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Amended

Form 990

OMB No 1545-0047

Return of Organization Exempt From Income Tax

2008

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

Department of the Treasury
Internal Revenue Service

► 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		Sept. 1	2008, and ending	Dec. 31	, 20 08
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Law Enforcement Against Prohibition Education Fd Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 121 Mystic Avenue		16 1645758 E Telephone number (781) 393-6985	
		Room/suite 8 & 9		G Gross receipts \$	
		City or town, state or country, and ZIP + 4 Medford, MA 02155			
		F Name and address of principal officer. Jack A. Cole, Ex. Director 121 Mystic Ave., # 8 & 9, Medford, MA 02155		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ►	
J Website: ► www.leap.cc				K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation. 2002 M State of legal domicile: MA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: (1) To educate the public, the media, and policy makers about the failure of current drug policy (2) To create a speakers bureau staffed with knowledgeable and articulate former drug-warriors who describe the impact of current drug policies (3) To restore the public's respect for law enforcement (4) To reduce the multitude of harms resulting from fighting the war on drugs.		
	2 Check this box ► <input type="checkbox"/> 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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of employees (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary) STATUTE UNIT	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	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)	TPR BRANCH	
	9 Program service revenue (Part VIII, line 2g)	OGDEN	
	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)		
Expenses	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) ► RECEIVED		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			
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			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	E1	Beginning of Year
	21 Total liabilities (Part X, line 26)	DEC 10 2012	End of Year
	22 Net assets or fund balances Subtract line 21 from line 20	IRS	
		OGDEN, UT	

Part II Signature Block

Sign Here	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	Date		
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ►		
		Phone no ► ()		

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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