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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

Α	For th	ne 201	4 calendar year, or ta	ax year beginn	ing	, 2014	i, and en	ding			, 20	
_			C Name of organization C	OMMUNITY S	AILING NEW	ORLEANS 1	INC		D Employer ide	entification	number	
В	Check if a	pplicable	C/O JOHN MANA	ARD					27-383	32411		
Г	Addre		Doing business as						7			
		change	Number and street (or P	O box if mail is no	t delivered to street a	ddress)	Room/su	te	E Telephone ni	ımber	-	
	Initial	return	300 BOARD OF	TRADE PLA	CE				()	-		
	Final	return/	City or town, state or pro	ovince, country, and	ZIP or foreign postal	code						—
-	Lermii Amen		NEW ORLEANS,	-					G Gross receip	nts \$	210,6	27
\vdash		cation	F Name and address of pr				***************************************		H(a) Is this a gro			No
<u> </u>	pendi	ing	, , , a, , , , a, , , , , , , , , , , ,						subordinate	s?	$H \stackrel{\cdots}{\vdash} H$	-
_	Tay ay	empt st	atus X 501(c)(3)	501/2)/	\ 	1047(-)(4)			H(b) Are all subor		instructions)	No
÷			WWW.NOLACOMMUN	501(c) () ◀ (insert no)	4947(a)(1)	or	527	⊣ i			
<u>-</u>							1		H(c) Group exer	•	<u> </u>	T 7
_		of organ		Trust As	ssociation Other	er 🕨	L Ye	ar of form	ation 2010 M	State of le	gal domicile	LA
ľ	art I		mmary			MUC A	DUANGE	MENT	OD GATLEN	C FOR	777 71	
	1		describe the organization						OL SAILIN	G FOR	BA	
5		MTN	IMIMIZING ECONO	DWIC AND B	HYSICAL OBS	TACLES TO	SALL	NG.	_			
ā			·						· -			
Governance	2		this box 🕨 🔲 if the							ts		
Ğ	3		er of voting members of							3		6.
Activities &	4		er of independent voting							4		6.
ij	5	Total	number of individuals en	nployed in calend	dar year 2014 (Part	V, line 2a)				5		0
÷	6	Total	number of volunteers (es	timate if necessa	ry)					6	2	20.
Ă	7a	Total	unrelated business reven	ue from Part VIII	, column (C), line 1	2				7a		0
			related business taxable							7b		0
						=			Prior Year		Current Year	_
d)	8	Contr	butions and grants (Part	VIII, line 1h)						0	210,00	00.
Revenue	9	Progra	am service revenue (Part	VIII, line 2g)						0		0
ě	10	Invest	ment income (Part VIII,	column (A), lines	3, 4, and 7d)	A	4AV 5.0	2 75		0	62	27.
Œ	11	Other	revenue (Part VIII, colur	nn (A), lines 5, 6	d, 8c, 9c, 10c, and	11e)	altati ario	' L 713		0		0
	12		revenue - add lines 8 thr						* *	0	210,62	27.
	13		s and similar amounts pa							0		<u></u>
	14	Benef	its paid to or for member	s (Part IX. colum	n (A), line 4)		.~	' -		0	·	
so.	4.5		es, other compensation,						·	0	-	0
Expenses	16a		ssional fundraising fees (0	_	ō
ē	b	Total	fundraising expenses (Pa	ort IX. column (D)	line 25) >		Ö			· ··-		_
ũ	17		expenses (Part IX, colum							0	4,50	03.
			expenses. Add lines 13-							0	4,50	
	19		nue less expenses Subtr							0	206,12	
5 6	113	nevei	ide less expenses Subii	act line to from t	12	<u> </u>			inning of Current		End of Year	
t Assets or	20	Total	accete (Bort V. luno 16)						8,3		214,47	72
Asse	21		assets (Part X, line 16) liabilities (Part X, line 26)					• •	- 0,3	0	211,1	0
Net /	22		ssets or fund balances					· ·	8,3		214,4	
	art II		gnature Block	Subtract line 21 II	om line 20				0,3	10.	214,4	
			of perjury, I declare that I have	ave examined this	roturn uncluding acc	ompanuag sebed	lulon and at	atomonto	and to the heat o		dadaa aad balaf	
tru	ie, corre	ect, and	complete Declaration of pre	parer (other than o	fficer) is based on all	information of wh	ich prepare	r has any	knowledge	ii my know	reage and belief,	II IS
			-11 Dm	2					m	111 -	~ 1 ~	
Sig	an		Signature of officer	many, fr	.				Date	.19,2L	2/3	
He	_		JOHN MANARD			DDECTE	NENT T		Date			
					^	PRESID	PEN 1					
		Drin*	Type or print name and title Type preparer's name		Prencional supporture		Date	1 .		DTIAL	***	
Pai	d		• • •	1	reparer's signature	\mathcal{O}	05/	/_ /.	Check	If PTIN	01065006	
	parer	-	LOVELL JR	COMPANY	Jen M	<u> </u>	100	14/1	self-employ	_	01365391	
	e Only	Firm's	s name ►LOVELL &	COMPANY,	CPAS (Firm's EIN			
		Firm's	address ▶300 BOARD OF						Phone no	(504)5	250208	_
	<u> </u>		cuss this return with the	· · · · · · · · · · · · · · · · · · ·	<u> </u>	tions)	· · · · ·			, .		No
Fo	r Pape	rwork	Reduction Act Notice, s	ee the separate	instructions.						Form 990 (20	ح (014

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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 (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	 		
4		١.		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
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		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11.0		•
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
Ь	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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	<u> </u>		
	complete Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	İ	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
4.5		140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			Х
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other]	х
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
ىد م <u>ر</u>	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			•-
	If "Yes," complete Schedule G, Part III	19	L	<u> X</u>
	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		

	COMMUNITY SAILING NEW ORLEANS INC 27-383;	2411		
	90 (2014)			Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			١
	domestic government on Part IX, column (A), line 19 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 or for domestic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
		24c		
d	· , , , , , , , , , , , , , , , , , , ,	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			l
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			ĺ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ĺ
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			İ
	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,			İ
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			l
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		i
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ł
	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			Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	l I		
	19? Note. All Form 990 filers are required to complete Schedule O			X
				(2014)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	\Box
			Yes	No
1 a	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		li	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			į
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)			-
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ı
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ı
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	-		ı
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ı
_	(FBAR)	_		Ū
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X
	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			Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	CL		ı
7	gifts were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ı
a	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		ı
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		.	_
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			ı
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			ı
	Initiation fees and capital contributions included on Part VIII, line 12			ı
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ı
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			ı
	Gross income from members or shareholders	i		ı
-	against amounts due or received from them)			ı
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ı
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		,	i
а	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			i
	the organization is licensed to issue qualified health plans			ı
С	Enter the amount of reserves on hand		[l	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	, and	for a	"No"
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			1
			Yes	No
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 O			
þ	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	i .		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Cook	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coa		<u> </u>
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
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.	12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	128		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes."</i>	120	_	
L	describe in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	_
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?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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?	16b		
<u>Sect</u>	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_LA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(s(E)(c	only)
	available for public inspection. Indicate how you made these available. Check all that apply	•	-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of the con	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record LOVELL & COMPANY CPAS 300 BOARD OF TRADE PLACE NEW ORLEANS, LA 70130 504-525-0208	s·►		
JSA	LOVELL & COMPANY CPAS 300 BOARD OF TRADE PLACE NEW ORLEANS, LA 70130 504-525-0208	Г.	000	(2014)
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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								
		_									

	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

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

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

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

Check this box if neither the organization nor	any related	orga	nıza			mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box,	not ch unles	s pe	more more	e than or Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	line)	ustee	trustee		ee	npensated				organizations
_(1)GREG_RATTLER BOARD_MEMBER		Х						0	0	(
(2)JULIAN RICHARDS BOARD MEMBER		x						0	0	(
(3) JOHN P MANARD, JR. PRESIDENT				х				0		(
VICE PRESIDENT				х				0	0	(
(5)REGINALD H. SMITH, JR. SECRETARY				х				0	0	(
(6)GUY WILLIAMS TREASURER				х				0	0	(
_(9)										
(10)										
(11)										
(12)					-					
(13)										
(14)										

2		

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employees	(continu		Page o
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles r and	Pos neck ss pe	rson Irect	n both st highest compensated en is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	m cor	(F) Estimated mount of other mpensatificom the ganization d relate ganization	of tion tion tion
					-					-		
				ı	_					+		
							<u> </u>			<u> </u>		 .
							_			+		
					_		_			 		_
					-					-		
					-							
							_					
	- 										_	
to tal from continuation sheets to Part VII, and Total (add lines 1b and 1c)	Section A . 	 <u>.</u>	· · ·	· ·	· ·	· · ·	▶			0		0
reportable compensation from the organization)	<u> </u>							1.4	Γ.,
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gundividual	reater than	\$15	0,0	003	11	"Yes	s, "	complete Schedu		4		x
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	satio	on '	fron	n any	un	related organization		5		x
Section B. Independent Contractors		10 00,	7000			00011	PO					
1 Complete this table for your five highest cor compensation from the organization. Report year											(
(A) Name and business ad	Idress					_		(B) Description of se	ervices	(C Compe		-
							1					
							1					
					··· <u> </u>		-					
2 Total number of independent contractors (nite	d to	thos	se I	isted above) who	received			

27-3832411

Pai	rt VIII	Statement of Revenue . Check if Schedule O contains a response or note to any	ulino in this Part VI	11		
1		Official in Schedule O Contains a response of note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ifts, Grants ir Amounts	1a b c	Federated campaigns				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations				
Cont	g	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	210,000.			
Program Service Revenue	2a	Business Code				
Service	b c d					
Program	e f g	All other program service revenue	0			
	3 4 5	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4 Income from investment of tax-exempt bond proceeds . Royalties	627. 0	627.		
	6a b	(i) Real (ii) Personal Gross rents				
	d 7a	Rental income or (loss)	0			
	b	Less cost or other basis and sales expenses Gain or (loss)	-			
evenue	d 8a	Net gain or (loss)	0			
Other Revenue	b	See Part IV, line 18	0		7	
	9a	Gross income from gaming activities See Part IV, line 19				
	b c	Less direct expenses	0			-
	10a b	Gross sales of inventory, less returns and allowances				
	С	Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code	0			
	11a b					
	d	All other revenue	0			

210,627.

627

Total revenue. See instructions

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								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic								
	individuals See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	Individuals See Part IV, lines 15 and 16	0		· · · · · · · · · · · · · · · · · · ·					
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	o							
6	Compensation not included above, to disqualified								
Ů	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	o							
7	Other salaries and wages	0							
	Pension plan accruals and contributions (include								
0	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	0							
11	Fees for services (non-employees)	_							
а	Management	0							
b	Legal	485.	485.						
C	Accounting	0							
d	Lobbying	0							
е	Professional fundraising services See Part IV, line 17.	0							
f	Investment management fees	0							
g	Other (if line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O)	0							
12	Advertising and promotion	250.	250.						
13	Office expenses	0							
14	Information technology	0							
15	Royalties	0							
16	Occupancy	0							
17	Travel	0							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	0							
23	Insurance	3,768.	3,768.		ļ				
24	Other expenses Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O)								
а									
b									
C									
d									
	All other expenses	4 503	4 503						
	Total functional expenses. Add lines 1 through 24e	4,503.	4,503.	· · · · · · · · · · · · · · · · · · ·					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs								
	from a combined educational campaign and	į							
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)								
JSA	Tollowing SOF 30-2 (ASC 330-720)				L				

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Form **990** (2014)

200	τX	Balance Sheet			Page II
Ά	ιX	Check if Schedule O contains a response or note to any line in this Pa	rt X		
		Officer in correcting a contained a responde of moto to any	(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing	8,348.	1	214,472
	2	Savings and temporary cash investments	d	2	
ļ.	3	Pledges and grants receivable, net	Q	3	
	4	Accounts receivable, net	q	4	
ı	5	Loans and other receivables from current and former officers, directors,			
-	_	trustees, key employees, and highest compensated employees			
-			d	5	
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	q	6	
l ë	7	Notes and loans receivable, net	q	7	
Assets	8	Inventories for sale or use	d	8	. (
`	9	Prepaid expenses and deferred charges	q	9	
	10 a	Land, buildings, and equipment cost or			
ļ		other basis Complete Part VI of Schedule D 10a			
- 1	b	Less. accumulated depreciation	d	10c	
1	11	Investments - publicly traded securities	q	11	
- 1	12	Investments - other securities See Part IV, line 11	q	12	
- 1	13	Investments - program-related. See Part IV, line 11	q	13	
-	14	Intangible assets	q	14	
- 1	15	Other assets See Part IV, line 11	d	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,348.	16	214,472
寸	17	Accounts payable and accrued expenses	d	17	·
	18	Grants payable	d	18	
	19	Deferred revenue	d	19	
ı	20	Tax-exempt bond liabilities	d	20	
ς, l	21	Escrow or custodial account liability Complete Part IV of Schedule D	d	21	
≝	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡֞֡֞֞֞֞֞֡		disqualified persons Complete Part II of Schedule L	d	22	1
	23	Secured mortgages and notes payable to unrelated third parties	d	23	
	24	Unsecured notes and loans payable to unrelated third parties	q	24	
	25	Other liabilities (including federal income tax, payables to related third			
ļ		parties, and other liabilities not included on lines 17-24) Complete Part X			
ı		of Schedule D	d	25	(
	26	Total liabilities. Add lines 17 through 25	Q	26	· · · · · · · · · · · · · · · · · · ·
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
띭	27	Unrestricted net assets	8,348.	27	3,847
l a	28	Temporarily restricted net assets	Q	28	
ᅙ	29	Permanently restricted net assets	O	29	210,625
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
İţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	_
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
اند		· · · · · · · · · · · · · · · · · · ·	0 240		214 472
Set	33	Total net assets or fund balances	8,348.	33	214,472

Form **990** (2014)

orm 9	90 (2014)				Pa	ge 12)
Part	XI Reconciliation of Net Assets					<u> </u>	•
	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		2	10,	627.	,
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,	503.	,
3	Revenue less expenses. Subtract line 2 from line 1	3		- 2	06,	124.	•
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			8,	348.	
5	Net unrealized gains (losses) on investments	5)
6	Donated services and use of facilities	6				C)
7	Investment expenses	7				0)
8	Prior period adjustments	8			•	C	ĺ
9	Other changes in net assets or fund balances (explain in Schedule O)	9				C)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					_	•
	33, column (B))	10		2	14,	472.	
Part	XII Financial Statements and Reporting						•
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaıı	n in	ļ			
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or				
	reviewed on a separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted c	n a				
	separate basis, consolidated basis, or both			1			
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ount	ant?	2c			_
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n ın				
	Schedule O	•					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in				
	the Single Audit Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		the	3h			

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

zation or a section

Employer identification number

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY SAILING NEW ORLEANS INC

► 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.

Open to Public Inspection

C/(JOHN MANARD					27	-3832411
Pa	t I Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	art.) See instructions	
The	organization is not a private fou	ndation because it	is (For lines 1 through	gh 11, ch	eck only	one box.)	
1	A church, convention of chu	irches, or associa	tion of churches desci	rıbed ın s	ection 1	70(b)(1)(A)(i).	
2	A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E)				
3	A hospital or a cooperative	hospital service o	rganization described i	ın sectio	n 170(b)	(1)(A)(iii).	
4	A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ii	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and st						
5	An organization operated f	or the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
	section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6	A federal, state, or local go	=			-		
7	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	described in section 170(b)	(1)(A)(vi). (Compl	ete Part II)				
8	A community trust describe						
9	X An organization that norma	• • • • • • • • • • • • • • • • • • • •					
	receipts from activities rela	•	-		-	• •	
	support from gross invest					•	tax) from businesses
	acquired by the organizatio				-	•	
10	An organization organized	= -	=	-			
11	An organization organized a	•	•				
	one or more publicly suppo the box in lines 11a through	-					
_			-				
а	the supported organization	·	•	-		• • • • • • • • • • • • • • • • • • • •	
	organization. You must co			iect a m	iajonty o	The directors of trus	tees of the supporting
b	Type II A supporting org	-		nnection	with its	supported organization	on(s) by having
	control or management of	•				,	
	organization(s). You must	· · · · · · ·	=		O P01001	io that oontrol or man	age the supported
С	Type III functionally inte			ited in co	onnectio	n with, and functional	lv integrated with.
	its supported organization						, ,
d	Type III non-functionally		•				ted organization(s)
	that is not functionally inte			-		• • •	• , ,
	requirement (see instruct	ions). You must c o	omplete Part IV, Sect	ions A a	nd D, an	d Part V	
е	Check this box if the orga	inization received	a written determinatio	n from t	he IRS t	nat it is a Type I, Type I	l, Type III
	functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion	
f	Enter the number of supported	-					
<u>g</u>	Provide the following information			т	 -		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above or IRC section		ment?	instructions)	instructions)
			(see instructions))	Yes	No		
				103	110		
(A)							
				 			
(B)							
/C\							
(C)							
(D)							
(E)							
							
<u>Tot</u>	al			<u> </u>			

Schedule A (Form 990 or 990-EZ) 2014 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization	failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete	Part III.)

Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(f) Total
membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid	
organization's benefit and either paid	
3 The value of services or facilities furnished by a governmental unit to the organization without charge	
4 Total. Add lines 1 through 3	<u> </u>
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	
6 Public support. Subtract line 5 from line 4 Section B. Total Support	
Calendar year (or fiscal year beginning in) ► (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014	(f) Total
	(i) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	
9 Net income from unrelated business activities, whether or not the business is regularly carried on	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	
11 Total support. Add lines 7 through 10	
Gross receipts from related activities, etc (see instructions)	
Section C. Computation of Public Support Percentage	
Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	%
Public support percentage from 2013 Schedule A, Part II, line 14	%
16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or mo	
this box and stop here. The organization qualifies as a publicly supported organization	
b 331/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3%	
check this box and stop here. The organization qualifies as a publicly supported organization	
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	•
organization	supported
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a	and line
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and s	
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as	-
supported organization	· · · · · ·
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and se	ee
Instructions	990 or 990-EZ) 2014

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

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

	tion A. Public Support	(a) 2010	(b) 2011	(c) 2012	(4) 2012	(a) 2014	(6) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	<u> </u>)	10,000.	210,000.	0	220,00
2	Gross receipts from admissions, merchandise			1			i
	sold or services performed, or facilities			ļ. l			
	furnished in any activity that is related to the			<u> </u>			
	organization's tax-exempt purpose			 	_		
3	Gross receipts from activities that are not an	1					
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			10,000	210,000.		220,0
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3			1			
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•						
8	Add lines 7a and 7b						
•							220,0
90	tion B. Total Support	L	1				220,0
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
		(4, 2010	(2,22	10,000.	210,000.	(0) 20 1 1	220,0
9 ∩a	Amounts from line 6			10,000.	210,000.		220,0
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources			 			
b	Unrelated business taxable income (less	j				•	
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
¢	Add lines 10a and 10b						
1	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI)						
3	Total support. (Add lines 9, 10c, 11,						
•	and 12)			10,000.	210,000.		220,0
4	First five years. If the Form 990 is for	the organization	n'e firet second			2 contion 501	
-	organization, check this box and stop here	-					
-	tion C. Computation of Public Sur				<u> </u>		• • • • • •
	Public support percentage for 2014 (line 8			mp (f))		45	
15						15	•
16	Public support percentage from 2013 Sch			<u></u>	· · · · · · · · · · · · · · · · · · ·	16	
ec	tion D. Computation of Investme					· -	
	Investment income percentage for 2014 (I					17	
7		Schedule A Part	t III, line 17			18	
8	Investment income percentage from 2013						
8				x on line 14, and	line 15 is more	e than 331/3%,	and line _
8	Investment income percentage from 2013	rganization did n	ot check the bo				_
8 9 a	Investment income percentage from 2013 331/3% support tests - 2014. If the or	rganization did n nis box and sto	ot check the bo p here. The org	janization qualifies	as a publicly	supported organ	ization 🕨 🗌
	Investment income percentage from 2013 331/3% support tests - 2014. If the or 17 is not more than 331/3%, check the	rganization did n nis box and sto anization did not	ot check the book phere. The orgonic check a box on	anization qualifies line 14 or line 19	as a publicly s a, and line 16 is	supported organ more than 331/	ızatıon ► [3 %, and _
18 19 a	Investment income percentage from 2013 331/3% support tests - 2014. If the or 17 is not more than 331/3%, check th 331/3% support tests - 2013. If the organization	rganization did n nis box and sto anization did not c this box and s	ot check the book p here. The orgonic check a box on stop here. The o	janization qualifies line 14 or line 19 rganization qualifie	as a publicly : a, and line 16 is s as a publicly	supported organ more than 331/ supported organ	ization ► [3 %, and ization ► [

Part IV **Supporting Organizations**

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

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

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti-	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	ctions).		
•		_	Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		
JSA	Schedule A (Form		990-EZ	2014

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	<u> </u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	···································	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	lly-ıntegra	ited Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)				
Secti	Section D - Distributions						
1	<u>, , , , , , , , , , , , , , , , , , , </u>						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations_				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)			- 1 - 1			
6_	Other distributions (describe in Part VI) See instructions						
	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9_	Distributable amount for 2014 from Section C, line 6			,			
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014.		*** -				
a							
b							
<u>c</u>				<u> </u>			
d	5 0010						
e	From 2013						
	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2014 distributable amount						
<u> </u>	Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>			
4	Distributions for 2014 from Section						
•	D, line 7.						
a	Applied to underdistributions of prior years			<u> </u>			
<u>b</u>	Applied to 2014 distributable amount						
	Remainder, Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2014, if						
•	any Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015 Add lines 3						
	and 4c						
8	Breakdown of line 7:						
а				, , , , , , , , , , , , , , , , , , , ,			
b							
С							
d	Excess from 2013						
е	Excess from 2014						

Schedule A (Form 990 or 990-EZ) 2014

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

COMMUNITY SAILING NEW ORLEANS INC

C/O JOHN MANARD

Employer identification number 27-3832411

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ADVANCEMENT OF SAILING FOR ALL BY MINIMIMIZING ECONOMIC AND PHYSICAL OBSTACLES TO SAILING. IN ADDITION, CSNO EMBRACES THE GREATER NEW ORLEANS COMMUNITY BY USING SAILING AS A VEHICLE TO EMPOWER ITS MEMBERS AND USERS OF ITS TRAINING PROGRAMS TO DEVELOP INDEPENDENCE AND SELF-CONFIDENCE, IMPROVE COMMUNICATION, FOSTER TEAMWORK AND ACQUIRE A DEGREE OF UNDERSTANDING OF COMMUNITY SPIRIT AND THE POWER OF VOLUNTEERISM.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

TRAINING PROGRAMS - AGES 10 THROUGH 18. THIS PROGRAM WILL PROVIDE SAILING AND SAFE BOATING EDUCATION TO CHILDREN FROM THE ORLEANS PARISH SCHOOL SYSTEMS, PARTICULARLY FROM A PRIMARY TARGET AUDIENCE, WHICH IS TITLE 1 SCHOOLS, WHERE A MINIMUM OF 85 PERCENT OF THE STUDENTS ARE IN FAMILIES THAT LIVE BELOW THE POVERTY LINE. THIS PROGRAM ALSO WILL REACH OUT TO FURNISH SAILING AND SAFE BOATING EDUCATION TO CHILDREN ENGAGED IN RECREATIONAL PROGRAMS RUN BY NORD, THE CITY'S RECENTLY IMPROVED RECREATIONAL DEPARTMENT, PARTICULARLY WITH REGARD TO SUMMER PROGRAMS. THIS PROGRAM WILL PROVIDE SAILING AND SAFE BOATING EDUCATION TO CHILDREN WHO SIGN UP FOR SUCH OR WHO COME TO THE PROGRAM BY VIRTUE OF MEMBERSHIP (OPEN TO THE PUBLIC AT LARGE).

Name of the organization C/O JOHN MANARD COMMUNITY SAILING NEW ORLEANS INC

27-3832411 ATTACHMENT 3

Employer identification number

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION

GRANTS

EXPENSES

REVENUE

HIGH SCHOOL RACING

ADULT SAILING AND TRAINING

COLLEGE SAILING PROGRAMS

TOTALS

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

(A)

(B)

(C)

(D)

DESCRIPTION

TOTAL

RELATED OR REVENUE EXEMPT REVENUE

UNRELATED BUSINESS REV. EXCLUDED REVENUE

INTEREST

627.

TOTALS

627.