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.

A For the 2010 calendar year, or tax year beginning April 1, 2010, and ending March 31, 2011.

B Check if applicable:

C Name of organization

La Leche League United States of America

D Employer identification number

27-0994576

E Telephone number

908-637-9994

F Group Exemption Number

3130

G Accounting Method:

☐ Cash ☐ Accrual ☐ Other (specify) ☐

H Check □ if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.lllusa.org

J Tax-exempt status (check only one) — ▶ 501(c)(3) ☐ 501(c) ( ) ☐ (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 $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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.

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

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

1 Contributions, gifts, grants, and similar amounts received. 692,166.00

2 Program service revenue including government fees and contracts 18,243.35

3 Membership dues and assessments 150,208.47

4 Investment income 0

5a Gross amount from sale of assets other than inventory 0

5b Less: cost or other basis and sales expenses 0

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0

6 Gaming and fundraising events

a Gross income from gaming (attach Schedule G if greater than $15,000) 6a 0

b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b 0

c Less: direct expenses from gaming and fundraising events 6c 0

d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 0

7a Gross sales of inventory, less returns and allowances 7a 0

b Less: cost of goods sold 7b 0

c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0

8 Other revenue (describe in Schedule O) 8

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 169,144.00

10 Grants and similar amounts paid (list in Schedule O) 10 500.00

11 Benefits paid to or for members 11

12 Salaries, other compensation, and employee benefits 12

13 Professional fees and other payments to independent contractors 13 13,097.50

14 Occupancy, rent, utilities, and maintenance 14 0

15 Printing, publications, postage, and shipping 15

16 Other expenses (describe in Schedule O) 16 124,003.32

17 Total expenses. Add lines 10 through 16 17 137,601.22

18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 31,543.18

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) 19 6343.00

20 Other changes in net assets or fund balances (explain in Schedule O) 20 457.70

21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 38,343.88

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2010)
### Form 990-EZ (2010)

**Part II** Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . . . .

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>6800.70 22</td>
<td>38,343.88</td>
</tr>
</tbody>
</table>

22 Cash, savings, and investments
23 Land and buildings
24 Other assets (describe in Schedule O)
25 Total assets
26 Total liabilities (describe in Schedule O)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

### Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . .

What is the organization’s primary exempt purpose? mother-to-mother support and breastfeeding education
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.

28 Membership program including educational publication

<table>
<thead>
<tr>
<th>(Grants $ )</th>
<th>If this amount includes foreign grants, check here</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

29 National website

<table>
<thead>
<tr>
<th>Number of persons benefited: 4,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants $ )</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

30 Networking relationships with parallel non-profit organizations in the US.

<table>
<thead>
<tr>
<th>Number of persons benefited: 4,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants $ )</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

31 Other program services (describe in Schedule O)

<table>
<thead>
<tr>
<th>(Grants $ )</th>
<th>If this amount includes foreign grants, check here</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

32 Total program service expenses (add lines 28a through 31a)

<table>
<thead>
<tr>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$13,097.50</td>
</tr>
</tbody>
</table>

### 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 . . .

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (If not paid, enter “-0-”)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Barbiere</td>
<td>director; 10 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>519 Lenox Avenue, Westfield, NJ 07090</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shannon Blakely</td>
<td>director; 10 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7129 Stoneybrook Drive, North Richland Hills, TX 76180</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judie Gibel</td>
<td>director; 10 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4475 N. Jefferson, Miami Beach, FL 33140</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debbi Heffern</td>
<td>director; 10 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11667 Chieftain Drive, St. Louis, MO 63146</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holly Hollander</td>
<td>director; 10 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6652 Royer Avenue, West Hills, CA 91307</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rebecca Hugh</td>
<td>director; 10 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2177 N. Clearstone Street, Goddard, KS 67052</td>
<td></td>
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</tr>
<tr>
<td>Diane Jeffer</td>
<td>director; 10 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>One Birch Ridge Drive, Great Meadows, NJ 07838</td>
<td></td>
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</tr>
<tr>
<td>Deirdre Knowles</td>
<td>director; 10 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6000 Southcenter Blvd, Suite 16, Tukwila, WA 98188</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Nancy March</td>
<td>director; 10 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1252 Ashley Road, Ramona, CA 92065</td>
<td></td>
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</tr>
<tr>
<td>Loretta McCallister</td>
<td>director; 10 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>P.O. Box 72364, Roselle, IL 60172</td>
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</table>
### 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.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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<td>43</td>
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<td>44</td>
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<td></td>
</tr>
</tbody>
</table>

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**Form 990-EZ (2010)**

**Telephone no.** 908-637-9994  
**ZIP + 4** 07838-2703

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**Diane Dunham Jeffer**  
**One Birch Ridge Drive, Great Meadows, NJ**

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

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**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.**

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**Did the organization maintain any donor advised funds during the year?**  
If “Yes,” Form 990 must be completed instead of Form 990-EZ  
**Did the organization operate one or more hospital facilities during the year?**  
If “Yes,” Form 990 must be completed instead of Form 990-EZ  
**Did the organization receive any payments for indoor tanning services during the year?**  
If “Yes,” complete Schedule L, Part II and enter the total amount involved  
**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  
**Did the organization engage in any activity not previously reported to the IRS?**  
If “Yes,” provide a detailed description of each activity in Schedule O  
**Were any significant changes made to the organizing or governing documents?**  
If “Yes,” attach a conformed copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions)  
**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, explain in Schedule O why the organization did not report the income on Form 990-T.**

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**Section 501(c)(7) organizations. Enter:**  
- Initiation fees and capital contributions included on line 9  
- Gross receipts, included on line 9, for public use of club facilities  
**Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:**  
- section 4911  
- section 4912  
- section 4955  
**Did the organization file Form 1120-POL for this year?**

---

**If the organization file Form 1120-POL for this year?**  
**If “Yes,” complete Schedule L, Part II and enter the total amount involved  
**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 tax year covered by this return?**

---

**If “Yes,” complete Schedule L, Part II and enter the total amount involved  
**Did the organization file Form 1120-POL for this year?**

---

**Section 501(c)(7) organizations. Enter:**  
- Initiation fees and capital contributions included on line 9  
- Gross receipts, included on line 9, for public use of club facilities  
**Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:**  
- section 4911  
- section 4912  
- section 4955  
- Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I  
**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  
**Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  
**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  
**List the states with which a copy of this return is filed.**

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

---

**Diane Dunham Jeffer**  
**One Birch Ridge Drive, Great Meadows, NJ**

---

**Telephone no.** 908-637-9994  
**ZIP + 4** 07838-2703

---

**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)?**  
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.**

---

**At any time during the calendar year, did the organization maintain an office outside of the U.S.?**  
If “Yes,” enter the name of the foreign country:  

---

**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.**  

---

**Did the organization maintain any donor advised funds during the year?**  
If “Yes,” Form 990 must be completed instead of Form 990-EZ  
**Did the organization operate one or more hospital facilities during the year?**  
If “Yes,” Form 990 must be completed instead of Form 990-EZ  
**Did the organization receive any payments for indoor tanning services during the year?**  
**If “Yes” to line 44c, has the organization filed a Form 720 to report these payments?**  
If “No,” provide an explanation in Schedule O
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, and complete the tables for lines 50 and 51.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td></td>
<td></td>
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<tr>
<td>49a</td>
<td></td>
<td></td>
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<tr>
<td>49b</td>
<td></td>
<td></td>
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<td>50</td>
<td></td>
<td></td>
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<tr>
<td>51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

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

Diane Dunham Jeffer, director

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 address

Firm’s EIN

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

□ Yes □ No