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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning Jun 1, 2009, and ending May 31, 2010

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**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 or town, state or country, and ZIP + 4  
**NEW ORLEANS LA 70174-0181**

**D** Employer identification number  
**72-1334761**

**E** Telephone number  
**(504) 362-8813**

**F** Group Exemption Number

**G** Accounting method ☐ Cash ☒ Accrual  
 Other (specify) \_\_\_\_\_

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

**I** Website: www.oldalgiersmainstreet.com

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527

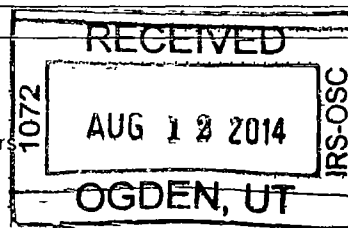
**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 54,747.**

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

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

1	Contributions, gifts, grants, and similar amounts received	1	51,847.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	640.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 11,095. of contributions reported on line 1)	6a	1,996.
b	Less direct expenses other than fundraising expenses	6b	1,670.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	326.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe: <u>NEWSLETTER ADVERTISING</u> )	8	264.
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	53,077.
10	Grants and similar amounts paid (attach schedule)	10	1,500.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	40,195.
13	Professional fees and other payments to independent contractors	13	3,432.
14	Occupancy, rent, utilities, and maintenance	14	8,563.
15	Printing, publications, postage, and shipping	15	6,096.
16	Other expenses (describe: <u>See Other Expenses Statement</u> )	16	8,411.
17	<b>Total expenses.</b> Add lines 10 through 16	17	68,197.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,120.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	50,182.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	35,062.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	52,698.	35,568.
23 Land and buildings	0.	0.
24 Other assets (describe: <u>See L-24 Stmt</u> )	1,378.	1,429.
25 <b>Total assets</b>	54,076.	36,997.
26 <b>Total liabilities</b> (describe: <u>See L-26 Stmt</u> )	3,894.	1,935.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	50,182.	35,062.

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

Form 990-EZ (2009)

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

What is the organization's primary exempt purpose?

PROMOTE REVITALIZATION-OLD ALGIERS COMMERCIAL PROPERTIES-SEE ADD'L INFO STMT

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	<u>RAMBLE ON THE RIVER - THIS EVENT WAS PART OF THE STATEWIDE LA. MAIN TO MAIN: A CULTURAL ROAD SHOW PROGRAM. OLD ALGIERS MAIN STREET CORP (OAMSC) PRESENTED THIS OLD-SCHOOL, FAMILY-STYLE BLOCK PARTY FOR BUSINESSES AND NEIGHBORS AT MARDI GRAS WORLD.</u> (Grants \$ 9,495.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	7,105.
29	<u>STOREFRONT IMPROVEMENT GRANTS-A MATCHING GRANT PROGRAM IN WHICH OAMSC AWARDS GRANTS TO IMPROVE THE STREETSAPES AND/OR FACADES OF EXISTING BUSINESSES. OVER \$70,000 HAS BEEN AWARDED FOR IMPROVEMENTS.</u> (Grants \$ 1,500.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,500.
30	<u>HOLIDAYS ON THE POINT &amp; STAY LOCAL! GUIDE - HOLIDAYS ON THE POINT OFFERED RESIDENTS &amp; TOURISTS AN OPPORTUNITY TO ENJOY THE HOLIDAY SHOPPING &amp; CELEBRATION ATMOSPHERE IN OLD ALGIERS. OAMSC SUPPORTED A REPRINT OF THE POPULAR STAY LOCAL! OLD ALGIERS BUSINESS DIRECTORY.</u> (Grants \$ 1,500.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,982.
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	12,587.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

(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	(e) Expense account and other allowances
RIKI LOMBARD P.O. BOX 740181 NEW ORLEANS, LA 70114	PRES '10 & BD MBR 4.00	0.	0.	0.
BERYL RAGAS P.O. BOX 740181 NEW ORLEANS, LA 70174	VICE PRES '10 & BD MBR 4.00	0.	0.	0.
MYLES COOPER P.O. BOX 740181 NEW ORLEANS, LA 70174	SECRETARY '10 & BD MBR 4.00	0.	0.	0.
KARRI MAGGIO P.O. BOX 740181 NEW ORLEANS, LA 70174	TREASURER '10 & BD MBR 5.00	0.	0.	0.
KARRI MAGGIO P.O. BOX 740181 NEW ORLEANS, LA 70174	SECRETARY '09 & BD MBR 5.00	0.	0.	0.
STEPHEN ENGRO P.O. BOX 740181 NEW ORLEANS, LA 70174	PRES '09; EX OFF & BD MBR '09 2.00	0.	0.	0.
GREGG SOLL P.O. BOX 740181 NEW ORLEANS, LA 70174	TREASURER '09 & BD MBR 2.00	0.	0.	0.
ALEX-SELICO DUNN P.O. BOX 740181 NEW ORLEANS, LA 70174	VICE PRES '09 & BD MBR 2.00	0.	0.	0.
KEITH JONES P.O. BOX 740181 NEW ORLEANS, LA 70174	BOARD MEMBER 1.00	0.	0.	0.
PAUL RICHARD P.O. BOX 740181 NEW ORLEANS, LA 70174	BOARD MEMBER 1.00	0.	0.	0.
TODD CRAIGE P.O. BOX 740181 NEW ORLEANS, LA 70174	BOARD MEMBER 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>Louisiana</b>		

**42a** The organization's books are in care of **KARRI MAGGIO** Telephone no **(504) 362-8813**  
 Located at **P.O. BOX 740181** **NEW ORLEANS, LA** ZIP + 4 **70174**

	Yes	No
<b>b</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 <b>42b</b>		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country <b>42c</b>		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year **43**

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44</b>		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>45</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.**46** 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

	Yes	No
<b>46</b>		X

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

<b>47</b>		X
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**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

<b>48</b>		X
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		X
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**b** If 'Yes,' was the related organization a section 527 organization?

<b>49b</b>		
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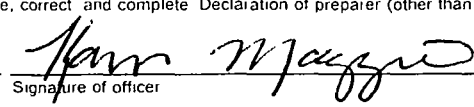
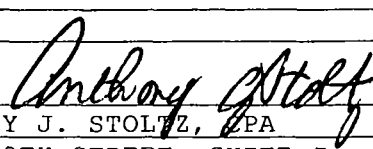
**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name and address of each employee paid more than \$100,000	(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				

**f** Total number of other employees paid over \$100,000 **0****51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 **0**

<b>Sign Here</b>	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.			
	<b>Signature of officer</b> 		<b>Date</b> 1/22/12	
	<b>Type or print name and title</b> Karri Maggio TREASURER			
<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> 		<b>Date</b> 1/22/12	
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b> ANTHONY J. STOLZ, CPA 3008 20TH STREET, SUITE J METAIRIE LA 70002-4900		<b>Check if self-employed</b> <input checked="" type="checkbox"/> <b>Preparer's Identifying Number (See instructions)</b> EIN (504) 831-3416	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)



**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	1,944.	56,705.	82,241.	62,850.	52,487.	256,227.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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.						
4 <b>Total.</b> Add lines 1-through 3	1,944.	56,705.	82,241.	62,850.	52,487.	256,227.
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)						34,534.
6 <b>Public support.</b> Subtract line 5 from line 4						221,693.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,944.	56,705.	82,241.	62,850.	52,487.	256,227.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0.	0.	0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.	580.	300.	400.	264.	1,544.
11 <b>Total support.</b> Add lines 7 through 10						257,771.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	86.00 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	81.72 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an 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						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part II, Line 10

Description: NEWSLETTER ADVERTISING

2005: 0.

2006: 255.

2007: 300.

2008: 400.

2009: 264.

Description: UTILITY BANKRUPTCY SETTLEMENT

2005: 0.

2006: 325.

2007: 0.

2008: 0.

2009: 0.

**Supporting Statement of:**

Form 990-EZ/Line 1

Description	Amount
Total	<u>51,041.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6, Amt's on Line 1a

Description	Amount
SPECIAL EVENTS	
CONTRIBUTION PORTION OF FUND RAISER INCOME:	
HOLIDAYS ON THE POINT	1,500.
RAMBLE ON THE RIVER (2009)	9,495.
RIVERFEST (MAY 2009)	100.
Total	<u>11,095.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6a

Description	Amount
ANNUAL MEETING	325.
5TH ANNUAL OLD ALGIERS RIVERFEST (APRIL 2009) - ADDITIONAL INCOME	1,671.
Total	<u>1,996.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6b

Description	Amount
ANNUAL MEETING:	
FOOD AND VENUE COST	1,220.
AWARDS	450.
Total	<u>1,670.</u>

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SEAN O'BOYLE P.O. BOX 740181 NEW ORLEANS LA 70174 Foreign city _____ Foreign country _____	Title BOARD MEMBER  Hours/Week 1.00	0.	0.	0.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

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

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

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	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
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 2008 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 2010 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 depreciation allowance for qualified property (other than listed 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 2009	17	449.
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 2009 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						
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 2009 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	449.
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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDI20812 07/07/09

Form 4562 (2009)

**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, complete only 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 depreciation allowance for qualified listed 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	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 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

Form 990-EZ  
Part II

Other Assets and Liabilities

2009

Name as Shown on Return  
OLD ALGIERS MAIN STREET CORPORATION

Employer Identification No  
72-1334761

Line 24 - Other Assets:	Beginning of Year	End of Year
FERRY LANDING WELCOME SIGN:		
OLD ALGIERS FERRY LANDING SIGN	2,800.	2,800.
LESS: ACCUMULATED DEPRECIATION	-4,212.	-4,661.
COMPUTERS COST	2,533.	2,533.
OFFICE - RENT AND UTILITY DEPOSITS	257.	257.
ACCOUNTS RECEIVABLE	0.	500.
Totals to Form 990-EZ, Part II, line 24	1,378.	1,429.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	3,110.	400.
PAYROLL TAXES PAYABLE	784.	1,535.
Totals to Form 990-EZ, Part II, line 26	3,894.	1,935.

**Additional Information**

INFORMATION REQUIRED FOR PART III (PAGE TWO)

OLD AL

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

WHAT IS THE ORGNIZATION'S PRIMARY 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.

"OLD ALGIERS" IS A NEIGHBORHOOD DEVELOPED IN 1719 AND IS LOCATED DIRECTLY ACROSS THE MISSISSIPPI RIVER FROM THE FRENCH QUARTER, AND IS LOCATED WITHIN THE BOUNDARIES OF NEW ORLEANS, LOUISIANA, WHICH WAS FOUNDED A YEAR EARLIER IN 1718.

ADDITIONAL INFORMATION FOR STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (LINES 28, 29 AND 30): 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.

OFFICIAL LOUISIANA MAIN STREET PROGRAM RECOGNITION - AWARDED NOVEMBER 2008

DURING THIS FISCAL YEAR, OAMSC WAS AWARDED OFFICIAL LOUISIANA MAIN STREET STATUS IN NOVEMBER 2009. OAMSC BECAME ONE OF SIX URBAN MAIN STREETS IN THE CITY OF NEW ORLEANS. WITH THE OFFICIAL STATUS, A GRANT WAS RECEIVED TO PAY FOR A FULL TIME DIRECTOR, TRAVEL AND OTHER OPERATIONAL EXPENSES. THE GRANT DIMINISHES FOR A PERIOD OF FIVE YEAR AFTER WHICH THE ORGANIZATION WILL BE EXPECTED TO BE SELF SUFFICIENT AND MAINTAIN A FULLTIME DIRECTOR IN ORDER TO KEEP ITS OFFICIAL STATUS. ALSO, WITH THE OFFICIAL RECOGNITION COMES FUNDING TO EXPAND THE STOREFRONT IMPROVEMENT GRANT PROGRAM.

**Additional Information**SPIN-OFF OF 2010 OLD ALGIERS RIVERFEST TO RIVER FESTIVALS FOUNDATION

AT ITS MAY 5, 2009 BOARD MEETING, THE BOARD APPROVED A MOTION TO SPIN-OFF THE OLD ALGIERS RIVERFEST TO RIVER FESTIVALS FOUNDATION, WHICH IS ALSO AN INTERNAL REVENUE CODE SECTION 501(C)(3) EXEMPT ORGANIZATION. DETAILS OF THIS SPIN-OFF WERE DISCUSSED FURTHER AT A SPECIAL BOARD MEETING ON MAY 13, 2009. THE SPIN-OFF WAS FINALIZED DURING THE 2009-10 FISCAL YEAR.

AT THE MAY 5 MEETING, A SET OF TERMS WAS AUTHORIZED TO SPELL OUT THE CONDITIONS OF THE SPIN-OFF. TERMS WERE OUTLINED IN A MEMORANDUM OF UNDERSTANDING (MOU) THAT WOULD HAVE A THREE-YEAR TERM, WHICH COULD BE RENEWED, RENEGOTIATED OR TERMINATED AT ITS EXPIRATION DATE. ALSO, UNDER THE TERMS, THE NAME, OLD ALGIERS RIVERFEST, WOULD BE TRANSFERRED TO RIVER FESTIVALS FOUNDATION, AND OAMSC WOULD RECEIVE ANNUAL MONETARY BENEFIT BASED ON FESTIVAL PROFITS ON A SLIDING-SCALE FORMULA. UPON AGREEMENT TO FINAL TERMS, IT WAS ALSO AGREED TO SET FORTH THE TERMS IN A COOPERATIVE ENDEAVOR AGREEMENT.



Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

BANK CHARGES	258.
Depreciation	449.
INSURANCE - BUSINESS	1,944.
LICENSES (SEC. OF STATE)	5.
MEALS & ENTERTAINMENT	436.
OFFICE SUPPLIES	1,112.
SOFTWARE LICENSE	12.
SUPPLIES - HOLIDAYS ON THE POINT	1,658.
SUPPLIES - RAMBLE ON MAIN STREET	750.
SUPPLIES - VARIOUS	1,686.
TRAVEL	101.

Total 8,411.

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JOYCE REED MAYFIELD P.O. BOX 740181 NEW ORLEANS, LA 70174 Foreign city _____ Foreign country _____	Title BOARD MEMBER  Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> VALERIE ROBINSON P.O. BOX 740181 NEW ORLEANS, LA 70174 Foreign city _____ Foreign country _____	Title EX-OFFICIO '09 &  Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PAUL SCHMOLLINGER P.O. BOX 740181 NEW ORLEANS LA 70174 Foreign city _____ Foreign country _____	Title BOARD MEMBER  Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JIM AMDAL P.O. BOX 740181 NEW ORLEANS LA 70174 Foreign city _____ Foreign country _____	Title BOARD MEMBER  Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JESSICA HACK P.O. BOX 740181 NEW ORLEANS LA 70174 Foreign city _____ Foreign country _____	Title BOARD MEMBER  Hours/Week 1.00	0.	0.	0.

**Supporting Statement of:**

Form 990-EZ/Line 12

Description	Amount
SALARIES - PROGRAM MANAGER	37,500.
TAXES - PAYROLL	2,695.
Total	<u>40,195.</u>

**Supporting Statement of:**

Form 990-EZ/Line 13

Description	Amount
DISTRIBUTION SERVICE - NEWSLETTER	100.
MUSICIAN - RAMBLE ON MAIN STREET	2,400.
SECURITY & ELECTRICAL SERVICES - RAMBLE ON MAIN STREET	332.
SOUND TECH SERVICES - RAMBLE ON MAIN STREET	600.
Total	<u>3,432.</u>

**Supporting Statement of:**

Form 990-EZ/Line 14

Description	Amount
RENT (SETUP EQUIPMENT) - RAMBLE ON MAIN STREET	623.
RENT - OFFICE	4,800.
UTILITIES (PHONE & ELECTRIC) - OFFICE	3,140.
Total	<u>8,563.</u>

**Supporting Statement of:**

Form 990-EZ/Line 15

Description	Amount
PRINTING ENVELOPES - ANNUAL MEETING	54.
PRINTING - 2009 RIVERFEST	492.
PRINTING ADD'L COPIES) - STAY LOCAL DIRECTORY	500.
GRAPHICS SERVICES - RAMBLE ON MAIN STREET	2,400.
PRINTING & GRAPHICS SERVICES - HOLIDAYS ON THE POINT	1,824.
PRINTING & GRAPHICS SERVICES - NEWSLETTER	826..
Total	<u>6,096.</u>

Description	Amount
CASH IN BANK - MAY 31, 2009	
CHECKING ACCOUNT	52,698.
Total	<u>52,698.</u>

## Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
CASH IN BANK - MAY 31, 2010	
CHECKING ACCOUNT	13,068.
CERTIFICATE OF DEPOSIT	22,500.
Total	<u>35,568.</u>

## Supporting Statement of:

Form 990-EZ/Line 30

Description	Amount
HOLIDAYS ON THE POINT EXPENSE	3,482.
STAY LOCAL! OLD ALGIERS NEIGHBORHOOD GUIDE	500.
Total	<u>3,982.</u>

## Supporting Statement of:

Sch. A, page 2/Line 1-1

Description	Amount
GIFTS, GRANTS, CONTRIBUTIONS, MEMBERSHIP FEES:	
-FISCAL YEAR 2005-06	
MEMBERSHIP FEES	
INCOME LIMITED AS THIS IS THE FISCAL YEAR OF HURRICANE KATRINA, WHICH STRUCK ON AUGUST 29, 2005.	1,944.
Total	<u>1,944.</u>

**Supporting Statement of:**

Sch. A, page 2/Line 1-2

Description	Amount
GIFTS, GRANTS, CONTRIBUTIONS, MEMBERSHIP FEES: -FISCAL YEAR 2006-07	
CONTRIBUTIONS/SPONSORSHIPS	51,750.
GRANTS	3,000.
MEMBERSHIP FEES	1,955.
Total	56,705.

**Supporting Statement of:**

Sch. A, page 2/Line 1-3

Description	Amount
GIFTS, GRANTS, CONTRIBUTIONS, MEMBERSHIP FEES: -FISCAL YEAR 2007-08	
CONTRIBUTIONS	5,300.
MEMBERSHIP FEES	2,025.
GRANT - GOVERNMENT AGENCY	74,916.
Total	82,241.

**Supporting Statement of:**

Sch. A, page 2/Line 1-4

Description	Amount
GIFTS, GRANTS, CONTRIBUTIONS, MEMBERSHIP FEES: -FISCAL YEAR 2008-09	
CONTRIBUTIONS/SPONSORSHIPS	22,850.
GRANTS - GOVERNMENT AGENCIES	35,000.
GRANT - OTHER SOURCE	5,000.
Total	62,850.

**Supporting Statement of:**

Sch. A, page 2/Line 1-5

Description	Amount
GIFTS, GRANTS, CONTRIBUTIONS, MEMBERSHIP FEES: -FISCAL YEAR 2009-10	
CONTRIBUTIONS/SPONSORSHIPS	11,095.
GRANTS - GOVERNMENT AGENCIES	40,252.
MEMBERSHIP DUES	640.

Continued

**Supporting Statement of:**

Sch. A, page 2/Line 1-5

Description	Amount
PROGRAM SHARE - RIVERFEST	500.
Total	<u>52,487.</u>