SCANNED APR 2 5 2017

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. Open to Public Inspection

A	For th	e 2013 calendar year, or tax year beginning SEP 1, 2013 and ending	AUG 31, 2014				
В	Check if	C Name of organization	D Employer identific	cation number			
•	applicab	e	` *				
	Addre	S NO BARRIERS USA					
	Name chang	David Barriera A	06-1	693441			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui					
	Termi ated		(970) 482-4036				
2	Amen	ded a	G Gross receipts \$	3,457,673.			
	Application	FORT COLLINS, CO 80521	H(a) is this a group re				
	pendi	F Name and address of principal officer.DAVID SHURNA	for subordinates				
		SAME AS C ABOVE	H(b) Are all subordinates in				
1	Tax-ex	empt status. X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 5	27 If "No," attach a	list (see instructions)			
<u>J</u> 1	Websi	te: WWW.NOBARRIERSUSA.ORG	H(c) Group exemption	n number 🕨			
<u>K </u>	orm o	organization: X Corporation	ar of formation, 2003 N	State of legal domicile: CO			
Pa	art I	Summary					
ø	1	Briefly describe the organization's mission or most significant activities. OUR MISSI	ON IS TO UNL	EASH THE			
anc		POTENTIAL OF THE HUMAN SPIRIT. THROUGH TRANSP					
Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	sets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	15			
• ক	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13			
Activities &	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	12			
š	ı	Total number of volunteers (estimate if necessary)	. 6	200			
Act	ı	Total unrelated business revenue from Part VIII, column (C), line 12	. 7a	<u> </u>			
_	b	Net unrelated business taxable income from Form 990-T, line 34		0.			
	_	<u> </u>	Prior Year	Current Year			
95	8	Contributions and grants (Part VIII, line 1h)	1,612,229.	2,217,827.			
Revenue	1	Program service revenue (Part VIII, line 2g)	641,538.	1,206,988.			
Re	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	297.	204.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	<9,889.>			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,254,064. 0.	3,415,130.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	466,244.	757,731.			
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	400,244.	757,731.			
ğ	1	Total fundraising expenses (Part IX, column (D), line 25) 160, 569.		<u>V•</u>			
ŭ	17	Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e)	1,386,136.	2,607,318.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,852,380.	3,365,049.			
	19	Revenue less expenses Subtract line 18 from line 12	401,684.	50,081.			
Sec		i jo	Beginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16) APR 0 3 2017	2,016,952.	1,844,067.			
Seg.	21	Total liabilities (Part X, line 26)	588,696.	365,730.			
Net Assets	22	Net assets or fund balances Subtract line 21 from line 20	1,428,256.	1,478,337.			
	art II	Signature Block UGUEIN, UI					
Und	er pena	lties of perپيري ا declare that I have examined this return, including accompanying schedules and stati	ements, and to the best of my	knowledge and belief, it is			
		t, and complete. Beclaration of preparer (other than officer) is based on all information of which prepa		-			
			3/21	17			
Sig	n	Signature of officer	Date				
Her	e	DAVID SHURNA, EXECUTIVE DIRECTOR					
		Type or print name and title		-			
		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Paid		KYLE FRITCH, CPA KYLE FRITCH, CPA	03/29/17 self-employe				
	arer	Firm's name EIDE BAILLY LLP	Firm's EIN	45-0250958			
Use	Only	Firm's address 375 E. HORSETOOTH RD. BLDG. 4200					
		FORT COLLINS, CO 80525	Phone no.97	0-223-8825			
May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No			

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

<u>Form</u>	1990 (2013) NO BARRIERS USA	<u>06-1693441</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\mathbf{X}
1	Briefly describe the organization's mission.		
-	OUR MISSION IS TO UNLEASH THE POTENTIAL OF THE HUMAN SP	IRIT. THROU	GH
		ELP PEOPLE	
	EMBARK ON A QUEST TO CONTRIBUTE THEIR ABSOLUTE BEST TO		IN
	THE PROCESS, WE FOSTER A COMMUNITY OF CURIOUS, BRAVE AN		
		D COULABORAT	TAR
2	Did the organization undertake any significant program services during the year which were not listed on	<u>┌─</u> ┐.,	□
	the prior Form 990 or 990-EZ?	L Yes	X 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	X 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	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$3,004,770 . including grants of \$) (Reven	nue \$ 1,207,	444.)
	NO BARRIERS YOUTH		
	WE PROVIDE INTERNATIONAL AND DOMESTIC EXPEDITIONS, REGI	ONAL RETREAT	S.
	IN-SCHOOL WORKSHOPS AND SCHOOL-WIDE PARTNERSHIP PROGRAM		
	K-12 YOUTH. PROGRAMS CONNECT STUDENTS WITH OUR NO BARR		
	DYNAMIC SET OF TOOLS TO HELP THEM MAKE AN IMPACT ON THE	WORLD NO MA	TTER
	WHAT COMES THEIR WAY.		
	NO BARRIERS WARRIORS		
	WE EMPOWER VETERANS AND TRANSITIONING SERVICE MEMBERS W	ITH	
	DISABILITIES, AND SURVIVORS OF THE FALLEN, TO OVERCOME	BARRIERS AND)
	UNLEASH THEIR POTENTIAL. OUR EXPERIENCES SERVE AS BOTH	AN OPPORTUNI	TY
	FOR GROWTH AND CATALYST FOR CHANGE AS THESE BRAVE MEN A		
4b	(Code) (Expenses \$ Including grants of \$) (Rever)
	/ (rioval)		
			
			
			 _
		·	
4c	(Code) (Expenses \$	nue \$	
-10	/Code) /Exhauses a) /Heads.	.06.2	
			
			
		_ 	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 3,004,770.		
		Form 9	990 (2013)

Form 990 (2013)

NO BARRIERS USA

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_	_X_	
2	is the organization required to complete Schedule B, Schedule of Contributors?	_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_		_X_
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		<u>X</u>
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		_ <u>X</u> _
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		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ 7		_ <u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8_		
9	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			
10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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 167 If "Yes," complete Schedule D, Part VII	11b		_X_
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	11c		<u> X</u>
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	ļ
L	Schedule D, Parts XI and XII Was the properties underlying appeals and appeals and the properties and the territory and the second and the properties and the second and t	12a	X	-
D	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	10h		X
13	Is the organization answered in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-TG		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
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		X
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		\	1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ.—	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	}] <u></u>	}
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	Ì		1,
	complete Schedule G, Part III	19	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2013)
		1 0111		12010

Yes No

Form 990 (2013)

NO BARRIERS USA

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		l	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	i i		
	Schedule J	23	į	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	i l		
	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		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	_24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			ĺ
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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 so,			.,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	į į	İ	l
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07	,	х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	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? 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	Ì		1
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	\		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	X	(2013)
		rorm	タプリ	(2013)

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 16 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 12 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations, Enter a Gross income from members or shareholders <u>1</u>1a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

06-1693441 Form 990 (2013) NO BARRIERS USA 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a 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 0. 13 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 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 15a X b Other officers or key employees of the organization 15b 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 X 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CO 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.

___ Another's website

X Upon request

Other (explain in Schedule O)

Describe in Schedule O 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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

____ MOLLY HOFF -(970) 682-2466

417 S. HOWES STREET, FORT COLLINS CO 80521

n	6-	1	6	q	3	4	4	1	Page 7	
u	, ,, ,			7		-	-	_	raue i	

Form 990 (2013) NO BARRIERS USA

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
rano and mio	hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOM LILLIG	2.00								0	0
PRESIDENT	1.00	X	├	X		-	ļ	0.	0.	0.
(2) ERIK WEIHENMAYER	1.00	х		X	1.			0.	0.	0.
VICE PRESIDENT (3) ALISSA GARNER	1.00	^		^		-	┢		<u> </u>	
TREASURER	1.00	Х		x				0.	0.	0.
(4) DAVID SHURNA	40.00					1				
EXECUTIVE DIRECTOR AND SECRETARY	10.00	x		X				83,917.	0.	0.
(5) JULIE DUBIN	40.00						<u> </u>	30,32.0		
BOARD MEMBER/DIR, OF HUMAN RESOURCES		x	Ì				ļ	54,066.	0.	0.
(6) BILL BARKELEY	1.00									
BOARD MEMBER		Х	<u> </u>					0.	0.	0.
(7) ANDREA DELOREY	1.00									
BOARD MEMBER		X	_				L	0.	0.	0.
(8) TOM SULLIVAN	1.00				1					
BOARD MEMBER		X				_	L	0.	0.	0.
(9) GEORGE HEINRICHS	1.00					1	1		_	_
BOARD MEMBER	1 22	X	<u> </u>		_			0.	0.	0.
(10) MATT KAREUS	1.00			l	1					
BOARD MEMBER	1 00	X		_	-	1		0.	0.	0.
(11) RON KUBIT	1.00	x		l				0.	0	_
BOARD MEMBER	1.00	<u> </u>			├-	}—	-	0.	0.	0.
(12) DON MOREL	1.00	x						0.	0.	0.
BOARD MEMBER (13) KEVIN O'BRIEN	1.00	A	 	┢╌	 	+	\vdash	<u> </u>	<u></u>	<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
(14) LOUIS LAROCCO	1.00		<u> </u>	 	┢		╁			
BOARD MEMBER	<u></u>	x]	1) o.	0.	0.
(15) ALEXANDER "SASHA" RABCHEVKSY	1.00				1	1				
BOARD MEMBER		X						0.	0.	0.
		_								
			-	-	\vdash	+	 			
										F 990 (2012)

Name and title	(B) Average hours per week (list any hours for related organizations below line)	itee or director (spoot)	not c	Pos heck	ition	e than of is both or/trust	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	s	Estimate amount other compens from the organizate organizate		of tion e on ed
		트	=	5	- X	Ξъ	A.						
	 	-	-	-	_								
		-	-				-						
					-								
		-	-				_						
		-			-						-		
		}	-	-					'				
	 		-										
1b Sub-total		L	1	<u></u>	L	!	<u> </u>	137,983.		0.			0.
c Total from continuation sheets to Part	VII, Section A					,		137,983.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wh	no re		,000 of reportabl				<u> </u>
compensation from the organization												Yes	No
3 Did the organization list any former office	r, director, or tr	uste	e, ke	y er	nplo	yee,	orl	highest compensated e	mployee on	[103	-10
fine 1a? If "Yes," complete Schedule J for				0000	tion		1 0+1	nor componentian from	the ergenization		3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$1									ine organization		4		x
5 Did any person listed on line 1a receive o	-						elat	ed organization or indiv	idual for services		_	{	X
rendered to the organization? If "Yes," co Section B. Independent Contractors	mpiete Scheau	<u>e J 1</u>	or s	ucn	pers	son					_5_		
1 Complete this table for your five highest of										pens	ation fi	om	
the organization. Report compensation for (A)	r the calendar y	ear	engi	ing v	vitri	or w	ונרווו	(B)			(C		
Name and busines	s address	N	ONI	<u>E</u>			\dashv	Description of s	services	C	omper	satio	n
										•,			
2 Total number of independent contractors		not li	mite	d to		_	sted	above) who received n	nore than				
\$100,000 of compensation from the orga	nization 🕨					0					Form	990 (2013

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	·		
				!	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
ira oun	b	Membership dues	1b			ļ		
S, E	c	Fundraising events	1c	22,630.]		
a H	d	Related organizations	1d			ļ		
ini,	е		ions) 1e	160,158.]		j
tion	f	All other contributions, gifts, gran	ts, and			}		
事		similar amounts not included abo	ve 1f 2,	035,039.]		
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$	248,201.]		
<u>පු දි</u>	h	Total. Add lines 1a-1f			2,217,827.			
j				Business Code		}		
9	2 a	PROGRAM SERVICE	FEES_	900099	<u>1,206,988.</u>	1,206,988.		
او چ	b	·		<u></u>				<u> </u>
S E	C			<u></u>				
Program Service Revenue	d	·						<u></u>
δ _r	е							
ا ت	f	All other program service reve	nue					<u> </u>
}	9	Total. Add lines 2a-2f			<u>1,206,988.</u>			
)	3	Investment income (including	dividends, intere	est, and		}		
)		other similar amounts)		>	204.			204.
	4	Income from investment of tax	x-exempt bond p	roceeds		<u></u>		
}	5	Royalties		, _ _				
}		_	(i) Real	(ii) Personal]		
	6 a		}]		
,	b	•	<u> </u>]		
	C	` '	L	L		[
]	d	, ,	J	, -				
)	7 a		(i) Securities	(II) Other	10]		
}		assets other than inventory	}		:]		
}	b	Less. cost or other basis	}]		
ļ		and sales expenses	· · · · · · · · · · · · · · · · · · ·	ļ	II	[
}	C	Gain or (loss)	L	L	,	}		}
}	d	• , ,		, >		}		
ng	8 a	Gross income from fundraising	•					ļ
Ę		including \$ 22,6		ļ		}		}
Other Reve		contributions reported on line		20 100]		
Ĕ		Part IV, line 18	а	32,198.		1		
ਰੋ∣		Less. direct expenses	, b	42,543.	-10 245	[10 245
ļ		Net income or (loss) from fund	_	,——— <u> </u>	<10,345.	}		<10,345.>
ļ	9 a	Gross income from gaming ac] }		
ļ	_	Part IV, line 19	a]]
Į		Less: direct expenses	b	L		1		
[Net income or (loss) from gam	•			 		
ļ	iu a	Gross sales of inventory, less and allowances						ļ
ļ			а	<u> </u>	1			ļ
[Less. cost of goods sold	b	L				
ŀ	<u>C</u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code		 		
f	11 0	OTHER INCOME	<u>a </u>	900099	456.	456.		
[ıı a			700099		= = = = = = = = = = = = = = = = = = = =		+
{	C							
{	ن بہ	All other revenue				 		
{	م	Total. Add lines 11a-11d			456.	1		
{	12	Total revenue See instructions.			3,415,130.	1,207,444.	0	. <10,141.
332001		IO. WIND COO MICH DONOTHE						Form 990 (2013)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (C) Management and general expenses (**D)** Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 564,529. 23,287. 67,719. 655,535. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 52,053. 41,643. 3,470. 6,940. Other employee benefits 9 41,837. 1,563. 6,743. 50,143. Payroll taxes Fees for services (non-employees): a Management 18,226. 18,226. Legal 21,741 21,741. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 37,115. 44,458. column (A) amount, list line 11g expenses on Sch O.) 3,300. 4,043. 231,277. 250,642. 19,365. 12 Advertising and promotion 1,230. 2,461. 18,457. 14.766. Office expenses 13 Information technology 14 15 Royalties 18,572.1,548. 3,096. 23,216. Occupancy 16 103,134. 74,337. 15,333. 13,464. Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 8,309. 8,309. Depreciation, depletion, and amortization 22 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.) 477,907. 1,477,907. a PROGRAM FIELD EXPENSES GENERAL PROGRAM EXPENSE 256,478. 226,394. 30,084. 121,490. c MISCELLANEOUS EXPENSE 121,490. 100,000. 100,000. d BAD DEBT 6,654. 101,703. 54,903. e All other expenses 163,260. 3,004,770. 199,710. 160,569. Total functional expenses. Add lines 1 through 24e 3,365,049. 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)

Pa	rt 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	1,543,454.	1	545,582.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	193,379.	3	178,033.
	4	Accounts receivable, net		4	831,371.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	1	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			
	İ	employers and sponsoring organizations of section 501(c)(9) voluntary		ļ	
93		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	_
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	54,042.	9	51,050.
	10a	Land, buildings, and equipment cost or other			
	1	basis Complete Part VI of Schedule D 10a 280,807.		1	
	b	Less. accumulated depreciation 10b 42,776.	226,077.	10c	238,031.
	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		15	
	16_	Total assets, Add lines 1 through 15 (must equal line 34)	2,016,952.	16	1,844,067.
	17	Accounts payable and accrued expenses	227,051.	17	323,347.
	18	Grants payable		18	
	19	Deferred revenue	347,623.	19	42,383.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	·	21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ë		key employees, highest compensated employees, and disqualified persons.			
Liabilities	ł	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	14,000.	24	
	25	Other liabilities (including federal income tax, payables to related third		:	
	l	parties, and other liabilities not included on lines 17-24). Complete Part X of	00		
		Schedule D	22.	25	0.
	26	Total liabilities. Add lines 17 through 25	588,696.	26	365,730.
		Organizations that follow SFAS 117 (ASC 958), check here ► 🐰 and			
Ses		complete lines 27 through 29, and lines 33 and 34.	202 125		706 616
<u>a</u>	27	Unrestricted net assets	293,126. 733,446.		796,616.
Ba	28	Temporarily restricted net assets	/33,440.	_28	681,721.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
S S		and complete lines 30 through 34.		00	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne.	32	Retained earnings, endowment, accumulated income, or other funds	1,428,256.		1,478,337.
	33	Total includes and not assets/fund balances	2,016,952.	33	1,844,067.
	34	Total liabilities and net assets/fund balances	4,010,334.	34	Form 990 (2012)

	990 (2013) NO BARRIERS USA	<u> 06-</u>	<u> 16934</u>	<u>41</u>	Pag	_{je} 12
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				<u>30.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,			49.
3	Revenue less expenses Subtract line 2 from line 1	3				<u>81.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	<u>428</u>	, 2	<u>56.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	nue less expenses Subtract line 2 from line 1 sests or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Inrealized gains (losses) on investments 6 Index services and use of facilities 6 Interest expenses 7 Interest expenses 7 Interest expenses 8 Interest expenses 9 Interest expenses 17 Interest expenses 18 Interest expenses 19 Interest expenses 19 Interest expenses 19 Interest expenses 19 Interest expenses 19 Interest expenses 19 Interest expenses 19 Interest expenses 19 Interest expenses 19 Interest expenses 19 Interest expenses 19 Interest expenses expenses or fund balances (explain in Schedule O) 19 Interest expenses 19 Interest expenses 19 Interest expenses expenses expenses expense expenses expense					
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	1,	478	3,3	<u>37.</u>
Pa	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
			Γ-		Yes	No
1	•			Ì	i	
		0		Ì	Ì	
2a			<u> </u>	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ì	- {	- 1	
	separate basis, consolidated basis, or both		Ì	- {		
			Ì	- {	1	
b	·		1	2b	X_	
		e basis	, }	- {	1	
			}	- {	1	
	·]	- {		
С		e audıt,	.]	- {	{	
	·		}_	2c	X	
3a	· · · · · · · · · · · · · · · · · · ·	ngle Au	dıt	ļ		
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	3a		<u>X</u>
þ	6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 0 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990			}		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	200	L
			F	orm 🖁	1 90 ((2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► 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

Inspection

Name of the organization

Employer identification number NO BARRIERS USA 06-1693441 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 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 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 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 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated d ____ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (vi) Is the organization in col. (i) Name of supported (iv) Is the organization (v) Did you notify the (ii) EIN (iii) Type of organization (vii) Amount of monetary in col. (i) listed in your (described on lines 1-9 organization in col. organization (i) organized in the U.S.? support above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 NO BARRIERS USA 06-1693441 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		ļ				
	include any "unusual grants ")]				
2	Tax revenues levied for the organ-	- 			T		
	ization's benefit and either paid to	II					
	or expended on its behalf		ĺ	1		1	
3	The value of services or facilities						
_	furnished by a governmental unit to				}		
	the organization without charge					}	
4	Total, Add lines 1 through 3				 		
5	The portion of total contributions				 	 	
·	by each person (other than a	u	ļ		ļ	ļ	
	governmental unit or publicly					1	
	supported organization) included		}		[}	}
	on line 1 that exceeds 2% of the						
	amount shown on line 11.		ĺ			}	
	column (f)	1:	i		İ		
6	.,		 		 		
	Public support. Subtract line 5 from line 4 ction B. Total Support		<u></u>		<u>t</u>	·	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(8) 2000	(5) 2010	(0) 2011	(0) 2012	(e) 2013	(1) TOTAL
8	Gross income from interest.			 		 	
Ü	dividends, payments received on						
	• • •	lu]				
	securities loans, rents, royalties and income from similar sources		(1	,
^					 		
9	Net income from unrelated business						
	activities, whether or not the			1		[
40	business is regularly carried on			 	 		
10	Other income. Do not include gain	l				ţ	ı
	or loss from the sale of capital		ĺ			}	
	assets (Explain in Part IV)			}	}	 	
	Total support. Add lines 7 through 10		<u> </u>	L	L	 	
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publ	here ic Support Pe	rcentage				
				(6)			
	Public support percentage for 2013 (I	• • • • • • • • • • • • • • • • • • • •	• •	column (t))		14	
	Public support percentage from 2012	· ·	•		44 00 4/00/	15	%
10a	33 1/3% support test - 2013. If the c	-			14 IS 33 1/3% OF I	nore, cneck this bo	x and
_	stop here. The organization qualifies		•		d line 15 in 22 1/20	/ auaua - abaal th	P L J
Ŋ	33 1/3% support test - 2012. If the c				u iirie 15 is 33 1/3%	o or more, check u	IIS DOX
44 -	and stop here. The organization qual	· ·			- 40-4040-		
17a	10% -facts-and-circumstances tes	_	•				
	and if the organization meets the "fac			-		ıπ IV how the orgai	nization
	meets the "facts-and-circumstances"					47 45	100/
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		•
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 100, 1/a, or 1/	D, Check this box	and see instruction	S P

Schedule-A (Form 990 or 990-EZ) 2013 NO BARRIERS USA Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sei	ction A. Public Support	elow, please comp	olete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(0) 2010	(6) 2011	(u) 2012	(6) 25 15	(1) 10.0.
'	membership fees received (Do not						
	include any "unusual grants ")	418,703.	724,037.	1397448.	1612229.	2217827.	6370244.
2	Gross receipts from admissions,	410,700.	724,037.	137/440.	1012227	221/02/	03702440
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	921,332.	672,380.	1544059.	641,538.	1206988.	4986297.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					9,116.	0 116
	-	1340035.	1396417.	2941507.	2253767.		9,116. 11365657.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	13400331	133041/	474130/.	4455/0/•	3433331.	TT30303/•
1 6	3 received from disqualified persons	243,000.		9,417.	15,025.	1176234.	1443676.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	243,000.		5,41/.		11/0234.	1443070.
	amount on line 13 for the year				573,234.	40,654.	613,888.
C	: Add lines 7a and 7b	243,000.		9,417.	588,259.	1216888.	2057564.
	Public support (Subtract line 7c from line 6)						9308093.
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1340035.	1396417.	2941507.	2253767.		11365657.
102	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	649.	700.		297.	204.	1,850.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	649.	700.		297.	204.	1,850.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	013.			257.	204.	1,030.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	302.				456.	758.
13	Total support. (Add lines 9, 10c, 11, and 12)	1340986.	1397117.	2941507.	2254064.	3434591.	<u>11368265.</u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						▶
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage	<u>-</u> _			
15	Public support percentage for 2013 (I	ine 8, column (f) di	ivided by line 13, o	column (f))		15	<u>81.88</u> %
	Public support percentage from 2012					16	97.12 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	113 (line 10c, colun	nn (f) divided by lii	ne 13, column (f))		17	.02 %
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	.03_ %
19a	a 33 1/3% support tests - 2013. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the	•	-	•			▶ X
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	in did not check a	hay on line 14, 19	a or 19h check th	ns hay and see ins	structions	▶ 1 1

Schedule A (Form 990 or 990-EZ) 2013 NO BARRIERS USA	06-1693441 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Also complete this part for any additional information (See instructions)	17b; and Part III, line 12
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME	<u> </u>
OTHER INCOME	
2009 AMOUNT: \$ 302.	
2013 AMOUNT: \$ 456.	····
	·

(Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 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.

Open to Public

Inspection

Department of the Treasury

Internal Revenue Service Name of the organization Employer identification number NO BARRIERS USA 06-1693441 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 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? 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 impermissible private benefit? 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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) Revenues 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 Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

		IERS USA						06-16			age 2
Pai	rt III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other recor	ds, checi	k any of the	following that	at are a s	significant	use of its	collection	ı item	S
	(check all that apply)										
а	Public exhibition	•	d 🔲	Loan or exc	change progra	ams					
b	Scholarly research		• 🔲	Other						_	
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	the organizati	on's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	•		•	_						
-	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arran					"Yes" to	Form 990) Part IV I			
	reported an amount on Form 990, Pa			organizati.	317 41.0170104	.00 10		,, and ,,	0, 0.		
	Is the organization an agent, trustee, custod		diani for	contribution	ne or other as	eate no	t included				
Id		ian or other interme	ulary loi	CONTINUENCE	is or other as	55615 110	i iliciuu e u	_	7 v		No
	on Form 990, Part X?								_ Yes	L	J NO
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing 1	table.				,			
									Amount	<u> </u>	
	Beginning balance						1c	 			
d	Additions during the year						1d	<u> </u>			
е	Distributions during the year						<u>1e</u>				
f	Ending balance						1f	L			
2a	Did the organization include an amount on F	orm 990, Part X, line	€ 21?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has beer	provided in	Part XIII					<u>] </u>
Pa	rt V Endowment Funds. Complete	f the organization a	nswered	"Yes" to Fo	orm 990, Part	IV, line	10.				
		(a) Current year	7	rior vear	(c) Two yea			years back	(e) Four	years	back
1a	Beginning of year balance		1						1		
h	b Contributions										
•	Net investment earnings, gains, and losses		†		 						
ں ۔	Grants or scholarships		 		 				 		
-	·		 		 				 		
е	Other expenditures for facilities										
	and programs		╄		 				 		
f	Administrative expenses		 	<u>-</u>	 				ļ		
g	End of year balance		L		<u> </u>				L		
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment -	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for	the organ	zation			
	by.	•							ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		_
h	If "Yes" to 3a(ii), are the related organizations	s listed as required a	on Scher	dula B2					3b		
4	Describe in Part XIII the intended uses of the								<u> 30 </u>		
	rt VI Land, Buildings, and Equipm		OWITIETIL	iurius							
- 4		-	D 11		3 E 000	. D - 4 V) 1 0				
	Complete if the organization answere										
	Description of property	(a) Cost or o			t or other		ccumulat		(d) Bool	k valu	е
		basis (invest	ment)	basis	(other)	de	preciation	1			
1a	Land										
b	Buildings	ļ		24	10,000.		22,0	00.	21	<u>8,0</u>	00.
С	Leasehold improvements										
ď	Equipment			4	10,807.		20,7	76.	2	0,0	31.
е	Other										
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line	10(c))				23	8,0	31.

Schedule D (Form 990) 2013 NO BARRIERS	USA		U6-1693441 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" to (a) Description of security or category (including name of security)	o Form 990, Part IV, lir (b) Book value	ne 11b See Form 990, Part X, line 12. (c) Method of valuation. Cost of	r and of year market value
(1) Financial derivatives	(b) BOOK Value	(c) Metriod of Valuation. Cost of	i end-or-year market value
(2) Closely-held equity interests			
(0) (0)			
(3) Other (A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to			
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" to		ne 11d See Form 990, Part X, line 15	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
<u>(6)</u>			
			
(9)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		_
Part X Other Liabilities.			-
Complete if the organization answered "Yes" to	o Form 990, Part IV, Iir	ne 11e or 11f See Form 990, Part X, lin	е 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🗶

	dule D (Form 990) 2013 NO BARRIERS USA			<u> 1693441</u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per F	leturn	•	
	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	3,424	,246.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
ь	Donated services and use of facilities	2b 9,116.	.]		
С	Recoveries of prior year grants	2c	7 }		
d	Other (Describe in Part XIII.)	2d	1 }		
e	Add lines 2a through 2d		2e	9	,116.
3	Subtract line 2e from line 1		3	3,415	.130.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1		
b	Other (Describe in Part XIII)	4b	1		
	Add lines 4a and 4b		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	3,415	
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per			<u> </u>
تــنـا	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	•			
	Total expenses and losses per audited financial statements		1	3,374	165
1	Amounts included on line 1 but not on Form 990. Part IX, line 25		 	3,3/4	, 105.
2	, , ,	0 116			
a	Donated services and use of facilities	2a 9,116.	<u>'</u>		
b	Prior year adjustments	<u>2b</u>	-} \		
C	Other losses	2c	4 1		
ď	Other (Describe in Part XIII)	2d	4	•	
е	Add lines 2a through 2d		2e	9	<u>,116.</u>
3	Subtract line 2e from line 1		3	3,365	<u>,049.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]]		
b	Other (Describe in Part XIII)	4b	┧		
С	Add lines 4a and 4b		4c		<u> </u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	3,365	<u>,049.</u>
Pa	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par		4, Part	X, line 2, Part	XI,
lınes	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad-	ditional information			
	·				
PAI	RT X, LINE 2:				
THI	<u> ORGANIZATION BELIEVES THAT IT HAS APPROP</u>	RIATE SUPPORT FO	R		
AN:	Y TAX POSITIONS TAKEN AFFECTING ITS ANNUAL	FILING REOUIREN	MENT:	S. AND	AS
				· /= ·	
SU	CH, DOES NOT HAVE ANY UNCERTAIN TAX POSITI	ONS THAT ARE MAT	PRT	יי סיד זב	HE
	,, Dono 1101 12112 12112 011001111111 11111 1 00111				
ारच	NANCIAL STATEMENTS. THE ENTITIES WOULD REC	COCNITER FITTING AC	ווזמיי	ED TNUE	REST
<u></u> -	WHICHIE DIMIDITALIST THE BRITISHS WOODD REC	CONTRE TOTORE AC	<u>, C1(O,</u>	<u> </u>	KID I
<u>λ</u> 1(1)	PENALTIES RELATED TO UNRECOGNIZED TAX BE	TART THE AND LIVE	T. T. T.	TEC TH	
WIAI	FEMALITES RELATED TO UNRECOGNIZED TAX BE	ENECTIS AND LIAB	LLIL I	TES IN	
T 18.T/	OME MAY EVDENCE TO CHOU THREDECH AND DENI	ATMITTED ADM TMOTTED	משנ		
TIA	COME TAX EXPENSE IF SUCH INTEREST AND PENA	ALTIES ARE INCURP	(ED.		
					
					

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

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

2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

NO	BARRIERS USA				06-16934	41
	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part IV					
1	-			ds to substantiate the amount of its gr		, —
	the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the
	United States					
3				an be duplicated if additional space is		
_	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CEN'	FRAL AMERICA AND	1				
THE	CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	253,675.
SOU	TH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	145,246,
	-		-			
3 a	Sub-total	0	0			398,921,
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a]				
	and 3b)	l o	0	Į.	į.	398,921,

06-1693441

Page 2

NO BARRIERS USA

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed.

of (h) Description (i) Method of of non-cash valuation (book, FMV appraisal, other)					
(g) Amount of non-cash assistance				l.	
(f) Manner of cash disbursement					
(e) Amount of cash grant					
(d) Purpose of grant					
(c) Region					
(b) IRS code section and EIN (if applicable)					
1 (a) Name of organization					

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities 8

Schedule F (Form 990) 2013

06-1693441

Page 3

NO BARRIERS USA

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2013

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						Schedu	Schedule F (Form 990) 2013

Sched	ule F (Form 990) 2013 NO BARRIERS USA	06-1693441	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

Schedule F	(Form 990) 2013 NO BARRIERS USA	<u>06-169344</u> 1	Page 5
Part V	Supplemental Information Signature S		
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accou	nting method, amounts of	
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		:)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info		<i>''</i>
	resultated fulfiloer of recipients), as applicable. Also complete this part to provide any additional into	mation,	
	····		

- 			
			
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2013

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Employer identification number Name of the organization NO BARRIERS USA 06-1693441 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

	edu art l	le G (Form 990 or 990-EZ) 2013 NO BARF		L "Voo" to Form 000 Port		1693441 Page 2
	-	of fundraising event contributions and gr				
—		of fulfidialsing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	nts greater than 40,000.
			1 ' '	1	• •	(d) Total events
	}		WHAT'S YOUR		NONE	(add col (a) through
	ļ			GOLF TOURNAM		col. (c))
Ð			(event type)	(event type)	(total number)	\
Revenue	1	Gross receipts	42,428.	12,400.		54,828.
_	2	Less Contributions	18,895.	3,735.		22,630.
	~					
	3	Gross income (line 1 minus line 2)	23,533.	8,665.		32,198.
	4	Cash prizes	-			
es	5	Noncash prizes			 	
xpens	6	Rent/facility costs	ļ			
Direct Expenses	7	Food and beverages				
ш	8	Entertainment				
	9	Other direct expenses	23,533.	19,010.		42,543.
	40	Direct expense summary Add lines 4 throug		1,010.		42,543.
	10	_				
D	ırt I			000 Port IV line 10 or r	anartad mara than	<10,345.
1.6		—J	answered tes to Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a				1
æ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(-/	bingo/progressive bingo	······································	col (a) through col (c))
ě						ļ
	1_	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				<u> </u>
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes %	į
	6	Volunteer labor	No	No	No No	<u></u>
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	8_	Net gaming income summary Subtract line 7	7 from line 1, column (d)			<u> </u>
9	Ent	ter the state(s) in which the organization opera	ates gaming activities			
а	ls t	he organization licensed to operate gaming a	ctivities in each of these	states?		Yes No
		No," explain				
	_					
		ere any of the organization's gaming licenses r				Yes No
t	H "	Yes," explain		 		
	_					
3320	32 09	9-12-13			Schedule G (Fo	rm 990 or 990-EZ) 2013

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2013 NO BARRIERS USA	<u>06-1</u>	<u>693</u> 4	<u>441</u>	Page 3
	Does the organization operate gaming activities with nonmembers?			/es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?			es (☐ No
13	Indicate the percentage of gaming activity operated in		Ì		
	The organization's facility		13a		%
	An outside facility	1	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds.			
	Name				
	Address >		_		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			/es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party > \$				
С	If "Yes," enter name and address of the third party.				
	Name		_		
	Address >				
16	Gaming manager information				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided			_	
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the			
	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F		nes 9, 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instruct	ons)	_		
				-	
				_	
			·-		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number 06-1693441

Pal	TI Types of Property									
		(a)	(b)	(c)			(d)			
		Check if	Number of contributions or	Noncash contr amounts repor			od of deteri contribution			
		applicable	items contributed			noncasn	contribution	amou	unts	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes					1				
8	Intellectual property									
		X	2	249	201	PUBLIC	MADVEG	DE	TC	됴
9	Securities - Publicly traded		4	440,	201.	ьорптс	MARKE	PF	LIC	<u> </u>
10	Securities - Closely held stock									—
11	Securities - Partnership, LLC, or									
_	trust interests									
12	Securities Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures		ļ							
14	Qualified conservation contribution - Other		ļ							
15	Real estate - Residential									
16	Real estate - Commercial			<u></u>						
17	Real estate - Other									
18	Collectibles									
19	Food inventory								_	
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other (
28	Other (l						
29	Number of Forms 8283 received by the organiz	ration during	n the tax year for c	ontributions		L				
	for which the organization completed Form 828		-		29				0	
	To Whom the organization completed Form oze	, , a , .	DOTTOO / TOTATION TO WITHOUT	gornoni.				T _V		No
302	During the year, did the organization receive by	, contributio	n any property res	orted in Part I. lin	oc 1 . 28 t	hat it must be	old for		-	140
ooa	at least three years from the date of the initial of								Ì	
	the entire holding period?	Onthoution	, and which is not	required to be use	d lot exem	ibt barboses				X
L							30)a		
	If "Yes," describe the arrangement in Part II	aliou shas -	aduraa tha raw	af anu na +	rd on alar	utiono ⁰				v
31	Does the organization have a gift acceptance p	-	-	•		utions?	_3	1	+	<u> </u>
32a	Does the organization hire or use third parties of	or related of	ganizations to soli	cit, process, or se	ıı noncash					v
_	contributions?						3:	<u>'a </u>	+	<u>X</u>
	If "Yes," describe in Part II.						}	-		
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colun	nn (a) is ch	ecked,				
	describe in Part II								!_	
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Sche	edule M (Fo	rm 99	0) (2	013)

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information
 	
	
	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

NO BARRIERS USA	06-1693441			
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:			
TOOLS AND INSPIRATION, WE HELP PEOPLE EMBARK ON A QUEST T	O CONTRIBUTE			
THEIR ABSOLUTE BEST TO THE WORLD. IN THE PROCESS, WE FOST	ER A COMMUNITY			
OF CURIOUS, BRAVE AND COLLABORATIVE EXPLORERS WHO ARE DET	ERMINED TO			
LIVE THE NO BARRIERS LIFE.				
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:			
EXPLORERS WHO ARE DETERMINED TO LIVE THE NO BARRIERS LIFE.				
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:			
BOUNDARIES, BUILD TEAMS, INNOVATE THROUGH ADVERSITY AND S	TEP UP TO LEAD			
AND SERVE OTHERS. COMPLEMENTING THE REINTEGRATION PROCESS	, THIS PROGRAM			
PROVIDES QUALITY TRANSFORMATIVE EXPERIENCES THAT INSPIRE	WARRIORS TO			
GROW AND CONTINUE TO CONTRIBUTE THEIR ABSOLUTE BEST TO TH	E WORLD. OUR			
JOURNEY-BASED EXPEDITIONS RANGE FROM ONE DAY TO THREE WEE	KS IN LENGTH,			
AND HAVE TAKEN US TO NEPAL, ECUADOR, PERU, THE SOUTH POLE	AND LOCATIONS			
AROUND THE US.				
NO BARRIERS SUMMIT				
THE SUMMIT IS A 4-DAY CONFERENCE EXPERIENCE THAT COMBINES	SPEAKERS WITH			
CUTTING EDGE TECHNOLOGIES AND GETTING OUTSIDE TO TRY NEW EXPERIENCES.				
THIS FAMILY FRIENDLY EVENT IS ABOUT COMMUNITY, INNOVATION, DISCOVERY				
AND EXPLORATION.				
FORM 990, PART VI, SECTION B, LINE 11:				

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization Employer identification number NO BARRIERS USA 06-1693441 FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST. AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. FORM 990, PART VI, SECTION B, LINE 15: PERIODIC REVIEWS ARE CONDUCTED AND INCLUDE THE FOLLOWING SUBJECTS: (1) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARMS LENGTH BARGAINING. (2) WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND POLICIES

AVAILABLE TO THE PUBLIC BASED UPON A WRITTEN REQUEST TO THE EXECUTIVE

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization NO BARRIERS USA	Employer identification number 06-1693441
DIRECTOR.	
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN THE OVERSIGHT PROCESS OR	
SELECTION PROCESS DURING THE TAX YEAR.	
AMENDMENTS TO FORM 990:	
DURING THE FISCAL YEAR ENDING AUGUST 31, 2016, MANAGEMENT	1
DISCOVERED THAT RECEIVABLES FROM PROGRAM SPONSORS HAD NOT	BEEN RECORDED
FROM PREVIOUS YEARS. MANAGEMENT RESTATED NET ASSET BALAN	ICES AS OF
AUGUST 31, 2014 WITHIN THE AUGUST 31, 2015 FINANCIAL STAT	EMENTS TO
CORRECT THE ERRORS. THE FOLLOWING PARTS AND SCHEDULES OF	тне
ORIGINALLY FILED 2013 FORM 990 WERE AMENDED TO REFLECT TH	E RESTATEMENT
TO THE AUGUST 31, 2014 FINANCIALS AND TO CORRECT INFORMAT	ION PREVIOUSLY
FILED ON THE RETURN:	
FORM 990, HEADING C - CHANGED THE ADDRESS TO REFLECT THE	ORGANIZATION'S
CURRENT MAILING ADDRESS.	
FORM 990, PART I, LINE 8 - CHANGED THE TOTAL CONTRIBUTION	IS AND GRANT
AMOUNT BASED ON UPDATED FINANCIAL INFORMATION.	
FORM 990, PART I, LINE 12 - CHANGED THE TOTAL REVENUE BAS	ED ON CHANGES
MADE TO THE AMENDED RETURN.	-
FORM 990, PART I, LINE 19 - CHANGED THE TOTAL AMOUNT REPO	RTED AS
REVENUE LESS EXPENSES BASED ON CHANGES MADE TO THE AMENDE	ED RETURN.

Name of the organization Employer identification number NO BARRIERS USA 06-1693441 FORM 990, PART I, LINE 20 - CHANGED THE TOTAL ASSETS AMOUNT BASED ON UPDATED FINANCIAL INFORMATION. FORM 990, PART I, LINE 22 - CHANGED THE TOTAL NET ASSETS OR FUND BALANCE AMOUNT BASED ON CHANGES MADE TO THE AMENDED RETURN. FORM 990, PART IV, LINE 26 - CHANGED TO NO BASED ON CHANGES MADE TO THE AMENDED RETURN, AS LOAN WAS NOT REQUIRED TO BE REPORTED. FORM 990, PART V, LINE 1C - CHANGED TO YES. FORM 990, PART VII - UPDATED THE TITLE OF A BOARD MEMBER. FORM 990, PART VIII, LINE 1F - CHANGED THE AMOUNT OF OTHER CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS RECEIVED TO PROPERLY REFLECT ACTIVITY BASED ON UPDATED FINANCIAL INFORMATION. FORM 990, PART VIII, LINE 12, LINE 12 COLUMN (A) - CHANGED THE TOTAL REVENUE BASED ON CHANGES MADE TO THE AMENDED RETURN. FORM 990, PART X, LINE 3, COLUMN (B) - CHANGED THE TOTAL PLEDGES AND GRANTS RECEIVABLE AMOUNT TO PROPERLY REFLECT ACTIVITY BASED ON UPDATED FINANCIAL INFORMATION. FORM 990, PART X, LINE 16, COLUMN (B) - CHANGED THE TOTAL ASSETS AMOUNT BASED ON CHANGES MADE TO THE AMENDED RETURN.

Name of the organization NO BARRIERS USA	Employer identification number 06-1693441
ASSETS AMOUNT TO PROPERLY REFLECT ACTIVITY BASED ON UPDAT	ED FINANCIAL
INFORMATION.	
FORM 990, PART X, LINE 33, COLUMN (B) - CHANGED THE TOTAL	. NET ASSETS OR
FUND BALANCE AMOUNT TO PROPERLY REFLECT ACTIVITY BASED ON	
TO THE AMENDED RETURN.	CHANGES MADE
FORM 990, PART X, LINE 34, COLUMN (B) - CHANGED THE TOTAL	LIABILITIES
AND NET ASSETS OR FUND BALANCE AMOUNT BASED ON CHANGES MA	DE TO THE
AMENDED RETURN.	
FORM 990, PART XI, LINE 3 - UPDATED THE REVENUE LESS EXPE	NSES LINE
BASED ON CHANGES MADE TO THE AMENDED RETURN.	
FORM 990, PART XI, LINE 8 - REMOVED THE PRIOR PERIOD ADJU	STMENT AMOUNT
TO PROPERLY REFLECT ACTIVITY BASED ON UPDATED FINANCIAL I	NFORMATION.
FORM 990, PART XI, LINE 10 - CHANGED THE TOTAL NET ASSETS	OR FUND
BALANCE AT END OF YEAR AMOUNT BASED ON CHANGES MADE TO TH	E AMENDED
RETURN.	
SCHEDULE A, PART III, LINE 1, COLUMN (E) - UPDATED TOTAL	GIFTS, GRANTS,
CONTRIBUTIONS, AND MEMBERSHIP FEES RECEIVED BASED ON CHAN	IGES MADE TO
THE AMENDED RETURN.	
SCHEDULE A, PART III, LINE 7A, COLUMN (E) - ADJUSTED THE	AMOUNTS
RECEIVED FROM DISQUALIFIED PERSONS TO PROPERLY REFLECT AC	TIVITY BASED
ON UPDATED FINACIAL INFORMATION AND CHANGES MADE TO THE A	MENDED RETURN. dule O (Form 990 or 990-EZ) (201:

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization NO BARRIERS USA	Employer identification number 06-1693441
SCHEDULE A, PART III, LINE 7B, COLUMN (E) - ADJUSTED THE RECEIVED FROM OTHER THAN DISQUALIFIED PERSONS THAT EXCEED OF \$5,000 OR 1% OF THE AMOUNT SHOWN ON LINE 13, COLUMN (FREFLECT ACTIVITY BASED ON CHANGES MADE TO THE AMENDED RET) TO PROPERLY
SCHEDULE A, PART III, LINE 15 - CHANGED THE PUBLIC SUPPOR FOR 2013 BASED ON CHANGES MADE TO THE AMENDED RETURN.	T PERCENTAGE
SCHEDULE A, PART IV - ADDED THE DESCRIPTION OF OTHER INCO	ME BASED ON
SCHEDULE B, PART I - CHANGED THE AMOUNT REPORTED FOR A CO PROPERLY REFLECT ACTIVITY BASED ON UPDATED FINANCIAL INFO	
SCHEDULE D, PART XI, LINE 1 - CHANGED THE TOTAL REVENUE, OTHER SUPPORT PER AUDITED FINANCIAL STATEMENTS TO PROPERL ACTIVITY BASED ON UPDATED FINANCIAL INFORMATION.	
SCHEDULE L, PART II - REMOVED THE LISTING OF LOANS TO/FROM PERSONS BASED ON CHANGES MADE TO THE AMENDED RETURN, AS TREQUIRED TO BE DISCLOSED.	THIS WAS NOT
SCHEDULE M, PART I, LINE 29 - CHANGED THE NUMBER OF FORMS BY THE ORGANIZATION DURING THE TAX YEAR TO PROPERLY REFLE	

NUMBER BASED ON CHANGES MADE TO THE AMENDED RETURN.