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Amended

Form **990****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)

OMB No 1545-0047

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning **Sept. 1**, 2008, and ending **Dec. 31**, 20 **08**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **Law Enforcement Against Prohibition Education Fund**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

121 Mystic Avenue

Room/suite

8 & 9

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****D** Employer identification number**16 : 1645758****E** Telephone number**(781) 393-6985****G** Gross receipts \$**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.leap.cc****K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation. **2002****M** State of legal domicile: **MA****Part I Summary**

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 ☐ 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) **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-**

Activities & Governance

Expenses

Net Assets or Fund Balances

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)**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, 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**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Year

End of Year

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

Date

Type or print name and title

Paid**Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

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.

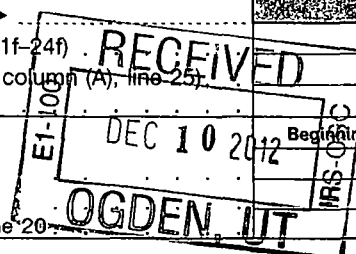
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Form **990** (2008)

NO STATUTE ISSUE

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