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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization JEFFERSON BUSINESS COUNCIL CO LSRH - STEVE ROMIG	D Employer identification number 72-1201437
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 110 VETERANS MEMORIAL BLVD No 200	E Telephone number (504) 833-8551
		City or town, state or country, and ZIP + 4 METAIRIE, LA 700054958	F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify):

I Website: NA
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): 501(c)(6) (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. \$ 165,430

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	1 Contributions, gifts, grants, and similar amounts received																																
	2 Program service revenue including government fees and contracts																																
	3 Membership dues and assessments																													163,750			
	4 Investment income																													1,680			
	5a Gross amount from sale of assets other than inventory																																
	b Less cost or other basis and sales expenses																																
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																
	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 \$ of contributions reported on line 1)																																
b Less direct expenses other than fundraising expenses																																	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																	
7a Gross sales of inventory, less returns and allowances																																	
b Less cost of goods sold																																	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																	
8 Other revenue (describe)																																	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																165,430	
Expenses	10 Grants and similar amounts paid (attach schedule)																																
	11 Benefits paid to or for members																																
	12 Salaries, other compensation, and employee benefits																																
	13 Professional fees and other payments to independent contractors																																90,080
	14 Occupancy, rent, utilities, and maintenance																																
	15 Printing, publications, postage, and shipping																																
	16 Other expenses (describe)																																52,014
17 Total expenses. Add lines 10 through 16																																142,094	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																															23,336	
	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)																															180,502	
	20 Other changes in net assets or fund balances (attach explanation)																															-45	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																																203,793

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

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		252,502	22 203,793
23 Land and buildings			23
24 Other assets (describe)			24
25 Total assets		252,502	25 203,793
26 Total liabilities (describe)		72,000	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		180,502	27 203,793

Part V Other Information (Note the statement requirements in the instructions 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 No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

34 No

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 No

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 No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0

b Did the organization file Form 1120-POL for this year?

37b

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 No

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

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

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 No

41 List the states with which a copy of this return is filed

42a The organization's books are in care of STEPHEN G ROMIG Telephone no (504) 835-5522
110 VETERANS MEMORIAL BLVD SUITE
200
Located at metairie, LA ZIP + 4 700054958

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)?

42b No

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

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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

42c No

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

44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44 No

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 No

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.

	Yes	No
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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school 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?		
49b 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 & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

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

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: ***** Date: 2010-02-05

Type or print name and title: stephen g romig Treasurer

Paid Preparer's Use Only

Preparer's signature: Stephen G Romig Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: LaPorte Seht Romig & Hand
110 Veterans Memorial Blvd Suite 20
Metairie, LA 700054958

Preparer's identifying number (See instructions): _____
 EIN: _____
 Phone no: (504) 835-5522

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 72-1201437

Name: JEFFERSON BUSINESS COUNCIL CO LSRH - STEVE
ROMIG

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
ric smith 110 veterans memorial blvd suite 20 metairie, LA 70005	chairman 3 00	0	0	0
woody oge 110 veterans memorial blvd suite 20 metairie, LA 70005	vice chairman 1 00	0	0	0
lee giorgio 110 veterans memorial blvd suite 20 metairie, LA 70005	vice chairman 1 00	0	0	0
dave andignac 110 veterans memorial blvd suite 20 metairie, LA 70005	treasurer 1 00	0	0	0

TY 2009 Other Changes in Net Assets Schedule

Name: JEFFERSON BUSINESS COUNCIL CO LSRH - STEVE ROMIG

EIN: 72-1201437

Description	Amount
prior year tax due	0
unrealized gain	-45

TY 2009 Other Expenses Schedule

Name: JEFFERSON BUSINESS COUNCIL CO LSRH - STEVE ROMIG

EIN: 72-1201437

Description	Amount
office expenses	347
meeting expense	11,996
memberships	20,000
sponsorships	3,730
consulting fees	15,000
FILING FEES	5
MISCELLANEOUS	60
BUSINESS TRAVEL	561
BUSINESS MEALS	315

TY 2009 Other Liabilities Schedule

Name: JEFFERSON BUSINESS COUNCIL CO LSRH - STEVE ROMIG

EIN: 72-1201437

Description	Beginning of Year Amount	End of Year Amount
prepaid dues	72,000	0

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: JEFFERSON BUSINESS COUNCIL CO LSRH - STEVE ROMIG

EIN: 72-1201437

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.