# EXTENDED TO NOVEMBER 15, 2022

Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

~	. 01 1110	e zoz i calendar year, or tax year beginning	a <del>c</del> ritaining	_				
В	Check if applicabl	C Name of organization		D Employer identifie	cation number			
	Addre chang	LAW ENFORCEMENT ACTION PARTNERSHIP, I	INC.					
	Name chang			16-16457	58			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r			
	Final	101 MYCHTC AVENUE	9	781-393-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	811,623.			
	Ameno return	MEDFORD, MA 02155		H(a) Is this a group re	eturn			
	Application			for subordinates? Yes X No				
	pendi	16162 HERONS VIEW DRIVE, ALVA, FL 339	920	H(b) Are all subordinates included? Yes No				
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 527 (	If "No," attach a	list. See instructions			
_		LAWENFORCEMENTACTIONPARTNERSHIP.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2002 N	🛚 State of legal domicile: 🗚			
P	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: ${ extbf{TO}}$	JNITE 1	HE VOICE OF	LAW			
Activities & Governance		ENFORCEMENT IN PURSUIT OF CRIMINAL JUSTI	CE REE	ORMS THAT W	ILL IMPROVE			
ern	2	Check this box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or dispo	osed of more	e than 25% of its net as				
Š				3	12			
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			10			
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) $$		5	16			
Ĭ		Total number of volunteers (estimate if necessary)			120			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.			
ne				Prior Year	Current Year			
		Contributions and grants (Part VIII, line 1h)		1,651,330.	762,787.			
Revenue		Program service revenue (Part VIII, line 2g)		18,942.	46,800.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-16,663.	2,036.			
<b>E</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 1,653,609.	811,623.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,053,609.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,750.	16,000.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		622,531.	671,567.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	) <u> </u>	0.22,531.	0.			
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	)11	0.	0.			
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	438,447.	124,727.			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,062,728.	812,294.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		590,881.	-671.			
- 0	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year				
sts o	20	Total accests (Part V. line 16)		1,396,289.	End of Year 1,293,015.			
Net Assets or	20	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)		134,235.	31,632.			
let/	21	Net assets or fund balances. Subtract line 21 from line 20		1,262,054.	1,261,383.			
P	art II	Signature Block		1,202,034	1,201,303.			
_		Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the hest of m	v knowledge and belief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			y Kilowiougo uliu bollol, it lo			
	, 001100	t, and complete. Decided on property (other than officer) to backet on an information of the	villori propuro	nas any knowledge.				
Sig	ın	Signature of officer		Date				
He		DIANE GOLDSTEIN, EXECUTIVE DIRECTOR						
110		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	DAVID R. YOSHIDA, CPA	1	0/20/22 if self-employed	P00106131			
	parer	Firm's name YOSHIDA & SOKOLSKI, PC	Firm's EIN	04-3014517				
	Only	Firm's address 400 UNICORN PARK DRIVE 4TH FLOC	)R	1 3 5 2				
	-	WOBURN, MA 01801		Phone no. (7	81) 273-1010			
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE LAW ENFORCEMENT ACTION PARTNERSHIP'S MISSION IS TO UNITE AND
	MOBILIZE THE VOICE OF LAW ENFORCEMENT IN SUPPORT OF DRUG POLICY AND
	CRIMINAL JUSTICE REFORMS THAT WILL MAKE COMMUNITIES SAFE BY FOCUSING
	LAW ENFORECEMENT RESOURCES ON THE GREATEST THREATS TO PUBLIC SAFETY,
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  X Yes 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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$
	THE PROGRAM DEPARTMENT RESEARCHED, RECRUITED, AND TRAINED 13 NEW
	SPEAKERS, WHO ARE POLICE, PROSECUTORS, SHERIFFS, FEDERAL AGENTS, AND
	CORRECTIONS OFFICIALS. THE DEPARTMENT ALSO MADE NEW CONNECTIONS WITH
	REPRESENTATIVES FROM 78 ALLY ORGANIZATIONS TO INFORM THEM ABOUT HOW
	LEAP SPEAKERS CAN SUPPORT THEIR EFFORTS. MANY OF THE SPEAKERS BUREAU
	AND LEGISLATIVE OPPORTUNITIES CAME TO US BY WAY OF THESE ALLY
	CONNECTIONS. WE ALSO SPOKE ONE-ON-ONE WITH OFFICIALS FROM 40 CITIES TO
	HELP ADVISE THEM ON CREATING A CIVILIAN FIRST RESPONDER PROGRAM FOR
	LOW-RISK 911 CALLS, WHICH WE CALL A "COMMUNITY RESPONDER MODEL."
	100 (77)
4b	(Code:) (Expenses \$190,673. including grants of \$) (Revenue \$)
	IN 2021, LEAP SPEAKERS APPEARED ON MAJOR NETWORK TELEVISION, RADIO, AND
	WEB OUTLETS AS WELL AS IN NEWSPAPERS, DOCUMENTARIES, AND PRESS
	CONFERENCES 146 TIMES. A FEW OF THE TOP OUTLETS INCLUDED: ASSOCIATED
	PRESS, THE ATLANTIC, BBC, CRAIN'S FORUM: CHICAGO, CNN, THE HILL, LA
	TIMES, MSNBC, THE NATION, NBC, NEW YORK TIMES, PBS, THE WALL STREET
	JOURNAL, THE WASHINGTON POST, AND VICE. OUR SPEAKERS PUBLISHED 33
	OPEDS, WITH OUR PUBLICATIONS RUNNING IN OUTLETS ACROSS THE COUNTRY, AND
	A FEW BEING SYNDICATED TO RUN WITH MULTIPLE OUTLETS IN DIFFERENT MEDIA
	MARKETS. THEY WERE FEATURED EXTENSIVELY IN CALIFORNIA ON A VARIETY OF
	DECRIMINALIZATION AND HARM REDUCTION MATTERS; THEY WERE ACTIVE IN THE
	MIDWEST SPEAKING ON PRETRIAL BAIL REFORM; AND WE SAW AN INFLUX OF
	REQUESTS THROUGHOUT THE COUNTRY ON QUALIFIED IMMUNITY REFORM. OUR
4C	(Code: ) (Expenses \$ 115,852. including grants of \$ 16,000.) (Revenue \$ LEAP'S VOLUNTEER LAW ENFORCEMENT SPEAKERS WERE FEATURED AT 88 EVENTS
	HELD BY ALLY ORGANIZATIONS AND OTHER EVENT HOSTS, INCLUDING IN-PERSON
	AND VIRTUAL PANEL PRESENTATIONS, SPEECHES, HEARINGS, AND TOWN HALLS.
	LEAP SPEAKERS ALSO DELIVERED WRITTEN TESTIMONY, MADE PHONE CALLS AND
	WROTE LETTERS TO KEY OFFICIALS, SIGNED AMICUS BRIEFS, AND PROVIDED
	FEEDBACK ON LEGISLATION.
	I DDD::Ot. Ot. DDOIDD::ITON:
	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses   518,461.

# Form 990 (2021) LAW ENFORCEM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		. v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
40	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		1
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		1
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. <del></del> a		<del></del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

# LAW ENFORCEMENT ACTION PARTNERSHIP, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 16		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		X
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<sub>V</sub>
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	4-		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.  Section F01/oV21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.	17		
	n roo, complete roini cocc.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Division (This cooling Disqueste information about periode net required by the internal riorenae code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on 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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail:	able
.5	for public inspection. Indicate how you made these available. Check all that apply.	o orny	, aran	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
.5	statements available to the public during the tax year.	u midi	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ANNE KATZENBERG - 510-610-8410			
	121 MYSTIC AVENUE, 9, MEDFORD, MA 02155			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A)	(B)	l	A1 112C		C)	про	iioui	(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of	
	week (list any	$\vdash$				T	100,	from the	from related organizations	other compensation	
	hours for	direct				D.		organization	(W-2/1099-MISC/	from the	
	related		ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	altrus	nal tr		loyee	o mp		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) DIANE GOLDSTEIN	40.00	트	Ë	₽	- S	宝富	요				
EXECUTIVE DIRECTOR	40.00	1		x				0.	80,308.	0.	
(2) WAYNE HARRIS	5.00								00,000		
CHAIR	3733	x		х				0.	0.	0.	
(3) JODY ARMOUR	5.00							•			
SECRETARY		Х		х				0.	0.	0.	
(4) TERRY BLEVINS	5.00										
DIRECTOR		Х						0.	0.	0.	
(5) MICHAEL BUTLER	5.00										
DIRECTOR		Х						0.	0.	0.	
(6) NEILL FRANKIN	10.00										
TREASURER		Х		Х				0.	0.	0.	
(7) INGE FRYKLUND	5.00								_	_	
TREASURER		Х		Х				0.	0.	0.	
(8) STEPHEN GUTWILLIG	5.00									_	
SECRETARY	<u> </u>	Х		Х				0.	0.	0.	
(9) NADINE JONES	5.00								0	0	
DIRECTOR	F 00	Х						0.	0.	0.	
(10) SONIA PRUITT	5.00	<b>.</b> ,							0	0	
DIRECTOR	5.00	Х						0.	0.	0.	
(11) NEIL WOODS	3.00	X						0.	0.	0.	
Contraction (12) LEIGH MADDOX	5.00	^						0.	0.		
DIRECTOR	3.00	X						0.	0.	0.	
(13) RICHARD VAN WICKLER	5.00								•		
DIRECTOR	3733	x						0.	0.	0.	
								•			
		1									

132007 12-09-21 Form **990** (2021)

	990 (2021)											NERSHIP, INC		6457	758	Pa	ge <b>8</b>
Par	t VII Sec	tion A. Officer (A) Name and title			(B) Average	(do	not c	(C Posi	C) ition more	l than	one	(D)  Reportable	<b>(E)</b> Reportable		Esti	(F) mate	
					hours per week (list any hours for related ganizations below line)				irecto	Highest compensated highest compensated employee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensati from relate organizatior (W-2/1099-MI 1099-NEC	d ns SC/	comp fro organ	m the nization relate	ion e on ed
С	Total from	n continuation	sheets to	o Part VII,	Section A						<b>&gt;</b>	0. 0.	80,3	0.			0.
3	compensa	tion from the o	organizatio	on <b>&gt;</b>								eceived more than \$10		ле ———		Yes	No.
4	line 1a? If	"Yes," complet dividual listed o	e Schedui on line 1a,	le J for suc is the sum	h individual of reportab	 le co	 omp	ensa	 ation	 n and	d ot	her compensation from			3		X
5 Sec	rendered t	o the organizate ependent Con	tion? <i>If</i> "Ye tractors	es," comple	ete Schedul	e J f	or su	uch į	pers	son .		ed organization or indiv			5		Х
1	-	-	-	ation for the								that received more than the organization's tax		npensa			
		Na	ame and b	(A) ousiness ac	ddress	NO	ONI	3				(B) Description of	services	Co	(C) empens		1

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9

		Check if Schedule O	contains a	a response	or note to anv lin	e in this Part VIII			
		Oneok ii Conodaio C	0011141110	тоороноо	or rioto to arry iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
(A (A)				1. 1					30000013 312 314
별		Federated campaigns		1a					
اع چر ا	b	Membership dues		1b					
Arr.	С	Fundraising events		1c					
盲	d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (conti		1e					
		All other contributions, gifts,		ı					
를	•	similar amounts not included			762,787.				
불하					70277071				
ng p	g			1g  \$		762 707			
9 6	h	Total. Add lines 1a-1f				762,787.			
				_	Business Code	46.000	46 000		
S	2 a	ADMINISTRATIO	N FEI	<u> </u>	541610	46,000.	46,000.		
ا ق∑َ	b	HONORARIUMS			611600	800.	800.		
ية <u>آ</u>	С								
e a	d								
g &	_								
Program Service Revenue	£	All other program service	revenue						
	'					46,800.			
$\rightarrow$		g Total. Add lines 2a-2f				±0,000•			
	3					2 026			2 026
		other similar amounts)				2,036.			2,036.
	4	Income from investment of	of tax-exer	mpt bond p	roceeds				
	5	Royalties	. <u> </u>						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	_	Rental income or (loss)	6c						
	ا	` '							
		Net rental income or (loss	-	Securities	(ii) Other				
	7 a	Gross amount from sales of	<del>  ``</del>	securities	(ii) Other				
		assets other than inventory	7a						
_	b	Less: cost or other basis							
e		and sales expenses	7b						
ther Revenue	С	Gain or (loss)	7c						
æ		Net gain or (loss)							
ē		Gross income from fundraisi							
됩	0 4	including \$		of					
			lina 1a) (	-					
		contributions reported on	•	<b>I</b>					
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from							
	9 a	Gross income from gamin	ng activitie	s. See					
		Part IV, line 19		9a					
	b	Less: direct expenses							
		Net income or (loss) from		·····					
		Gross sales of inventory,							
	10 a			l l					
		and allowances							
		Less: cost of goods sold							
$\rightarrow$	С	Net income or (loss) from	sales of ir	nventory					
<u>s</u>					Business Code				
ا <u>ه</u>	11 a								
an in	b								
Miscellaneous Revenue	С								
<u>18</u>		All other revenue							
2		Total. Add lines 11a-11d			<b>&gt;</b>				
	12	Total revenue. See instruction				811,623.	46,800.	0.	2,036.
	14	. Juli 10 foliub. OGG IIISII ÜÜLIÜ				V1020•	,	· ·	_, _,

# 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).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1,000.	1,000.		
_	and domestic governments. See Part IV, line 21	1,000.	1,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	15,000.	15,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	585,411.	371,484.	102,029.	111,898.
8	Pension plan accruals and contributions (include	,			
0	section 401(k) and 403(b) employer contributions)				
•	The state of the s	41,078.	25,879.	7,394.	7 805
9	Other employee benefits	45,078.	28,399.	8,114.	7,805. 8,565.
10	Payroll taxes	43,070.	40,333.	0,114.	0,303.
11	Fees for services (nonemployees):				
	Management				
	Legal	12 262		12 262	
	Accounting	13,262.	C 470	13,262.	
	Lobbying	6,479.	6,479.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		40.404		
	column (A), amount, list line 11g expenses on Sch 0.)	21,829.	19,196.	2,633.	
12	Advertising and promotion	17,960.	17,960.	10.010	
13	Office expenses	17,480.	3,000.	13,818.	662.
14	Information technology				
15	Royalties				
16	Occupancy	8,400.	5,292.	1,512.	1,596.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,870.	5,870.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,277.	6,417.	2,860.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	FUNDRAISING	9,685.			9,685.
b	RECRUITING & TRAINING S	7,304.	7,304.		
С	PRESENTATIONS	5,181.	5,181.		
d	DISCRETIONARY FUND	2,000.		2,000.	
е	All other expenses			1 - 2	
25	Total functional expenses. Add lines 1 through 24e	812,294.	518,461.	153,622.	140,211.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form <b>990</b> (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	648,494.	1	777,678.
	2	Savings and temporary cash investments	485,771.	2	486,780.
	3	Pledges and grants receivable, net		3	18,500.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	10,057.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,293,015.
	17	Accounts payable and accrued expenses	~ ~ ~ ~ ~ ~	17	30,419.
	18	Grants payable	0.01	18	1,213.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	111,117.	25	0.
	26	Total liabilities. Add lines 17 through 25	134,235.	26	31,632.
		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	748,720.	27	1,111,383.
B	28	Net assets with donor restrictions	513,334.	28	150,000.
ů		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Se	32	Total net assets or fund balances	1,262,054.	32	1,261,383.
	33	Total liabilities and net assets/fund balances		33	1,293,015.

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

# **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LAW ENFORCEMENT ACTION PARTNERSHIP, INC.

16-1645758

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

				(* o. ga <u>=</u> ao									
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	check only	one box.)							
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)								
3		A hospital or a cooperative				(b)(1)(A)(i	ii).						
4		A medical research organiz						the hospital's name.					
		city, and state:		. ,				,					
5		An organization operated for	or the benefit of a co	ollege or university owner	d or operat	ted by a g	overnmental unit describ	ned in					
•		section 170(b)(1)(A)(iv). (C			a o. opo.a								
6		A federal, state, or local gov		nental unit described in	section 17	70/h\/1\/A\	(v)						
7	X							nublic described in					
′	21	An organization that norma		initial part of its support i	rom a gov	emmemai	unit or from the general	public described in					
_		section 170(b)(1)(A)(vi). (Complete Part II.)											
8	$\mathbf{H}$	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		or university or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of the colleg	e or					
		university:											
10		An organization that norma											
		activities related to its exen		•				*					
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor											
11	Н	An organization organized a	•	•	-								
12		An organization organized a	•	•	-		•						
		more publicly supported or	-					Check the box on					
		lines 12a through 12d that	describes the type of	of supporting organization	n and com	nplete lines	s 12e, 12f, and 12g.						
а	ı		anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving					
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	upporting					
		organization. You must o	complete Part IV, Se	ections A and B.									
b	)		anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving					
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
C	;		egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,					
	_	_ its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.						
c			<b>y integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness					
		requirement (see instruct	ions). <b>You must con</b>	mplete Part IV, Sections	s A and D,	and Part	V.						
e	. L	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III						
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.							
f	Ente	er the number of supported o	organizations										
	Pro	vide the following information	about the supporte	ed organization(s).									
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
Tota	al												

# 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	,,	,	,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	,	,	,	,	( )
	membership fees received. (Do not						
	include any "unusual grants.")	791,232.	851,706.	1196059.	1651330.	762,787.	5253114.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	F01 020	051 506	1106050	1651220	760 707	F0F2444
	Total. Add lines 1 through 3	791,232.	851,706.	1196059.	1651330.	762,787.	5253114.
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,						2750172
_	column (f)						2758173. 2494941.
	Public support. Subtract line 5 from line 4.						2434341.
	indar year (or fiscal year beginning in)	(a) 2017	/b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	(a) 2017 791, 232.	(b) 2018 851,706.	(c) 2019 1196059.	(d) 2020 1651330.	(e) 2021 762, 787.	(f) Total 5253114.
	Amounts from line 4 Gross income from interest,	751,252.	031,7001	1130033.	1031330.	702,707.	3233111.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	188.	1,352.	1,905.	3,945.	2,036.	9,426.
9	Net income from unrelated business		2,3321		3 / 3 2 3 3	2,0001	3,1201
·	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 VI.)	504.					504.
11	<b>Total support.</b> Add lines 7 through 10						5263044.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	114,062.
13	First 5 years. If the Form 990 is for th	ne organization's fi				501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (I	line 6, column (f), c	divided by line 11,	column (f))		14	47.40 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	48.79 %
16a	33 1/3% support test - 2021. If the o	•		•		•	
	<b>stop here.</b> The organization qualifies	as a publicly supp	orted organization	·			<b>▶</b> X
b	33 1/3% support test - 2020. If the o	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact				· ·	VI how the organiz	ation
	meets the facts-and-circumstances to	· ·	•		•		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		<b>.</b> —
40	organization meets the facts-and-circle		-	•			
18	Private foundation. If the organization	n did not check a	pox on line 13, 16	a, 160, 17a, or 17b	o, cneck this box a	ana see instruction	s ▶∟

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			` '	,	<b>,</b> ,	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					+	
are not an unrelated trade or bus-						
in						
					+	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person	s					
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504( )(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u>
Section C. Computation of Pul			. (2)		11	
<b>15</b> Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and <b>s</b>	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.** 
  - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
  - c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	За		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	6		
	7		
	8		
	U		
	9a		
	9b		
	9c		
	30		
	10a		
	,		
	10b	. 000	0004
aule	A (Forr	n 990)	2021

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<i>y</i> , 1, 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
000	tion of Type it Supporting Organizations		Yes	No
	Managarania, af the conscinction's disease of the characteristic of the disease.		res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
360	tion b. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

LAW ENFORCEMENT ACTION PARTNERSHIP, INC.16-1645758 Page 6 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see

8

Schedule A (Form 990) 2021

8

Minimum Asset Amount (add line 7 to line 6)

instructions).

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Orga	anizations (continue	d)	J
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organization	ns	3	
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	6 Other distributions (describe in Part VI). See instructions.				
7	7 Total annual distributions. Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.			8	
9	9 Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
		(i)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
<u>e</u>	Excess from 2021			

Schedule A (Form 990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

LAW ENFORCEMENT ACTION PARTNERSHIP, INC. 16-1645758

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( $3$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under all (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 0-EZ, line 1. Complete Parts I and II.
contributor, du literary, or edu	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in (b) instead of the contributor name and address), II, and III.
year, contribut is checked, en purpose. Don	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., tomplete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> table, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$\$
answer "No" on Part IV,	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# LAW ENFORCEMENT ACTION PARTNERSHIP, INC.

16-1645758

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>150,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# LAW ENFORCEMENT ACTION PARTNERSHIP, INC.

16-1645758

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization Employer identification number

JAW EN	NFORCEMENT ACTION PARTN	ERSHIP, INC.		16-1645758
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organiza	(Enter this info. once.) (8), or (10) that total more than \$1,000 for the y
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif		nship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

- 36	(clion 30 1(c)(4), (3), or (0) organiza	ations. Complete Fart III.			
Name	of organization			Em	oloyer identification number
		ORCEMENT ACTION			16-1645758
Part	I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527	organization.
<b>1</b> P	rovide a description of the organi	zation's direct and indirect polit	ical campaign activities	in Part IV.	
<b>2</b> P	olitical campaign activity expendi	tures		<b>&gt;</b>	\$
3 V	olunteer hours for political campa	ign activities			
Part	I-B Complete if the or	ganization is exempt un	der section 501(c)	)(3).	
	nter the amount of any excise tax				\$ 0.
<b>2</b> Ei	nter the amount of any excise tax	incurred by organization mana	gers under section 495	5	\$ 0.
3 If	the organization incurred a section	on 4955 tax. did it file Form 4720	0 for this year?		Yes No
	las a correction made?				
	"Yes," describe in Part IV.				
Part		ganization is exempt un	der section 501(c)	, except section 501	I(c)(3).
1 E	nter the amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities	\$
<b>2</b> E	nter the amount of the filing organ	nization's funds contributed to c	other organizations for s	section 527	
	xempt function activities				\$
	otal exempt function expenditure				
lir	ne 17b			<b></b>	\$
<b>4</b> D	id the filing organization file Form	1120-POL for this year?			Yes No
	nter the names, addresses and e				
m	nade payments. For each organiza	ation listed, enter the amount pa	aid from the filing organ	ization's funds. Also enter	the amount of political
C	ontributions received that were p	romptly and directly delivered to	a separate political orç	ganization, such as a sepa	rate segregated fund or a
р	olitical action committee (PAC). If	additional space is needed, pro	ovide information in Part	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

Schedule C (Form 990) 2021	LAW ENFOR	CEMENT ACTION	PARTNERSHI	P, INC 16-1	645758 Page 2
Part II-A Complete if the organization 501(h)).					
A Check ▶ ☐ if the filing organization	ation belongs to an	affiliated group (and list in	n Part IV each affiliated	group member's nam	ne. address. EIN.
	are of excess lobbyi	•			, ,
. — .	•	A and "limited control" pro	ovisions apply.		
Lim	its on Lobbying Ex	·		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinio	on (grassroots lobbying)		5,881.	
<b>b</b> Total lobbying expenditures to inf	•			18,793.	
c Total lobbying expenditures (add				24,674.	
d Other exempt purpose expenditures				787,620.	
Total exempt purpose expenditure     Total exempt purpose expenditure				812,294.	
f Lobbying nontaxable amount. En				146,844.	
If the amount on line 1e, column (a)		lobbying nontaxable am			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,00		1,000 plus 15% of the exc			
Over \$1,500,000 but not over \$1,500,000 but not over \$17	Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000.           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.				
, ,		•	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	00,000.			
g Grassroots nontaxable amount (e	ntor 2504 of line 1f)			36,711.	
h Subtract line 1g from line 1a. If ze	,			0.	
i Subtract line 1f from line 1c. If zer				0.	
j If there is an amount other than zo		or line 1; did the evention		•	
	•			Г	□v <sub>aa</sub> □v <sub>a</sub>
reporting section 4911 tax for this		Averaging Deviced Heder		L	Yes No
(Some organizations	that made a sectio	Averaging Period Under n 501(h) election do not parate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d)</b> 2021	(e) Total
2a Lobbying nontaxable amount	163,11	173,917.	181,273.	146,844.	665,148.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					997,722.
c Total lobbying expenditures	150,73	3. 17,642.	14,936.	24,674.	207,985.
d Grassroots nontaxable amount	40,77	9. 43,479.	45,318.	36,711.	166,287.
e Grassroots ceiling amount					

1,118.

788.

599.

Schedule C (Form 990) 2021

5,881.

249,431.

8,386.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state, or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
<ul><li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li><li>i Other activities?</li></ul>			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	I "No" OR	(b) Part	III-A, line 3, is
Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)			
expenses for which the section 527(f) tax was paid).			
a Current year		2a	
<b>b</b> Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political		
expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures. See instructions		5	
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground provide the descriptions provide the descriptions provide the description	p list); Part II	-A, lines 1	and 2 (See
instructions); and Part II-B, line 1. Also, complete this part for any additional information.  SCHEDULE C, PART II-A, LINE A - SCHEDULE C, PART II-A	A, LINE	S 1A	AND 1B
INCLUDE STAFF TIME SPENT WRITING TESTIMONY, WRITING O	P-EDS	IN FA	VOR OF OR
OPPOSING PARTICULAR LEGISLATION AND BOOKING SPEAKERS.	IT AL	SO IN	CLUDES
TRAVEL EXPENSES FOR SPEAKERS WHILE LOBBYING			

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LAW ENFORCEMENT ACTION PARTNERSHIP, INC.

Employer identification number 16-1645758

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		imilar Funds o	r Accounts. Complete if the
	organization answered 100 on 10111 000,1 dictiv, iii	(a) Donor advised	I funds	(b) Funds and other accounts
1	Total number at end of year			.,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose cor	nferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribu	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			<b>2</b> a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the or	ganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		on, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, an	d enforcing conserv	ation easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and ent	forcing conservation	n easements during the year
•	<b>&gt;</b> \$			4)/(5)/(3)
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat		· ·	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	imanciai statement	s triat describes trie
Pai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections o	of Art. Historical Tre	asures, or Othe	er Similar Assets
	Complete if the organization answered "Yes" on Form	-	aoaroo, or our	
	If the organization elected, as permitted under FASB ASC 95		enue statement and	halance sheet works
ıu	of art, historical treasures, or other similar assets held for pul	, ,		
	service, provide in Part XIII the text of the footnote to its fina	, ,		orance or public
h	If the organization elected, as permitted under FASB ASC 95			ance sheet works of
~	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	o canonion, oddodion, or	Toodardir iir rartirore	ares or public corvice,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>L</b> 4
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			· ·
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			> \$

	t III Organizations Maintaining C	ollections of A				_				
3									200111111	100)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):									
а	Public exhibition	C	, 🖂	l oan or evo	change progra	m				
b	Scholarly research	6		Other	mange program	111				
	Preservation for future generations	•	· ·	Oti 161						
с 4	<u> </u>	lloations and avala	in how th	ov further t	ho organizatio	n'a ayamı	ot nurn	ooo in Dor	· VIII	
5	Provide a description of the organization's co							JSE III Faii	AIII.	
3	During the year, did the organization solicit or to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang									NO
ı uı	reported an amount on Form 990, Part		ete ii tile	Gigariizatic	on answered	ies oili	01111 990	o, raitiv,	iii le 9, 0i	
12	Is the organization an agent, trustee, custodia		diary for	contribution	ns or other ass	ets not in	cluded			
ıu	on Form 990, Part X?								Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a								103	140
~	Troo, explain the arrangement in rare xin e		onowning i	iabio.					Amount	
c	Beginning balance						1c			
	Additions during the year						$\vdash$			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo								Yes	X No
	If "Yes," explain the arrangement in Part XIII.					-				
Par										
	·	(a) Current year	(b) P	rior year	(c) Two years	back (d	<b>)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment ▶	6								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administer	ed for the	organiz	zation	_	
	by:								\	res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requi	ired on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or o		` '	t or other		umulate	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	depre	eciation			
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
_	Other	1						- 1		

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	Investments - Other Securities.	MENT ACTION I	PARTNERSHIP, INC.	16-1645/58 Page 3
rait VII	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 1	12.
(a) Descrip	otion of security or category (including name of security)	(b) Book value		st or end-of-year market value
	al derivatives		.,	·
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
	Investments - Program Related.			
i dit viii	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 1	13.
	(a) Description of investment	(b) Book value		st or end-of-year market value
(1)		. ,	,	•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	on Form 000 Dort IV line	a 11d Coo Form 000 Bort V line 1	15
	Complete if the organization answered "Yes" (a)	Description	e 11d. See Form 990, Part X, line	(b) Book value
	(a) L	Description		(b) Book value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	25.)		
	for uncertain tax positions. In Part XIII, provide			ements that reports the
organiz	ation's liability for uncertain tax positions under	FASB ASC 740. Check I	nere if the text of the footnote has	been provided in Part XIII

132054 10-28-21 Schedule D (Form 990) 2021

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

LΑ۱	W ENFORCEMENT	ACTION	PARTNERS	HIP, INC.		16-164575	58
Pa				tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			77
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance? L	Yes X No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	ther assistance out	side the
	United States.						
3				an be duplicated if additional space is r			
	(a) Region	offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
			in the region				
3 a	Subtotal	0	0				0.
	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				0.
	and son						

Part II				Outside the United States. C		rganization answered	d "Yes" on Form	990, Part IV, line 15, for	any
	recipient who red	ceived more than \$5,	000. Part II can be dupli	icated if additional space is ne	eded.				
1 (a) Na	ame of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
				ASSISTANCE FOR LAW ENFORCEMENT ACTION PARTNERSHIP - UNITED KINGDOM'S GENERAL		ELECTRONIC FUND TRANSFER	0.		
					,				

	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax		
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ightharpoonup	
3	Enter total number of other organizations or entities	<b>•</b>	

Part III Grants and Other Assistanc Part III can be duplicated if ac			ates. Complete i	rtne organization answered "Yes"	on Form 990, Part	TIV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

2021
Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

LAW ENFORCEMENT ACTION PARTNERSHIP, INC.

Employer identification number 16-1645758

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC SAFETY AND POLICE-COMMUNITY RELATIONS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTING ALTERNATIVES TO ARREST AND INCARCERATION, ADDRESSING THE ROOT CAUSES OF CRIME, AND WORKING TOWARD HEALING POLICY-COMMUNITY RELATIONS. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE LAW ENFORCEMENT ACTION PARTNERSHIP STARTED ADVISING CITIES ON HOW TO DIVERT SOME 911 CALLS TO TRAINED CIVILIAN RESPONDERS RATHER THAN HAVING AN ARMED POLICE RESPONSE. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SPEAKERS ALSO WROTE ABOUT THE FDA'S PROPOSED MENTHOL TOBACCO BAN AND WERE FEATURED IN SEVERAL PUBLICATIONS DISCUSSING THE RACIAL JUSTICE RAMIFICATIONS SUCH A BAN WOULD HAVEIN BLACK AND BROWN COMMUNITIES AROUND THE COUNTRY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND EMAILED TO THE

FORM 990, PART VI, SECTION B, LINE 12C:

ENTIRE BOARD FOR THEIR REVIEW

ANY CONFLICT OF INTEREST, POTENTIAL CONFLICT OF INTEREST, OR APPEARANCE OF CONFLICT OF INTERST IS TO BE REPORTED TO A SUPERVISOR IMMEDIATELY. ANY

CHANGES OF STATUS ARE DISCUSSED AT A BOARD MEETING.

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization LAW ENFORCEMENT ACTION PARTNERSHIP, INC. 16-1645758 FORM 990, PART VI, SECTION B, LINE 15: THE ENTIRE BOARD LOOKED AT COMPARABLE SALARIES FOR ALL OFFICERS AND AGREED ON APPROPRIATE SALARIES. FORM 990, PART VI, SECTION C, LINE 19: LEAP'S 990 IS POSTED ON ITS WEBSITE. THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES ARE AVAILABLE TO THE PUBLIC ON REQUEST.

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization LAW ENFORCEMENT ACTION PARTNERSHIP, INC. 16-1645758 FORM 990, PART VI, SECTION B, LINE 15: THE ENTIRE BOARD LOOKED AT COMPARABLE SALARIES FOR ALL OFFICERS AND AGREED ON APPROPRIATE SALARIES. FORM 990, PART VI, SECTION C, LINE 19: LEAP'S 990 IS POSTED ON ITS WEBSITE. THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES ARE AVAILABLE TO THE PUBLIC ON REQUEST.