Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

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

Department of the Treasury
Internal Revenue Service

▶ 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*.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning **April 1** , 2014, and ending **March 31** , 20 **15**	

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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

Doing business as **LLL USA**

Number and street (or P.O. box if mail is not delivered to street address) **15 Two Penny Run West** | Room/suite

City or town, state or province, country, and ZIP or foreign postal code **Pilesgrove, NJ 08098**

D Employer identification number
27-0994576

E Telephone number
856-769-2478

G Gross receipts $ **196,361**

F Name and address of principal officer: **CarolAnn Napoleon**
15 Two Penny Run West, Pilesgrove, NJ 08098

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.lllusa.org**

H(c) Group exemption number ▶ **3130**

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation: **2010** | **M** State of legal domicile: **NJ**

Part I — Summary

Activities & Governance	**1**	Briefly describe the organization's mission or most significant activities: **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.**
	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)	**3**	**11**
	4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	**11**
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	**0**
	6	Total number of volunteers (estimate if necessary)	**6**	**11**
	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**

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	2,443	4,487
	9	Program service revenue (Part VIII, line 2g)	254,245	191,971
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	273	4
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	256,961	196,462
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 236		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	206,080	185,399
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	206,080	185,399
	19	Revenue less expenses. Subtract line 18 from line 12	50,881	11,064
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	108,934	119,998
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances. Subtract line 21 from line 20	108,934	119,998

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	*CarolAnn Napoleon*	8/12/15
	Signature of officer	Date
	CAROLANN NAPOLEON	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ 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