



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning Jun 1, 2007, and ending May 31, 2008

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

☐ Application pendingPlease use
IRS label
or print
or type.
See
specific
instruc-
tions.

C Name of organization

OLD ALGIERS MAIN STREET CORPORATION

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

P.O. BOX 740181

City town or country

NEW ORLEANS

State ZIP code + 4

LA 70174-0181

D Employer identification number

72-1334761

E Telephone number

(504) 362-8813

F Accounting method

☐ Cash☒ Accrual

Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed:
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes ☒ No

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? Yes ☒ No

I Group Exemption Number

M Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

J Organization type
(check only one)

X 501(c) 3 (insert 110) 4947(a)(1) or 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 163,760.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received

a Contributions to donor advised funds

b Direct public support (not included on line 1a)

c Indirect public support (not included on line 1a)

d Government contributions (grants) (not included on line 1a)

e Total (add lines 1a through 1d) (cash \$ 128,245. noncash \$ 0.)

2 Program service revenue including government fees and contracts (from Part VII, line 93)

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6a Gross rents

b Less rental expenses

c Net rental income or (loss) Subtract line 6b from line 6a

7 Other investment income (describe)

8a Gross amount from sales of assets other
than inventory

b Less cost or other basis and sales expenses

c Gain or (loss) (attach schedule)

d Net gain or (loss) Combine line 8c, columns (A) and (B)

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐a Gross revenue (not including \$ 45,529. of contributions
reported on line 1b)

b Less direct expenses other than fundraising expenses

c Net income or (loss) from special events Subtract line 9b from line 9a

10a Gross sales of inventory, less returns and allowances

b Less cost of goods sold

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

11 Other revenue (from Part VII, line 103)

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses. Add lines 16 and 44, column (A)

18 Excess or (deficit) for the year Subtract line 17 from line 12

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 12/27/07 Form 990 (2007)

No statute issue
436858282 SEP 03 '14

SCANNED SEP 24 2014

971-010

RECEIVED

RECEIVED

RECEIVED

STATUTE UNIT
RECEIVED

AUG 28 2014

BRANCH
OGDENRECEIVED
AUG 18 2014
OGDEN, UT

6/17

18ne

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ 83,708.) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	83,708.	83,708.	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A See L-25a Stmt	25a	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35	1,453.	0.	1,248.
36 Occupancy	36	8,856.	3,542.	1,772.
37 Equipment rental and maintenance	37			
38 Printing and publications	38	10,726.	0.	3,180.
39 Travel	39			
40 Conferences, conventions, and meetings	40	250.	0.	250.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	557.	350.	207.
43 Other expenses not covered above (itemize)	43			
a WEBSITE COSTS	43a	885.	0.	885.
b OUTSIDE SERVICES	43b	8,924.	3,570.	1,784.
c INSURANCE-LIABILITY	43c	2,307.	0.	1,789.
d DUES	43d	250.	0.	250.
e ANNUAL REPORT	43e	5.	0.	5.
f OFFICE	43f	1,487.	595.	297.
g FOOD, BEVERAGES, ETC	43g	2,441.	0.	0.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	121,849.	91,765.	11,667.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services

\$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **REVITALIZE OLD ALGIERS OF NEW ORLEANS; SEE STMT.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a OLD ALGIERS RIVERFEST, THE FOURTH ANNUAL FESTIVAL, WAS EXPANDED TO TWO DAYS AND HELD ON APRIL 5-6, 2008. FINANCED BY BUSINESSES AND INDIVIDUALS, THE 2008 FESTIVAL INCLUDED A JAZZ SYMPOSIUM AND SERIES OF CLASSROOM MUSIC PERFORMANCES FOR STUDENTS. THE FESTIVAL INCREASES PUBLIC AWARENESS OF BUSINESS OPPORTUNITIES IN OLD ALGIERS, TRADITIONAL JAZZ, & OLD ALGIERS' ROLE IN ITS DEVELOPMENT, AS WELL AS EARLY JAZZ VENUES AND JAZZ PIONEERS' HOMES. APPROXIMATELY 4,000 PERSONS ATTENDED, INCLUDING LOCALS AND VISITORS FROM THE USA AND THE WORLD. (Grants and allocations \$ 44,029.) If this amount includes foreign grants, check here <input type="checkbox"/>	0.
b STAY LOCAL! OLD ALGIERS NEIGHBORHOOD GUIDE & MAP - THIS WAS A JOINT PROJECT WITH THE URBAN CONSERVANCY TO CREATE A STRONG ECONOMY BASED ON LOCALLY-OWNED AND OPERATED BUSINESSES. RED CROSS VOLUNTEERS HELPED GATHER DIRECTORY. OAMSC'S PARTICIPATION INCLUDED PROVIDING ADMINISTRATIVE SUPPORT AND PARTIAL FUNDING, SUPPLEMENTED BY A COMMUNITY SUPPORT GRANT. WIDELY DISTRIBUTED WITH THE ASSISTANCE OF A LOCAL MAGAZINE, NEARLY 100 BUSINESSES AND POINTS OF INTEREST ARE LISTED. (Grants and allocations \$ 5,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	6,430.
c ELEMENTARY SCHOOL PLAYGROUND PROJECT - OLD ALGIERS MAIN STREET CORPORATION (OAMSC) FACILITATED A SCHOOL PLAYGROUND IMPROVEMENT BY SERVING AS FIDUCIARY AGENT FOR A GOVERNMENT FUNDED PROGRAM TO ENHANCE THE PLAYGROUND FACILITIES AT A LOCAL ELEMENTARY SCHOOL IN ALGIERS. ----- (Grants and allocations \$ 74,916.) If this amount includes foreign grants, check here <input type="checkbox"/>	74,916.
d CLASSROOM EDUCATIONAL PROGRAM ON JAZZ HISTORY & ALGIERS' ROLE - THIS WAS AN ONGOING PROGRAM DURING THE FY 2007-08 FISCAL YEAR, IN COLLABORATION WITH THE RENEW OUR MUSIC FOUNDATION AND N.O. MUSICIAN'S CLINIC. THE PROGRAM WAS DESIGNED TO PROVIDE LESSONS ON JAZZ HISTORY AND A SERIES OF IN-CLASS MUSIC APPRECIATION OFFERED BY LOCAL MUSICIANS AT PUBLIC SCHOOLS. MANY OF THE EARLY JAZZ MUSICIANS LIVED AND WORKED IN OLD ALGIERS, EVEN AS THEY PLIED THE MISSISSIPPI RIVER ON BOATS TRAVELING AS FAR AS CHICAGO. (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	1,800.
e Other program services SEE ATTACHED (Grants and allocations \$ 300.) If this amount includes foreign grants, check here <input type="checkbox"/>	562.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	83,708.

BAA

Form 990 (2007)

Part IV Balance Sheets (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing	42,190.	45	40,230.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a 3,500.			
	b Less allowance for doubtful accounts	47b	47c	3,500.	
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
	55a Investments – land, buildings, & equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b	55c		
	56 Investments – other (attach schedule)		56		
	57a Land, buildings, and equipment basis	57a 5,333.			
b Less accumulated depreciation (attach schedule) L-57 Stmt	57b 3,631.	1,225.	57c	1,702.	
58 Other assets, including program-related investments (describe ► <u>See Line 58 Stmt</u>)		695.	58	695.	
59 Total assets (must equal line 74) Add lines 45 through 58		44,110.	59	46,127.	
LIABILITIES	60 Accounts payable and accrued expenses.		60	275.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ►)		65		
	66 Total liabilities. Add lines 60 through 65		0.	66	275.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
		67 Unrestricted	44,110.	67	35,852.
68 Temporarily restricted			68	10,000.	
69 Permanently restricted			69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds			70		
71 Paid-in or capital surplus, or land, building, and equipment fund			71		
72 Retained earnings, endowment, accumulated income, or other funds			72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		44,110.	73	45,852.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		44,110.	74	46,127.	

BAA

Form 990 (2007)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)**a** Total revenue, gains, and other support per audited financial statements**b** Amounts included on line **a** but not on Part I, line 12

N/A

1 Net unrealized gains on investments

b1

2 Donated services and use of facilities

b2

3 Recoveries of prior year grants

b3

4 Other (specify) _____

b4

Add lines **b1** through **b4****c** Subtract line **b** from line **a****d** Amounts included on Part I, line 12, but not on line **a**:

1 Investment expenses not included on Part I, line 6b

d1

2 Other (specify) _____

d2

Add lines **d1** and **d2****e** Total revenue (Part I, line 12) Add lines **c** and **d****Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return****a** Total expenses and losses per audited financial statements**b** Amounts included on line **a** but not on Part I, line 17

N/A

1 Donated services and use of facilities

b1

2 Prior year adjustments reported on Part I, line 20

b2

3 Losses reported on Part I, line 20

b3

4 Other (specify) _____

b4

Add lines **b1** through **b4****c** Subtract line **b** from line **a****d** Amounts included on Part I, line 17, but not on line **a**:

1 Investment expenses not included on Part I, line 6b

d1

2 Other (specify) _____

d2

Add lines **d1** and **d2****e** Total expenses (Part I, line 17) Add lines **c** and **d****Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated. See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
VALERIE ROBINSON P.O. BOX 740181 NEW ORLEANS LA 70174	PRES '07 & '08 / BD MBR 15.00	0.	0.	0.
BERYL RAGAS P.O. BOX 740181 NEW ORLEANS LA 70174	V-P '07 & '08 / BD MBR 5.00	0.	0.	0.
STEPHEN ENGRO P.O. BOX 740181 NEW ORLEANS LA 70174	TREAS '07 & '08 / BD MBR 5.00	0.	0.	0.
PAUL SCHMOLLINGER P.O. BOX 740181 NEW ORLEANS LA 70174	SEC 2007 / BD MBR; 5.00	0.	0.	0.
KARRI MAGGIO P.O. BOX 740181 NEW ORLEANS LA 70174	SEC 2008 / BD MBR 5.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings **13****b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)**75b** Yes No X**c** Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'**75c** Yes No X

If 'Yes,' attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?**75d** Yes No X**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other****Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				
	0.	0.	0.	0.

Part VI Other Information (See the instructions.)**76** Did the organization make a change in its activities or methods of conducting activities?

If 'Yes,' attach a detailed statement of each change

76 Yes No X**77** Were any changes made in the organizing or governing documents but not reported to the IRS?

If 'Yes,' attach a conformed copy of the changes

77 Yes No X**78a** Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?**78a** Yes No X**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year?**78b** Yes No X**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement**79** Yes No X**80a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?**80a** Yes No X**b** If 'Yes,' enter the name of the organizationand check whether it is ☐ exempt or ☐ nonexempt**81a** Enter direct and indirect political expenditures (See line 81 instructions)**81a** 0.**81a** Yes No X**b** Did the organization file **Form 1120-POL** for this year?**81b** Yes No X

BAA

Form 990 (2007)

Part VI Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82 b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	N/A	
d Section 162(e) lobbying and political expenditures	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A	
b Gross receipts, included on line 12, for public use of club facilities.	N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
90 a List the states with which a copy of this return is filed See States Filed In		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90 b	0
91 a The books are in care of KARRI MAGGIO Telephone number (504) 362-8813		
Located at P.O. BOX 740181 NEW ORLEANS LA ZIP + 4 70174-0181		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

BAA

Form 990 (2007)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c ☐ Yes ☒ No

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92 ☐**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments	900099				2,025.
95 Interest on savings & temporary cash investments					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events	900099				-12,540.
102 Gross profit or (loss) from sales of inventory	900099				5,561.
103 Other revenue a					
b NEWSLETTER ADVERTISING	900099				300.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					-4,654.
105 Total (add line 104, columns (B), (D), and (E))					-4,654.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	THESE MEMBERSHIP DUES HELP FUND THE OAMSC'S PROGRAMS TO REVITALIZE COMMERCIAL PROPERTIES THROUGH EDUCATION, HISTORIC PRESERVATION AND COMMERCIAL CORRIDOR REHABILITATION.
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Karri Maggio</i> Date <i>10/2/11</i>		Date <i>10/2/11</i> Title TREASURER	
Paid Preparer's Use Only	Preparer's signature <i>Anthony J. Stoltz</i> Date <i>10/2/11</i>		Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ANTHONY J. STOLTZ, CPA 3008 20TH STREET, SUITE J METairie		EIN LA 70002-4900	

BAA

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information— (See separate instructions.)

OMB No 1545-0047

2007

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

OLD ALGIERS MAIN STREET CORPORATION

Employer identification number

72-1334761

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	None			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	None	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	None	

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ _____

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

See Part V, Form 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

See Line 2 Stmt.

2e X

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____

0.

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	33,000.	21,750.	35,718.	30,870.	121,338.
16 Membership fees received	1,955.	1,944.	3,065.	3,040.	10,004.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	37,954.	0.	11,494.	251.	49,699.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975		0.	0.	0.	0.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	72,909.	23,694.	50,277.	34,161.	181,041.
24 Line 23 minus line 17	34,955.	23,694.	38,783.	33,910.	131,342.
25 Enter 1% of line 23	729.	237.	503.	342.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,627.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 33,023.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 131,342.
d Add: Amounts from column (e) for lines: 18 0. 19					26d 33,023.
22					26e 98,319.
e Public support (line 26c minus line 26d total)					26f 74.86 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals. Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

Yes No

- 29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)
-
-
-
- 32** Does the organization maintain the following
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)
-
-
- 33** Does the organization discriminate by race in any way with respect to
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)
-
-
-
- 34a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
If you answered 'Yes' to either 34a or b, please explain using an attached statement
- 35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked **a** and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations												
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38 Total lobbying expenditures (add lines 36 and 37)	38													
39 Other exempt purpose expenditures	39													
40 Total exempt purpose expenditures (add lines 38 and 39)	40													
41 Lobbying nontaxable amount. Enter the amount from the following table— <table border="0"> <tr> <td>If the amount on line 40 is—</td> <td>The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is—	The lobbying nontaxable amount is—													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
b Paid staff or management (Include compensation in expenses reported on lines through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities. N/A

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

OLD ALGIERS MAIN STREET CORPORATION

Identifying number

72-1334761

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$500,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	350.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,033.	5.0 yrs	HY	200DB	207.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	557.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completely 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If 'Yes,' is the evidence written?					Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25					
26 Property used more than 50% in a qualified business use													
27 Property used 50% or less in a qualified business use													
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29					

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Additional Information

INFORMATION REQUIRED FOR form 990, PART III (PAGE THREE)

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

WHAT IS THE ORGNIZATION'S PRIMARY EXEMPT PURPOSE?

TO PROMOTE THE REVITALIZATION OF THE OLD ALGIERS' COMMERCIAL PROPERTIES THROUGH THE ACTIVITIES OF EDUCATION, HISTORIC PRESERVATION, COMMERCIAL CORRIDOR REHABILITATION AND STABILIZATION, AND TO SERVE THE COMMUNITY THROUGH ENCOURAGING AND COORDINATING MAINTENANCE AND IMPROVEMENTS TO COMMERCIAL PROPERTIES, PUBLIC SPACES AND INFRASTRUCTURE.

NOTE: (OLD) ALGIERS IS LOCATED DIRECTLY ACROSS THE MISSISSIPPI RIVER FROM THE FRENCH QUARTER, AND IS WITHIN THE BOUNDARIES OF NEW ORLEANS, LOUISIANA.

ADDITIONAL INFORMATION FOR STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (LINES a through f): THE OLD ALGIERS AREA IS A VERY COMPACT, OLD NEIGHBORHOOD AND SPONSORED PROGRAMS PROVIDE BENEFIT TO THE 6,600 PERSONS IN THE AREA AS WELL AS PROSPECTIVE BUSINESSES AND HOMEOWNERS.

PROGRAM SERVICES ACCOMPLISHMENTS (CONTINUED) FORM 990, PART III
IN ADDITION TO THE 2008 OLD ALGIERS RIVERFEST STAGED ON APRIL 5-6, 2008 AND THE OTHER PROGRAMS LISTED ON LINES a THROUGH d ON PAGE 3, THE ADDITIONAL FOLLOWING PRORAMS WERE SPONSORED AND PROMOTED BY OAMSC'S BOARD AND VOLUNTEERS:

LINE e PROGRAM SERVICES AND ACCOMPLISHMENTS (CONTINUED)
< VARIOUS NEIGHBORHOOD DEVELOPMENT ACTIVITIES >

1) REDEVELOPMENT/STREETScape PLAN FOR NEWTON STREET, ASSISTED BY THE PLANNING DEPARTMENTS AT INDIANA UNIVERSITY/PURDUE UNIVERSITY INDIANAPOLIS.

2) COORDINATED OBTAINING ASSISTANCE FROM ENGINEERS WITHOUT BORDERS TO STABLIZE A NEIGHBORHOOD HISTORIC BUILDING, THE MASONIC TEMPLE, WHICH WAS DAMAGED BY HURRICANE KATRINA, AND TO ASSIST WITH RENOVATION PLANS. THERE ARE PLANS FOR THE TENANT, PRIDE OF ALGIERS LODGE #102, TO CONTINUE ITS CIVIC PROGRAMS AND TO RESTORE THIS CULTURALLY SIGNIFICANT AND TECHE STREET EARLY JAZZ VENUE.

3) NEWTON/TECHE AREA CULTURAL DISTRICT DESIGNATION BY STATE OF LOUISIANA - THROUGH INVOLVEMENT OF OAMSC'S BOARD AND VOLUNTEERS, THE APPLICATION FOR CULTURAL DISTRICT STATUS WAS APPROVED BY THE LOUISIANA STATE DEPARTMENT OF CULTURAL DEVELOPMENT. THE OLD ALGIERS DISTRICT WAS SELECTED BASED UPON THE STRENGTH OF ITS HISTORY AND CULTURE, AS WELL AS ITS PLETHORA OF VACANT LOTS AND REDEVELOPABLE PROPERTIES. THIS DESIGNATION ADDS ONE MORE IMPORTANT ASSET IN REVITALIZING THE AREA.

4) BOARD RETREAT
TO HELP CHART FUTURE ACTIVITIES, THE BOARD HELD A RETREAT TO IDENTIFY GOALS AND BEGIN LAYING GROUNDWORK FOR FUTURE PROGRAMS AND DIRECTION. COST: \$262.

5) CONTINUED COLLABORATION WITH AEDF
SINCE ITS FOUNDING, OAMSC HAS WORKED CLOSELY WITH THE ALGIERS ECONOMIC DEVELOPMENT FOUNDATION (AEDF). THROUGH THIS ASSOCIATION, THE ALGIERS RESIDENTS AND BUSINESS COMMUNITY HAVE BEEN BENEFITTED GREATLY. DURING FY 2007-08, OAMSC PARTICIPATED IN THE ANNUAL MEETING PROGRAM OF AEDF. COST \$300.

Additional InformationREQUEST FOR ABATEMENT OF LATE FILING PENALTY

AN AUTOMATIC 3-MONTH EXTENSION OF TIME TO FILE THE RETURN WAS TIMELY REQUESTED. WE ALSO FILED FOR AN ADDITIONAL THREE-MONTH EXTENSION OF TIME TO FILE, BECAUSE OF THE EFFECTS OF RECOVERY FROM HURRICANES KATRINA AND RITA.

OLD ALGIERS MAIN STREET CORPORATION (OAMSC) IS LOCATED IN NEW ORLEANS ON THE WEST BANK OF THE MISSISSIPPI RIVER. THE EFFECTS OF HURRICANES KATRINA AND RITA IN 2005 STILL AFFECT THE LIVES OF NEW ORLEANS AREA RESIDENTS. ADDITIONALLY, DURING SEPTEMBER 2008, THE NEW ORLEANS AREA WAS HIT BY HURRICANE GUSTAV, WHICH CAUSED A MANDATORY EVACUATION OF NEW ORLEANS AND THE SURROUNDING AREA.

DURING AND AFTER THE TIME SINCE THE HURRICANES HIT NEW ORLEANS, THERE WAS A CHANGE IN THE VOLUNTEERS HANDLING THE TREASURER POSITION. ALSO, OAMSC EXPERIENCED SIGNIFICANT GROWTH IN ITS ACTIVITIES, COMPOUNDING THE PROBLEM WITH THE CHANGES IN TREASURERS. RECEIPT OF GRANT FUNDING FROM THE STATE REQUIRED FINANCIALLY REPORTING FOR FY 07-08. THIS REQUIRED ADDITIONAL FINANCIAL REPORTING IN A DIFFERENT FORMAT THAN FORM 990.

OAMSC DID NOT WILLINGLY DELAY FILING ITS RETURN AND TAKES ITS RESPONSIBILITY SERIOUSLY TO TIMELY SUBMIT ITS FORM 990 REPORTS. BECAUSE OF THE ADDITIONAL REVENUE, FOR THE FIRST TIME, OAMSC IS REQUIRED TO FILE FORM 990, RATHER THAN FORM 990-EZ.

BECAUSE OF THE CONTINUING EFFECTS OF THE HARDSHIPS DUE TO THE HURRICANES, AND ADDITIONAL REPORTING REQUIREMENTS, WE RESPECTFULLY REQUEST ABATEMENT OF ANY PENALTY THAT MIGHT APPLY DUE TO LATE FILING OF FORM 990.

Supporting Statement of:

Spcl Events, Sales Inventory, Oth Changes/Ln 9, Less Contributions-2

Description	Amount
ANNUAL MEETING TABLE SPONSORS	1,200.
Total	<u>1,200.</u>

Supporting Statement of:

Spcl Events, Sales Inventory, Oth Changes/Line 9, Direct Expenses-2

Description	Amount
ANNUAL MEETING	
FOOD & FACILITY COST	2,660.
MEETING EXPENSES	100.
AWARDS	327.
Total	<u>3,087.</u>

Supporting Statement of:

Spcl Events, Sales Inventory, Oth Changes/Ln 10, Cost of Goods Sold-1

Description	Amount
2008 OLD ALGIERS RIVERFEST	
AWARDS & POSTER COST	6,249.
COMMISSIONS	1,101.
Total	<u>7,350.</u>