

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning April 1, 2013, and ending March 31, 2014	
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	C Name of organization <u>La Leche League of the United States of America, Inc.</u> Doing Business As <u>LLL USA</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>15 Two Penny Run West</u> City or town, state or province, country, and ZIP or foreign postal code <u>Pilesgrove, NJ 08096</u>
	D Employer identification number <u>27-0994576</u>
	E Telephone number <u>856-769-2478</u>
	G Gross receipts \$ <u>256,961</u>
	F Name and address of principal officer: <u>CarolAnn Napoleon</u> <u>15 Two Penny Run West, Pilesgrove, NJ 08096</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ <u>3130</u>
I Tax-exempt status: <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	
J Website: ▶ <u>www.lllusa.org</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>2010</u> M State of legal domicile: <u>NJ</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The mission of La Leche League USA is to help mothers to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) 3 12		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12		
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0		
	6 Total number of volunteers (estimate if necessary) 6 12		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0		
b Net unrelated business taxable income from Form 990-T, line 34 7b 0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		2,443
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		254,246
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		273
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		256,961
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		206,080
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		206,080
19 Revenue less expenses. Subtract line 18 from line 12		50,881	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	58,053	108,934
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		58,053	108,934

Part II Signature Block

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	<u>CarolAnn Napoleon</u> Signature of officer	<u>8-11-14</u> Date
	<u>CAROLANN NAPOLEON, DIRECTOR</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)