

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Form Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning APR 1, 2008 and ending MAR 31, 2009

B Check if applicable: C Name of organization LA LECHE LEAGUE INTERNATIONAL INC. D Employer identification number 36-2514518 E Telephone number 847-519-7730 G Gross receipts \$ 2,128,000. H(a) Is this a group return for affiliates? Yes X No H(b) Are all affiliates included? Yes No H(c) Group exemption number 3130 I Tax-exempt status: X 501(c)(3) (insert no.) 4947(a)(1) or 527 J Website: WWW.LLTI.ORG K Type of organization: X Corporation Trust Association Other L Year of formation: 1958 M State of legal domicile: IL

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: OFFER SUPPORT TO BREASTFEEDING MOTHERS AND FOSTER GOOD MOTHERING THROUGH BREASTFEEDING. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 Total number of employees (Part V, line 2a) 5 29 6 Total number of volunteers (estimate if necessary) 6 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 61,541. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 1h) 8 696,147. 9 Program service revenue (Part VIII, line 2g) 9 2,274,102. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 59,944. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 319,003. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,349,196. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 781,289. 16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 247,550. 16b Total fundraising expenses (Part IX, column (D), line 25) 16b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 2,711,960. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 3,493,249. 19 Revenue less expenses. Subtract line 18 from line 12 19 -144,053. 20 Total assets (Part X, line 16) 20 3,051,741. 21 Total liabilities (Part X, line 26) 21 426,136. 22 Net assets or fund balances. Subtract line 21 from line 20 22 2,625,605.

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 BARBARA EMANUEL, EXECUTIVE DIRECTOR Date Type or print name and title Paid Preparer's signature DESMOND & AHERN, LTD. Date 09/04/09 Check if self-employed 9 Preparer's identifying number (see instructions) EIN 9 10827 S. WESTERN AVENUE CHI CAGO, IL 60643-3206 Phone no. 9(773)779-4720

May the IRS discuss this return with the preparer shown above? (see instructions) 00000000000000000000000000000000 X Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
FORMED IN 1956 FOR THE PURPOSE OF OFFERING ENCOURAGEMENT, INFORMATION
AND SUPPORT TO WOMEN WHO CHOOSE TO BREASTFEED THEIR BABIES AND, IN SO
DOING, TO FOSTER GOOD MOTHERING THROUGH BREASTFEEDING.

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? ~ ~ ~ ~ ~ Yes X No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?~ ~ ~ ~ ~ Yes X No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,036,447. including grants of \$) (Revenue \$ 681,029.)
PUBLICATIONS INCLUDE BI-MONTHLY AND QUARTERLY MAGAZINES, BOOKS,
PAMPHLETS, TEAR-OFF SHEETS AND OTHER EDUCATIONAL MATERIALS THAT PROVIDE
INFORMATION ABOUT BREASTFEEDING TO PARENTS AND HEALTH CARE
PROFESSIONALS. ALSO INCLUDED ARE PRODUCTS RELATED TO BREASTFEEDING,
CHILD BIRTH AND PARENTING THAT LA LECHE LEAGUE DISTRIBUTES THROUGH MAIL
AND ONLINE ORDER SALES.

4b (Code:) (Expenses \$ 228,552. including grants of \$) (Revenue \$)
INTERNATIONAL CONFERENCE IS A BIENNIAL EVENT WHICH BRINGS TOGETHER LA
LECHE LEAGUE MEMBERS AND NONMEMBERS TO LEARN ABOUT THE LATEST
INFORMATION ON BREASTFEEDING. IT ALSO PROVIDES SUPPORT GROUP TIPS AND
INFORMATION ABOUT PARENTING IN GENERAL.

4c (Code:) (Expenses \$ 234,228. including grants of \$) (Revenue \$ 3,360.)
WORKSHOPS AND SEMINARS BRING TOGETHER PARENTS, LEADERS, HEALTH CARE
PROVIDERS, PEER COUNSELORS AND THE BREASTFEEDING COMMUNITY TO EDUCATE
THEM ABOUT BREASTFEEDING, PARENTING AND HEALTH ISSUES. PROVIDE
CONTINUING MEDICAL EDUCATION TO PHYSICIANS, CONTINUING EDUCATION TO
NURSES AND INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANTS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 265,421. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,764,648. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Contains 27 rows of questions related to organizational reporting requirements, such as political activities, lobbying, and financial statements.

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M ~ ~ ~ ~ ~</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M ~ ~ ~ ~ ~</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I ~ ~ ~ ~ ~</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II ~ ~ ~ ~ ~</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I ~ ~ ~ ~ ~</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 ~ ~ ~ ~ ~</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 ~ ~ ~ ~ ~</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 ~ ~ ~ ~ ~</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI 00000000</i>	37	X

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (18); 1b Enter the number of voting members that are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9a Does the organization have local chapters, branches, or affiliates? (Yes); 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (Yes); 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (Yes); 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 15a The organization's CEO, Executive Director, or top management official? (Yes); 15b Other officers or key employees of the organization? (Yes); Describe the process in Schedule O. (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (IL); 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JACKIE PHILP - 847-519-7730 957 N. PLUM GROVE RD, SCHAUMBURG, IL 60173

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANE TUTTLE CHAIRMAN	2.00	X		X				0.	0.	0.
ROSEMARY GORDON 1ST VICE PRESIDENT	2.00	X		X				0.	0.	0.
ELLEN SHEIN 2ND VICE PRESIDENT	2.00	X		X				0.	0.	0.
CATHY LILES TREASURER	2.00	X		X				0.	0.	0.
SHERA LYN PARPIA SECRETARY	2.00	X		X				0.	0.	0.
SHIRLEY PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
LAVINIA BELLI DIRECTOR	1.00	X						0.	0.	0.
MARY ANN CAHILL DIRECTOR	1.00	X						0.	0.	0.
CLAUDE DIDIERJEAN- JOUVEA DIRECTOR	1.00	X						0.	0.	0.
CINDY GARRISON DIRECTOR	1.00	X						0.	0.	0.
JOEL GETZENDANNER DIRECTOR	1.00	X						0.	0.	0.
VIOLA LENNON DIRECTOR	1.00	X						0.	0.	0.
DIANA DAVIS DIRECTOR	1.00	X						0.	0.	0.
VAL MAYER DIRECTOR	1.00	X						0.	0.	0.
ED SAVAGE DIRECTOR	1.00	X						0.	0.	0.
HUGH SWITZER DIRECTOR	1.00	X						0.	0.	0.
MARIAN THOMSON DIRECTOR	1.00	X						0.	0.	0.

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns ~ ~ ~ ~ ~	1a					
	b	Membership dues ~ ~ ~ ~ ~	1b					
	c	Fundraising events ~ ~ ~ ~ ~	1c					
	d	Related organizations ~ ~ ~ ~ ~	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ~ ~	1f	452,682.				
	g	Noncash contributions included in lines 1a-1f: \$		17,960.				
	h	Total. Add lines 1a-1f 00000000000000000000		452,682.				
Program Service Revenue	2 a	PUBLI CATI ONS	Business Code 900099	696,809.	696,809.			
	b	MEMBERSHI P DUES	900099	357,720.	357,720.			
	c	PERI ODI CALS	541800	61,541.		61,541.		
	d	SEMI NARS & WORKSHOPS	900099	3,360.	3,360.			
	e							
	f	All other program service revenue ~ ~ ~ ~ ~						
	g	Total. Add lines 2a-2f 00000000000000000000		1,119,430.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ~ ~ ~ ~ ~		14,543.			14,543.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties 00000000000000000000000000						
	6 a	Gross Rents ~ ~ ~ ~ ~	(i) Real	(ii) Personal				
		Less: rental expenses ~ ~ ~						
		Rental income or (loss) ~ ~						
		Net rental income or (loss) 0000000000000000						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses ~ ~ ~						
		Gain or (loss) ~ ~ ~ ~ ~						
		Net gain or (loss) 0000000000000000000000						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~ ~ ~ ~ ~ a						
		Less: direct expenses ~ ~ ~ ~ ~ b						
		Net income or (loss) from fundraising events 000000						
9 a	Gross income from gaming activities. See Part IV, line 19 ~ ~ ~ ~ ~ a							
	Less: direct expenses ~ ~ ~ ~ ~ b							
	Net income or (loss) from gaming activities 000000							
10 a	Gross sales of inventory, less returns and allowances ~ ~ ~ ~ ~ a							
	Less: cost of goods sold ~ ~ ~ ~ ~ b							
	Net income or (loss) from sales of inventory 000000							
Miscellaneous Revenue		Business Code						
11 a	ROYALTIES	900099	541,345.			541,345.		
b								
c								
d	All other revenue ~ ~ ~ ~ ~							
e	Total. Add lines 11a-11d ~ ~ ~ ~ ~		541,345.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,128,000.	1,057,889.	61,541.	555,888.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 ~ ~ ~				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 ~ ~ ~ ~ ~ ~ ~ ~ ~				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 ~ ~ ~ ~ ~ ~ ~ ~ ~				
4 Benefits paid to or for members ~ ~ ~ ~ ~ ~ ~ ~ ~				
5 Compensation of current officers, directors, trustees, and key employees ~ ~ ~ ~ ~ ~ ~ ~ ~	70,987.	51,821.	9,228.	9,938.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~ ~ ~				
7 Other salaries and wages ~ ~ ~ ~ ~ ~ ~ ~ ~	737,158.	502,965.	137,827.	96,366.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) ~ ~ ~				
9 Other employee benefits ~ ~ ~ ~ ~ ~ ~ ~ ~	53,086.	33,722.	9,650.	9,714.
10 Payroll taxes ~ ~ ~ ~ ~ ~ ~ ~ ~	61,409.	39,257.	13,570.	8,582.
11 Fees for services (non-employees):				
a Management ~ ~ ~ ~ ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~ ~ ~ ~ ~	18,623.	17,838.	785.	
c Accounting ~ ~ ~ ~ ~ ~ ~ ~ ~	80,288.		80,288.	
d Lobbying ~ ~ ~ ~ ~ ~ ~ ~ ~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~ ~ ~ ~ ~ ~ ~ ~ ~				
g Other ~ ~ ~ ~ ~ ~ ~ ~ ~	60,434.	38,096.	10,759.	11,579.
12 Advertising and promotion ~ ~ ~ ~ ~ ~ ~ ~ ~	7,956.	7,712.		244.
13 Office expenses ~ ~ ~ ~ ~ ~ ~ ~ ~	492,314.	391,325.	70,122.	30,867.
14 Information technology ~ ~ ~ ~ ~ ~ ~ ~ ~	2,799.	1,792.	756.	251.
15 Royalties ~ ~ ~ ~ ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~ ~ ~ ~ ~	48,713.	31,184.	13,166.	4,363.
17 Travel ~ ~ ~ ~ ~ ~ ~ ~ ~	210,203.	149,788.	45,016.	15,399.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ~ ~ ~	3,197.	2,779.	309.	109.
20 Interest ~ ~ ~ ~ ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~ ~	261,044.	167,109.	70,557.	23,378.
23 Insurance ~ ~ ~ ~ ~ ~ ~ ~ ~	53,619.	34,325.	14,492.	4,802.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) ~ ~ ~ ~ ~ ~ ~ ~ ~				
a PRODUCT COSTS	238,007.	234,936.	2,307.	764.
b CHARGE CARD/ BANK FEES	32,439.	25,267.	2,706.	4,466.
c LATCH ON	23,272.			23,272.
d MEDELA	19,461.	19,461.		
e DUES AND SUBSCRIPTIONS	17,350.	13,899.	187.	3,264.
f All other expenses	2,192.	1,372.	628.	192.
25 Total functional expenses. Add lines 1 through 24f	2,494,551.	1,764,648.	482,353.	247,550.
26 Joint Costs. Check here <input type="checkbox"/> if following SCP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation <input checked="" type="checkbox"/>				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing ~ ~ ~ ~ ~	34,114.	1	79,084.
	2 Savings and temporary cash investments ~ ~ ~ ~ ~	1,084,326.	2	561,133.
	3 Pledges and grants receivable, net ~ ~ ~ ~ ~		3	
	4 Accounts receivable, net ~ ~ ~ ~ ~	99,781.	4	75,597.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L ~ ~ ~ ~ ~		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ~ ~ ~ ~ ~		6	
	7 Notes and loans receivable, net ~ ~ ~ ~ ~		7	
	8 Inventories for sale or use ~ ~ ~ ~ ~	198,425.	8	179,050.
	9 Prepaid expenses and deferred charges ~ ~ ~ ~ ~	18,469.	9	29,522.
	10a Land, buildings, and equipment: cost basis ~ ~ ~ ~ ~	10a 2,129,503.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D ~ ~ ~ ~ ~	10b 648,877.		
		1,485,408.	10c	1,480,626.
	11 Investments - publicly traded securities ~ ~ ~ ~ ~	106.	11	
	12 Investments - other securities. See Part IV, line 11 ~ ~ ~ ~ ~		12	4,991.
	13 Investments - program-related. See Part IV, line 11 ~ ~ ~ ~ ~		13	
	14 Intangible assets ~ ~ ~ ~ ~		14	
15 Other assets. See Part IV, line 11 ~ ~ ~ ~ ~	131,112.	15	381,260.	
16 Total assets. Add lines 1 through 15 (must equal line 34) 000000000000	3,051,741.	16	2,791,263.	
Liabilities	17 Accounts payable and accrued expenses ~ ~ ~ ~ ~	249,523.	17	373,790.
	18 Grants payable ~ ~ ~ ~ ~		18	
	19 Deferred revenue ~ ~ ~ ~ ~	176,613.	19	158,419.
	20 Tax-exempt bond liabilities ~ ~ ~ ~ ~		20	
	21 Escrow account liability. Complete Part IV of Schedule D ~ ~ ~ ~ ~		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ~ ~ ~ ~ ~		22	
	23 Secured mortgages and notes payable to unrelated third parties ~ ~ ~ ~ ~		23	
	24 Unsecured notes and loans payable ~ ~ ~ ~ ~		24	
	25 Other liabilities. Complete Part X of Schedule D ~ ~ ~ ~ ~		25	
	26 Total liabilities. Add lines 17 through 25 0000000000000000000000	426,136.	26	532,209.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets ~ ~ ~ ~ ~	2,480,982.	27	2,193,674.
	28 Temporarily restricted net assets ~ ~ ~ ~ ~	134,623.	28	55,280.
	29 Permanently restricted net assets ~ ~ ~ ~ ~	10,000.	29	10,100.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds ~ ~ ~ ~ ~		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund ~ ~ ~ ~ ~		31	
	32 Retained earnings, endowment, accumulated income, or other funds ~ ~ ~ ~ ~		32	
33 Total net assets or fund balances ~ ~ ~ ~ ~	2,625,605.	33	2,259,054.	
34 Total liabilities and net assets/fund balances 0000000000000000000000	3,051,741.	34	2,791,263.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <input type="checkbox"/>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~ ~ ~ ~ ~		X
b	Were the organization's financial statements audited by an independent accountant? ~ ~ ~ ~ ~	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~ ~ ~ ~ ~	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~ ~ ~ ~ ~		X
b	If "Yes," did the organization undergo the required audit or audits? 000000000000000000000000000000000000		

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization: **LA LECHE LEAGUE INTERNATIONAL INC.**
Employer identification number: **36-2514518**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

- The organization is not a private foundation because it is: (Please check only one organization.)
- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III -Functionally integrated d Type III -Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ~ ~ ~ ~ ~
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ~ ~ ~ ~ ~	11g(i)	
(ii) A family member of a person described in (i) above? ~ ~ ~ ~ ~	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? ~ ~ ~ ~ ~	11g(iii)	
 - h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public Support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10% -facts-and-circumstances test - 2008; 17b 10% -facts-and-circumstances test - 2007; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

