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Form 990-EZ

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: JEFFERSON BUSINESS COUNCIL CO LSRH - STEVE ROMIG. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 111 VETERANS MEMORIAL BLVD NO 600. City or town, state or country, and ZIP + 4: METAIRIE, LA 70005

D Employer identification number: 72-1201437. E Telephone number: (504) 833-8551. F Group Exemption Number

G Accounting method: Cash. I Website: N/A. J Tax-Exempt status: 501(c)(3)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

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. Total: \$164,520

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total: 164,520). Rows 10-17: Expenses (Total: 173,780). Rows 18-21: Net Assets (Total: 194,533).

Part II Balance Sheets

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

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	203,793	22	194,533
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	203,793	25	194,533
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	203,793	27	194,533

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose?
 THE PURPOSE OF THE JEFFERSON BUSINESS COUNCIL SHALL BE TO TAKE SUCH ACTION AS WILL ENCOURAGE, PROMOTE, OR ENHANCE THE ECONOMIC POSTURE, SOCIAL WELFARE, AND ENVIRONMENT OF THE PARISH OF JEFFERSON AND THE RIVER REGION

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, and other relevant information for each program title

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

28 TO ENCOURAGE, PROMOTE, OR ENHANCE THE ECONOMIC POSTURE, SOCIAL WELFARE, AND ENVIRONMENT OF THE PARISH OF JEFFERSON AND THE RIVER REGION (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
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 Total program service expenses (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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

Main form area containing questions 33 through 44d with Yes/No columns and input fields.

Yes No

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 45, 45a, and 46 regarding controlled entities and political activities.

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 47-49b and 52.

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

Yes No

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 47, 48, 49a, and 49b regarding lobbying, school status, and related organizations.

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"

Table with 5 columns: (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"

Table with 3 columns: (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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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.

Sign Here section containing signature of officer (MICHAEL MENTZ SECRETARY-TREASURER) and date (2011-05-09).

Paid Preparer's Use Only section containing preparer's signature (STEPHEN G ROMIG CPA CFP), date, firm's name (LAPORTE SEHRT ROMIG & HAND), address, EIN, and phone number.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

JEFFERSON BUSINESS COUNCIL CO LSRH - STEVE ROMIG

Employer identification number

72-1201437

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	DIVIDEND INCOME 20

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AMOUNT 156 DESCRIPTION MEETING EXPENSE AMOUNT 21,614 DESCRIPTION MEMBERSHIPS AMOUNT 20,000 DESCRIPTION SPONSORSHIPS AMOUNT 8,080 DESCRIPTION FILING FEES AMOUNT 25 DESCRIPTION RESEARCH AMOUNT 15,553 DESCRIPTION DONATIONS AMOUNT 1,000 DESCRIPTION TAXES AND LICENSES AMOUNT 15 DESCRIPTION DEDUCTIBLE LOBBYING EXPENSES AMOUNT 522 TOTAL TO FORM 990-EZ, LINE 16 66,965

**TY 2010 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.

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
LEE GIORGIO 111 VETERANS MEMORIAL BLVD SUITE 60 METAIRIE, LA 70005	CHAIRMAN 5 00	0	0	0
WOODY OGE 111 VETERANS MEMORIAL BLVD SUITE 60 METAIRIE, LA 70005	VICE CHAIRMAN 1 00	0	0	0
STAN SALATHE 111 VETERANS MEMORIAL BLVD SUITE 60 METAIRIE, LA 70005	VICE CHAIRMAN 1 00	0	0	0
MICHAEL METNZ 111 VETERANS MEMORIAL BLVD SUITE 60 METAIRIE, LA 70005	SECRETARY- TREASURER 1 00	0	0	0