**M** State of legal domicile ME

### Part I Summary

|                             |  |   |  |                       |
|-----------------------------|--|---|--|-----------------------|
| Activities & Governance     | <b>1</b> Briefly describe the organization's mission or most significant activities<br>To educate, assist and provide an atmosphere of fun for children with congenital or traumatic limb loss |   |  |                       |
|                             | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  |   |  |                       |
|                             | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)                 | 10   |                       |
|                             | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)     | 10   |                       |
|                             | <b>5</b>   | Total number of individuals employed in calendar year 2016 (Part V, line 2a)      | 7  |                       |
|                             | <b>6</b>   | Total number of volunteers (estimate if necessary)                                | 377  |                       |
|                             | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12              | 0  |                       |
|                             | <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34                    | 0  |                       |
| Revenue                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)                                     | Prior Year: 556,968  | Current Year: 485,907 |
|                             | <b>9</b>   | Program service revenue (Part VIII, line 2g)                                      | 80,274   | 87,570                |
|                             | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 9,652  | 20,664                |
|                             | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | -14,551  | 435                   |
|                             | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 632,343  | 594,576               |
|                             | Expenses   | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0                     |
| <b>14</b>                   |  | Benefits paid to or for members (Part IX, column (A), line 4)                     | 0  | 0                     |
| <b>15</b>                   |  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 99,561   | 177,924               |
| <b>16a</b>                  |  | Professional fundraising fees (Part IX, column (A), line 11e)                     | 0  | 0                     |
| <b>b</b>                    |  | Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,919                |  |                       |
| <b>17</b>                   |  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 362,844  | 329,128               |
|                             | <b>18</b>  | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 462,405  | 507,052               |
|                             | <b>19</b>  | Revenue less expenses Subtract line 18 from line 12                               | 169,938  | 87,524                |
| Net Assets or Fund Balances | <b>20</b>  | Total assets (Part X, line 16)  | Beginning of Current Year: 344,292                               | End of Year: 438,430  |
|                             | <b>21</b>  | Total liabilities (Part X, line 26)   | 181  | 6,795                 |
|                             | <b>22</b>  | Net assets or fund balances Subtract line 21 from line 20                         | 344,111  | 431,635               |

### Part II Signature Block

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

**Sign Here**

\*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2017-02-06

MARY LEIGHTON EXECUTIVE DIRECTOR  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name STEVEN R LAMONTAGNE CPA  
Preparer's signature STEVEN R LAMONTAGNE CPA  
Date 2017-02-06  
Check  if self-employed  
PTIN P00638014

Firm's name ▶ OUELLETTE & ASSOCIATES PA  
Firm's EIN ▶ 01-0448675

Firm's address ▶ 1111 LISBON STREET  
LEWISTON, ME 04240  
Phone no (207) 786-0328

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

To educate, assist and provide an atmosphere of fun for children with congenital or traumatic limb loss

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 432,482 including grants of \$ ) (Revenue \$ 94,898 )  
SUMMER CAMP FOR YOUNG PEOPLE WITH LIMB LOSS AND THEIR FAMILIES TO PROVIDE THERAPY, EDUCATION, SUPPORT, AND SKILL DEVELOPMENT

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 432,482