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Or call the IRS Identity Theft Hotline at 1-800-908-4490





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# Short Form 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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
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

OMB No 1545-1150

2011

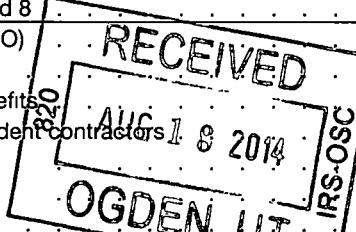
Open to Public  
Inspection

<b>A For the 2011 calendar year, or tax year beginning</b>		June 1, , 2011, and ending	May 31 , 20 12
<b>B Check if applicable</b>		<b>C Name of organization</b>	
<input type="checkbox"/> Address change		Old Algiers Mainstreet Corporation	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)	
<input checked="" type="checkbox"/> Initial return		P.O. Box 740181	
<input type="checkbox"/> Terminated		Room/suite	
<input type="checkbox"/> Amended return		City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Application pending		New Orleans, LA 70174-0181	
<b>D Employer Identification number</b>		72-1334761	
<b>E Telephone number</b>		(504) 366-3464	
<b>F Group Exemption Number ►</b>			
<b>G Accounting Method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►			
<b>I Website:</b> ► <a href="http://www.oldalgiersmainstreet.org">www.oldalgiersmainstreet.org</a>			
<b>J Tax-exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>			
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 0.00</b>			

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

Revenue	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
1 Contributions, gifts, grants, and similar amounts received . . . . .	1																												
2 Program service revenue including government fees and contracts . . . . .	2																												
3 Membership dues and assessments . . . . .	3																												
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 Gaming and fundraising events																													
a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a																												
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b																												
c Less: direct expenses from gaming and fundraising events . . . . .	6c																												
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d																												
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 in Schedule O) . . . . .	8																												
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9																												
10 Grants and similar amounts paid (list in Schedule O) . . . . .	10																												
11 Benefits paid to or for members . . . . .	11																												
12 Salaries, other compensation, and employee benefits . . . . .	12																												
13 Professional fees and other payments to independent contractors . . . . .	13																												
14 Occupancy, rent, utilities, and maintenance . . . . .	14																												
15 Printing, publications, postage, and shipping . . . . .	15																												
16 Other expenses (describe in Schedule O) . . . . .	16																												
17 <b>Total expenses.</b> Add lines 10 through 16 ►	17																												
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18																												
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																												
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20																												
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21																												



Line m3-4  
24

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	35,612	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	304	24
25	<b>Total assets</b>	35,916	25
26	<b>Total liabilities</b> (describe in Schedule O)	0	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	35,916	27
			10,738
			0
			0
			10,738
			0
			10,738

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Promote Revitalization of Commercial Property, See Attached

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Storefront Improvement Grants - A matching grant program in which OAMSC awards grants to improve storefronts and streetscapes of businesses along designated "Mainstreet" corridors		
	(Grants \$ 22,447 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	22,447
29	NOEL on Newton Street - Provided Xmas (Holiday) lights to businesses to decorate storefronts and participate in a Holiday Lighting contest. Also, hosted a Xmas Celebration on Newton St. to promote revitalization.		
	(Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,485
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(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)		32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Valerie Robinson 200 Verret St - New Orleans, LA 70114	President 8 hrs wk	0	0	0
Beryl Ragas 1128 Hende St - New Orleans, LA 70114	Vice President 8 hrs wk	0	0	0
James Henderson, Jr. 2930 Hudson St - New Orleans, LA 70114	Treasurer 4 hrs wk	0	0	0
Angela Theresa Henderson 2255 Gen. Collins Dr - New Orleans, LA 70114	Secretary 4 hrs wk	0	0	0
Alex Selico Dunn 509 Park Blvd - New Orleans, LA 70114	At Large Bd Member 1 hr wk	0	0	0
Nancy Laurent 1012 Brooklyn St - New Orleans, LA 70114	At Large Bd Member 1 hr wk	0	0	0
Karri Maggio 735 Pacific Ave - New Orleans, LA 70114	At Large Bd Member 1 hr wk	0	0	0
Joyce Reed Mayfield 4925 Music St - New Orleans, LA 70117	At Large Bd Member 1 hr wk	0	0	0
Paul Smollinger 501 Olivier St - New Orleans, LA 70114	At Large Bd Member 1 hr wk	0	0	0
Lauren Uzarowski 314 Newton St - New Orleans, LA 70114	At Large Bd Member 1 hr wk	0	0	0