Return of Organization Exempt From Income Tax

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:
- Address change
- Name change
- Initial return
- Terminated
- Amended return

C Name of organization
- La Leche League of the United States of America, Inc.

D Employer Identification number
- 27-0984576

E Telephone number
- 856-769-2478

F Gross receipts
- 295,921

G Website
- www.llusa.org

H Is this a group return for subsidiaries? No

J Website
- www.llusa.org

K Type of organization:
- Corporation

L Year of formation:
- 1958

M State of legal domicile:
- NJ

Part I Summary

1 Briefly describe the organization’s mission or most significant activities:
The mission of La Leche League USA is to help mothers 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.

2 Check this box 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).

4 Number of independent voting members of the governing body (Part VI, line 1b).

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a).

6 Total number of volunteers (estimate if necessary).

7a Total unrelated business revenue from Form 990-T, column (C), line 12.

7b Net unrelated business taxable income from Form 990-T, line 34.

8 Contributions and grants (Part VIII, line 1h).

9 Program service revenue (Part VIII, line 2g).

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3).

14 Benefits paid to or for members (Part IX, column (A), line 4).

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10).

16a Professional fundraising fees (Part IX, column (A), line 11e).

b Total fundraising expenses (Part IX, column (D), line 25).

17 Other expenses (Part IX, column (A), lines 11a–11d, 111–24e).

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).

19 Revenue less expenses. Subtract line 18 from line 12.

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

Signature of officer:
- CAROL ANN NAPOLEON, DIRECTOR

Date:
- 8-11-14

Paid Preparer

Print/Type preparer’s name:
- CAROL ANN NAPOLEON

Preparer’s signature:
- CAROL ANN NAPOLEON, DIRECTOR

Date:
- 8-11-14

Check if self-employed:
- No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)