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► 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*

A For the 2009 calendar year, or tax year beginning		Jun 1		, 2009, and ending May 31, 2010																																																																																					
B Check if applicable		C Name of organization OLD ALGIERS MAIN STREET CORPORATION		D Employer identification number 72-1334761																																																																																					
<input type="checkbox"/> Address change		Number and street (or P O box, if mail is not delivered to street address) P. O. BOX 740181		Room/suite																																																																																					
<input type="checkbox"/> Name change		City or town, state or country, and ZIP + 4 NEW ORLEANS		Telephone number (504) 362-8813																																																																																					
<input type="checkbox"/> Initial return				F Group Exemption Number																																																																																					
<input type="checkbox"/> Termination																																																																																									
<input type="checkbox"/> Amended return																																																																																									
<input type="checkbox"/> Application pending																																																																																									
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>I Website: ► www.oldalgiersmainstreet.com</p> <p>J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 521</p> <p>K Check ► <input type="checkbox"/> 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.</p> <p>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.</p>																																																																																									
<p>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)</p> <table border="1"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received</td> <td>1</td> <td>51,847.</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> <td></td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3</td> <td>640.</td> </tr> <tr> <td>4 Investment income</td> <td>4</td> <td></td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td>5a</td> <td></td> </tr> <tr> <td> b Less cost or other basis and sales expenses</td> <td>5b</td> <td></td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c</td> <td></td> </tr> <tr> <td>6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/></td> <td>6a</td> <td>1,996.</td> </tr> <tr> <td> a Gross revenue (not including \$ 11,095. of contributions reported on line 1)</td> <td>6b</td> <td>1,670.</td> </tr> <tr> <td> b Less direct expenses other than fundraising expenses</td> <td>6c</td> <td>326.</td> </tr> <tr> <td> c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td> <td>7a</td> <td></td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td>7b</td> <td></td> </tr> <tr> <td> b Less cost of goods sold</td> <td>7c</td> <td></td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>8</td> <td>264.</td> </tr> <tr> <td>8 Other revenue (describe ► NEWSLETTER ADVERTISING)</td> <td>9</td> <td>53,077.</td> </tr> <tr> <td>9 Total revenue. 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<p>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</p> <p>(See the instructions for Part II.)</p> <table border="1"> <thead> <tr> <th></th> <th>(A) Beginning of year</th> <th>(B) End of year</th> </tr> </thead> <tbody> <tr> <td>22 Cash, savings, and investments</td> <td>52,698.</td> <td>22 35,568.</td> </tr> <tr> <td>23 Land and buildings</td> <td>0.</td> <td>23 0.</td> </tr> <tr> <td>24 Other assets (describe ► See L-24 Stmt)</td> <td>1,378.</td> <td>24 1,429.</td> </tr> <tr> <td>25 Total assets</td> <td>54,076.</td> <td>25 36,997.</td> </tr> <tr> <td>26 Total liabilities (describe ► See L-26 Stmt)</td> <td>3,894.</td> <td>26 1,935.</td> </tr> <tr> <td></td> <td>52,182.</td> <td>27 35,062.</td> </tr> </tbody> </table>							(A) Beginning of year	(B) End of year	22 Cash, savings, and investments	52,698.	22 35,568.	23 Land and buildings	0.	23 0.	24 Other assets (describe ► See L-24 Stmt)	1,378.	24 1,429.	25 Total assets	54,076.	25 36,997.	26 Total liabilities (describe ► See L-26 Stmt)	3,894.	26 1,935.		52,182.	27 35,062.																																																															
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2009)

TEFA0812 01/2011B

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

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

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

28	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. (Grants \$ 9,495.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	7,105.
29	STOREFRONT IMPROVEMENT GRANTS-A MATCHING GRANT PROGRAM IN WHICH OAMSC AWARDS GRANTS TO IMPROVE THE STREETSCAPES AND/OR FACADES OF EXISTING BUSINESSES. OVER \$70,000 HAS BEEN AWARDED FOR IMPROVEMENTS. (Grants \$ 1,500.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	1,500.
30	HOLIDAYS ON THE POINT & STAY LOCAL! GUIDE - HOLIDAYS ON THE POINT OFFERED RESIDENTS & TOURISTS AN OPPORTUNITY TO ENJOY THE HOLIDAY SHOPPING & CELEBRATION ATMOSPHERE IN OLD ALGIERS. OAMSC SUPPORTED A REPRINT OF THE POPULAR STAY LOCAL! OLD ALGIERS BUSINESS DIRECTORY. (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	Total program service expenses (add lines 28a through 31a)	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 OFC / 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
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 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		
a 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?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a 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?	38a	
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0.	40a	
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	40b	X
c 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		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e 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	40e	X
41 List the states with which a copy of this return is filed ► Louisiana		
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	42a	
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 ►	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts	42c	X
c 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 ►		
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	43	
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 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	45	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
46	X	
47	X	
48	X	
49a	X	
49b		

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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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'

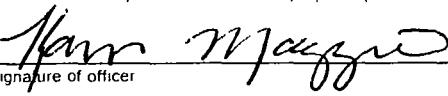
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

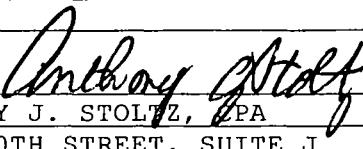
f Total number of other employees paid over \$100,000 ► 0

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

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		
	► 	Date	1/22/12
	► Karri Maggio Type or print name and title		TREASURER

Paid Preparer's Use Only	Preparer's signature ► 	Date 1/22/12	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed). ► ANTHONY J. STOLTZ, PA address, and ZIP + 4 ► 3008 20TH STREET, SUITE J METAIRIE	LA 70002-4900	EIN ►	Phone no ► (504) 831-3416

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

BAA

► Yes No

Form 990-EZ (2009)

Public Charity Status and Public Support

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

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

OLD ALGIERS MAIN STREET CORPORATION

Employer identification number

72-1334761

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described **section 170(b)(1)(A)(iv)**. (Complete Part II)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions- subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III – Functionally integrated d Type III- Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the supported organizations

Total

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

Schedule A (Form 990 or 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 Total. 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 Public support. 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 Total support. Add lines 7 through 10						257,771.
12 Gross receipts from related activities, etc (see instructions)						12

13 **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. ▶ **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 **33-1/3 support test – 2009.** 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 ▶ b **33-1/3 support test – 2008.** 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 ▶ 17a **10%-facts-and-circumstances test – 2009** 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 ▶ b **10%-facts-and-circumstances test – 2008.** 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 ▶ 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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 an 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 in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lines 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 ▶ **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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

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
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Total

31,041.**Supporting Statement of:**

Form 990-EZ/Line 6, Amts 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"/> X SEAN O'BOYLE P.O. BOX 740181 NEW ORLEANS LA 70174	Title BOARD MEMBER			
Foreign city _____	Hours/Week	0.	0.	0.
Foreign country _____	1.00			

Depreciation and Amortization
(Including Information on Listed Property)

2009

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

OLD ALGIERS MAIN STREET CORPORATION

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	18	<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	

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?									<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
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												
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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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					
44 Total. Add amounts in column (f) See the instructions for where to report					

Name as Shown on Return <u>OLD ALGIERS MAIN STREET CORPORATION</u>	Employer Identification No <u>72-1334761</u>
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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 OFFIICAL 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	<u>8,411.</u>

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	Title BOARD MEMBER Hours/Week 1.00	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> VALERIE ROBINSON P.O. BOX 740181 NEW ORLEANS, LA 70174	Title EX-OFFICIO '09 & Hours/Week 2.00	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PAUL SCHMOLLINGER P.O. BOX 740181 NEW ORLEANS LA 70174	Title BOARD MEMBER Hours/Week 1.00	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JIM AMDAL P.O. BOX 740181 NEW ORLEANS LA 70174	Title BOARD MEMBER Hours/Week 1.00	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JESSICA HACK P.O. BOX 740181 NEW ORLEANS LA 70174	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:

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:

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

Supporting Statement of:

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	<u>56,705.</u>

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	<u>82,241.</u>

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	<u>62,850.</u>

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>