EXTENDED TO NOVEMBER 15, 2024

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2023

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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 Inspection

A	ror the	e 2023 calendar year, or tax year beginning and end	ing	_	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre:		•		
	Name chang	Doing business as		16-16457	58
F	Initial return Final return		m/suite 7 – P	E Telephone number 781-393-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,220,705.
	Amend			H(a) Is this a group re	
F				for subordinates	
	pendir	16162 HERONS VIEW DRIVE, ALVA, FL 33920			
	T		527	H(b) Are all subordinates in	
			327	1	list. See instructions
	Websit		1 Vaar	H(c) Group exemption	
	art I	· · · · · · · · · · · · · · · · · · ·	L Year	or formation: ZOOZ N	State of legal domicile: MA
		Summary	<u> </u>	UP VOICE OF	T 7\147
Se	1	Briefly describe the organization's mission or most significant activities: TO UNITENFORCEMENT IN PURSUIT OF CRIMINAL JUSTICE	DEE TE T	UDWG WHYW M	TII TMDDOWE
Jan					
/err	_	Check this box if the organization discontinued its operations or disposed		1 1	ssets. 15
9		Number of voting members of the governing body (Part VI, line 1a)			
જ		Number of independent voting members of the governing body (Part VI, line 1b)			15
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			19
Activities & Governance		Total number of volunteers (estimate if necessary)			49
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.
			<u> </u>	Prior Year	Current Year
<u>e</u>		Contributions and grants (Part VIII, line 1h)		6,463,074.	988,326.
en		Program service revenue (Part VIII, line 2g)		47,752.	53,072.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39,464.	179,307.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,550,290.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,000.	62,765.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		841,643.	886,593.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 180,507		0.	0.
χb	b	Total fundraising expenses (Part IX, column (D), line 25) 180, 507	<u>. </u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		445,525.	662,513.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,312,168.	1,611,871.
	19	Revenue less expenses. Subtract line 18 from line 12		5,238,122.	-391,166.
OF			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		6,419,999.	6,310,943.
t As	21	Total liabilities (Part X, line 26)		66,107.	103,452.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		6,353,892.	6,207,491.
	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	d statem	ents, and to the best of my	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
He	re	DIANE GOLDSTEIN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	DAVID R. YOSHIDA, CPA	0	9/05/24 if self-employe	P00106131
Pre	parer	Firm's name YOSHIDA & SOKOLSKI, PC			4-3014517
Use	Only	Firm's address 24 HARTWELL AVENUE 1A			
		LEXINGTON, MA 02421		Phone no. (7	81) 273-1010
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Par	t 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the 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 \$ 585,397 • including grants of \$) (Revenue \$)
'i a	MEDIA - IN 2023, LEAP SPEAKERS CONTRIBUTED OP EDS, QUOTES, NEWS
	MENTIONS, AND GENERATIONS IN TOP TIER TRADITIONAL MEDIA PUBLICATIONS,
	INCLUDING OUTLETS WITH EXTENSIVE REACH LIKE THE WASHINGTON POST, THE
	HILL, CNN, AND THE GUARDIAN, AS WELL AS REGIONAL PUBLICATIONS THAT HAVE
	AMPLIFIED OUR LEGISLATIVE INITIATIVES AND ISSUE AREAS ACROSS THE
	PARTICULAR STATE, LIKE THE OC REGISTER (CA), PENN LIVE (PA), THE DAILY
	NORTHWESTERN (IL), DETROIT NEWS, AND THE SAN FRANCISCO CHRONICLE. THERE
	WAS ALSO EXTENSIVE COVERAGE IN PROMINENT INDUSTRY OUTLETS LIKE
	MARIJUANA MOMENT, CANNABISWIRE, AND TOBACCO REPORTER. OUR WORK AROUND
	THE MENTHOL TOBACCO BAN WAS THE MAIN POLICY AREA OF CONVERSATION IN
	2023, WITH FENTANYL SENTENCING AND GENERAL DRUG LEGALIZATION BEING
	OTHER NOTABLE AREAS OF LEGISLATIVE AND ISSUE COMMENTARY. THE MAJORITY
4b	(Code:) (Expenses \$ 310,178. including grants of \$) (Revenue \$) SPEAKER'S BUREAU - THE PROGRAM DEPARTMENT RESEARCHED, RECRUITED, AND
	TRAINED 4 NEW SPEAKERS, WHO ARE POLICE, PROSECUTORS, SHERIFFS, AND
	JUDGES. THE DEPARTMENT ALSO MADE NEW CONNECTIONS WITH REPRESENTATIVES
	FROM 35 ALLY ORGANIZATIONS TO INFORM THEM ABOUT HOW LEAP SPEAKERS CAN
	SUPPORT THEIR EFFORTS. LEAP'S VOLUNTEER LAW ENFORCEMENT SPEAKERS WERE
	FEATURED AT 30 IN-PERSON EVENTS AND HEARINGS HELD BY ALLY
	ORGANIZATIONS, LEGISLATORS, AND OTHER EVENT HOSTS, AND MADE ANOTHER 19
	PHONE CALLS TO LEGISLATORS AND VIRTUAL PRESENTATIONS. ON ANOTHER 53
	OCCASIONS, LEAP SPEAKERS DELIVERED WRITTEN TESTIMONY, WROTE LETTERS TO
	KEY OFFICIALS, AND SUBMITTED AMICUS BRIEFS.
	002.062
4c	(Code:) (Expenses \$ 293,263. including grants of \$ 62,765.) (Revenue \$ COMMUNITY RESPONDER PROJECT - WE SPOKE ONE-ON-ONE WITH OFFICIALS FROM
	21 CITIES TO HELP ADVISE THEM ON CREATING A CIVILIAN FIRST RESPONDER
	PROGRAM FOR LOW-RISK 911 CALLS, WHICH WE CALL A "COMMUNITY RESPONDER
	MODEL." WE CONTRACTED WITH THE CITY OF EVANSTON, ILLINOIS AND THE CITY
	OF NORTHAMPTON, MASSACHUSETTS TO DESIGN A LOCALLY-TAILORED
	COMMUNITY RESPONDER PROGRAM.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,188,838.

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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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Α
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			22
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		22
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 11
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		
•••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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	114		
-	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	1112		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
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			
	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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Α
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		1
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		 ^``
13		19		Х
20a	complete Schedule G, Part III 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	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

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Form 990 (2023) LAW ENFORCEMENT AC 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		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	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			
	Schedule J	23		Х
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			37
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		^
27	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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٦,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	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? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	1
Pai	Note: All Form 990 filers are required to complete Schedule O			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

		_		Yes	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.0			
	filed for the calendar year ending with or within the year covered by this return	2a 19		77	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	37
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				Х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Λ
D	If "Yes," enter the name of the foreign country	and write (FDAD)			
E o	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E o		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ua	any contributions that were not tax deductible as charitable contributions?		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		- Oa		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	•••••	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
•	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation 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? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441			
100	amounts due or received from them.)	11b	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	·			
	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.		100		
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	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure. For each "Yes" response to line 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.

				Х
	Check if Schedule O contains a response or note to any line in this Part VI			Δ
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 15			
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		X
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		X
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
h	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:	<u> </u>		
		0.0	Х	
a	The governing body?	8a	X	_
a	Each committee with authority to act on behalf of the governing body?	8b	Λ	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Δ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	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
h	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			
		16b		
Sec	exempt status with respect to such arrangements?	100		
	List the states with which a copy of this Form 990 is required to be filed MA			
17			\ -:-:1	- - -
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	aDIE
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, are	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANNE KATZENBERG - 510-610-8410			
	100 CUMMINGS CENTER, 207-P, BEVERLY, MA 01915			

Page 7

Check if Schedule O contains a response or note to any line in this Part VII	
Check if Schedule O contains a response of hote to any line in this Fart 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DIANE GOLDSTEIN EXECUTIVE DIRECTOR	40.00			х				108,607.	0.	0.
(2) KRISTIN DALEY	5.00	_	\vdash	Δ	\vdash	\vdash	\vdash	100,007.	0.	· ·
SECRETARY	3.00	x						31,954.	0.	0.
(3) TOM THOMPSON	5.00							31/3310	•	
BOARD MEMBER		x						855.	0.	0.
(4) BRENDAN COX	5.00	<u> </u>								
CHAIR		Х		х				0.	0.	0.
(5) TERRY BLEVINS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MICHAEL BUTLER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) WAYNE HARRIS	5.00									
TREASURER		Х		Х				0.	0.	0.
(8) NADINE JONES	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JODY ARMOUR	5.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(10) NEIL WOODS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) RICHARD VAN WICKLER	5.00									
BOARD MEMBER	F 00	Х						0.	0.	0.
(12) THOMAS SCHOOLCRAFT	5.00	,,						_		_
BOARD MEMBER	F 00	Х			_	_	_	0.	0.	0.
(13) MATT SIMON	5.00	X						0.	0.	0.
BOARD MEMBER	5.00	Δ	_		_	_	<u> </u>	0.	0.	0.
(14) MICHAEL HARVEY BOARD MEMBER	3.00	X						0.	0.	0.
(15) ARTHUR HUNTER JR.	5.00	^						0.	0.	0.
BOARD MEMBER	3.00	X						0.	0.	0.
(16) NEILL FRANKLIN	5.00	22						•	0.	<u> </u>
BOARD MEMBER	- 3.00	x						0.	0.	0.
		 			\vdash	\vdash	\vdash		•	`
		1								

332007 12-21-23 Form **990** (2023)

									NERSHIP, I		16-1	.645	758	Pag	је 8
Pai	rt VII Section A. Officers, Directors, Tru	1	ploy	ees			ighe	st C	Compensated Emp	loyees	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c	Pos check ess pe	ition more rson	than	h an	(D) Reportable compensation		(E) Reportable compensate	ion	am	(F) imated ount of	
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC 1099-NEC)	5/	from relate organizatio (W-2/1099-M 1099-NEC	ns ISC/	comp fro orga and	other bensation the unization related nization	on d
			_												
			_												
			<u> </u>							\dashv					
										_					
										\dashv					
			_												
										\top					
1b c	Subtotal Total from continuation sheets to Part V	II, Section A								0.		0.			0.
	Total (add lines 1b and 1c)								141,41 eceived more than \$		000 of reporta	0. ble			0.
	compensation from the organization												$\overline{}$	Yes	<u>1</u> No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			•		•		_			•		3		Х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab	le co	omp	ensa	ation	n and	d ot	her compensation f	rom th	e organizatior	າ	4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	•				•			•			s	5		X
Sec 1	ction B. Independent Contractors Complete this table for your five highest or	omnensated in	den:	ende	ent c	onti	racto	ors 1	that received more t	han \$	100 000 of co	mnens	ation fr	om	
<u>.</u>	the organization. Report compensation for	-	-									Пропо			
	(A) Name and business	address	NC	INC	Ε				Description	B) of se	rvices	С	(C) Compen		
								\dashv							
2	Total number of independent contractors	including but r	ot li	mite	d to	tho	se li	stec	d above) who receive	ed mo	re than				

\$100,000 of compensation from the organization

LAW ENFORCEMENT ACTION PARTNERSHIP, INC. 16-1645758 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 988,326. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 988,326. h Total. Add lines 1a-1f **Business Code** 53,072. 541610 53,072. 2 a CONSULTING AND SERVICE Program Service Revenue f All other program service revenue 53,072. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 179,307 179,307. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue

1,220,705.

53,072.

e Total. Add lines 11a-11d

Total revenue. See instructions

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).

	Chack if Schodula O contains a reason	noo or note to ony line in	this Dort IV	7	X
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
70,			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	27,000.	27,000.		
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	35,765.	35,765.		
4	Benefits paid to or for members	, , , , ,	,		
5	Compensation of current officers, directors,				
3					
_	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)	506.040	556 060		444 000
7	Other salaries and wages	796,812.	576,363.	75,566.	144,883.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,980.	20,890.	2,833.	5,257.
10	Payroll taxes	60,801.	43,709.	6,192.	10,900.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	30,464.		30,464.	
		2,242.	2,242.	30,1010	
	Lobbying Professional fundraising services. See Part IV, line 17	2,212.	2,242.		
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	E02 064	416 007	04 060	0 105
	column (A), amount, list line 11g expenses on Sch 0.)	503,064.	416,897.	84,062.	2,105.
12	Advertising and promotion	13,194.	12,869.	2 2 4 6	
13	Office expenses	7,585.	3,104.	3,846.	635.
14	Information technology	7,147.	3,394.	3,312.	441.
15	Royalties				
16	Occupancy	1,159.		1,159.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	37,175.	34,158.	416.	2,601.
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Inquirono	13,371.	9,761.	2,139.	1,471.
23	Other expanses Itemize expanses not covered	10,0110	5,701.	2,137.	- /
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 0.)	35,994.	2 546	32,537.	911.
a	RECRUITING & TRAINING S	10,978.	2,546.	34,331.	10,978.
b	FUNDRAISING	-	1.40		10,978.
С	MEMBERSHIP	140.	140.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,611,871.	1,188,838.	242,526.	180,507.
26	Joint costs. 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)				
33201	0 12-21-23		l e	I	Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

Ра	πX	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part	X	
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	350,674. 1	
	2	Savings and temporary cash investments	5,690,052. 2	5,833,743.
	3	Pledges and grants receivable, net	350,000.	
	4	Accounts receivable, net		29,505
	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)(E	6	
ţ	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	
Ä	9	Prepaid expenses and deferred charges		40,000
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation10b	100	
	11	Investments - publicly traded securities	11	
	12	Investments - other securities. See Part IV, line 11		?
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets		,
	15	Other assets. See Part IV, line 11		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,419,999. 16	
	17	Accounts payable and accrued expenses	66,107. 17	103,452
	18	Grants payable	18	3
	19	Deferred revenue	19)
	20	Tax-exempt bond liabilities)
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
es	22	Loans and other payables to any current or former officer, director,		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35		
jab		controlled entity or family member of any of these persons		?
_	23	Secured mortgages and notes payable to unrelated third parties		8
	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		
		of Schedule D		
	26	Total liabilities. Add lines 17 through 25	66,107. 26	103,452
S		Organizations that follow FASB ASC 958, check here		
nce		and complete lines 27, 28, 32, and 33.	5 756 540 s-	5 740 627
ala	27	Net assets without donor restrictions		166 051
D B	28	Net assets with donor restrictions	597,352. 28	400,034
μ		Organizations that do not follow FASB ASC 958, check here	_	
ō		and complete lines 29 through 33.		
ets	29	Capital stock or trust principal, or current funds		+
\SS(30	Paid-in or capital surplus, or land, building, or equipment fund		+
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		C 00E 401
ž	32	Total net assets or fund balances		
	33	Total liabilities and net assets/fund balances	6,419,999. 33	6,310,943.

Form **990** (2023)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

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.

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

LAW ENFORCEMENT ACTION PARTNERSHIP, INC. 16-1645758 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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.)

Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 202	23 (f) Total
4 Office and the times and	
1 Gifts, grants, contributions, and	
membership fees received. (Do not	
include any "unusual grants.") 1196059. 1651330. 762,787. 6463074. 988,3	326.11061576.
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	
4 Total. Add lines 1 through 3 1196059. 1651330. 762,787. 6463074. 988,3	326.11061576.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	7577410.
6 Public support. Subtract line 5 from line 4.	3484166.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 202	23 (f) Total
	326.11061576.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	006 655
and income from similar sources 1,905. 3,945. 2,036. 39,464. 179,3	307. 226,657.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	1100000
11 Total support. Add lines 7 through 10	11288233.
12 Gross receipts from related activities, etc. (see instructions)	194,530.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	30.87 %
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 15	24 66
	, -
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check	
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, c	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 in and if the organization mosts the facts and circumstances test, check this box and stop here. Explain in Part VI how the	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
meets the facts and circumstances test. The organization qualifies as a publicly supported organization h 10% -facts and circumstances test - 2022 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
b 10 % -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI ho	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see inst	

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	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							
	are not an unrelated trade or bus-						
	iness under section 513						
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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		, ,	, ,			,,
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2023 (column (f))		15	%
16	6 Public support percentage from 2022 Schedule A, Part III, line 15						
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2022. If the						and
	line 18 is not more than 33 1/3%, che						
20							

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	3a		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	- Ou		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	30		
4b 4c 5a 5b 5c 6 7 8 9a 9b	30		
4c 5a 5b 5c 6 7 8 8 9a 9b	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b			
4c 5a 5b 5c 6 7 8 8 9a 9b	4h		
5a 5b 5c 6 7 8 9a 9b	40		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5b 5c 6 7 8 9a 9b	4c		
5b 5c 6 7 8 9a 9b			
5b 5c 6 7 8 9a 9b			
5b 5c 6 7 8 9a 9b			
6 7 8 9a 9b	5a		
6 7 8 9a 9b	5h		
7 8 9a 9b			
9a 9b	6		
9a 9b			
9a 9b	-		
9a 9b	/		
9b	8		
9b			
9b	0-		
	эа		
	9b		
9c			
	9с		
10a	10a		
10b		. 000	

Par	t 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		
С	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		
Sect	ion B. Type I Supporting Organizations	•		
			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		
	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		
	ion C. Type II Supporting Organizations			
	7		Yes	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			
	the supported organization(s).	1		
Sect	ion D. 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			
	supported organizations played in this regard.	3		
Sect	ion 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. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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			

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) 2023 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 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 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) Other expenses (see instructions) 7

8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		4

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions).

Scne	dule A (Form 990) 2023 LAW ENFORCEMENT ACTION FARTNERSHIF, IN		0-1043730 Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ied)	
Sect	ion D - Distributions	·	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Sect	(i) (ii) tion E - Distribution Allocations (see instructions) Excess Distributions Pre-2023	ıs	(iii) Distributable Amount for 2023

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Schedule B (Form 990) (2023)

LAW ENFORCEMENT ACTION PARTNERSHIP, INC.

16-1645758

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not 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				
Note: On	lly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

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

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	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	RAI SERVICES COMPANY PO BOX 2990 WINSTON-SALEM, NC 27102	\$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ARNOLD VENTURES LLC 1717 WEST LOOP SOUTH, SUITE 1800 HOUSTON, TX 77027	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE JOYCE FOUNDATION 321 NORTH CLARK STREET CHICAGO, IL 60654	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 ALTRIA CLIENT SERVICES 6601 WEST BROAD STREET RICHMOND, VA 23230	\$ 40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	INTERNATIONAL PLANT AND HERBAL ALLIANCE 741 W PINE VIEW DR SARATOGA SPRINGS, UT 84045	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Training additions, und Zil TT	\$	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

	FORCEMENT ACTION PART		otion F04/c\/7\ /	16-1645758	
	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additions	a) through (e) and the following line entry s, charitable, etc., contributions of \$1,000 or le	For organization	ns	
No. om ort I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
_ -	Transferee's name, address,	(e) Transfer of gift	Relations	hip of transferor to transferee	
- - -					
No. om rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer of gift			
- - -	Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee	
No. m t I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
- - -		(e) Transfer of gift			
-	Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee	
No. m	(b) Purpose of gift (c) Use of			(d) Description of how gift is held	
_ - - -					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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.

Nar	ne of organization				Employer	identification number
	LAW EN	FORCEMENT ACTION	PARTNERSHIP	, INC.	1	6-1645758
Pá	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 5	27 orgai	nization.
2	Provide a description of the organ Political campaign activity expend Volunteer hours for political campa	itures				
Pá	art I-B Complete if the or	ganization is exempt un	der section 501(c)	(3).		
	Enter the amount of any excise ta					
	Enter the amount of any excise tag If the organization incurred a secti					Yes No
						Yes No
	a Was a correction made?					res NO
		ganization is exempt un	der section 501(c)	. except section	501(c)(3).
	Enter the amount directly expende	·		-		<u> </u>
	Enter the amount of the filing orga	, ,	•		···· · <u></u>	
	exempt function activities		-		\$	
3	Total exempt function expenditure					
	line 17b				\$	
4	Did the filing organization file Forn	n 1120-POL for this year?				Yes No
5	Enter the names, addresses, and a made payments. For each organiz contributions received that were political action committee (PAC). It	ation listed, enter the amount paromptly and directly delivered to	aid from the filing organ o a separate political org	ization's funds. Also e ganization, such as a s	nter the am	nount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	er -0 Con	e) Amount of political tributions received and bromptly and directly elivered to a separate political organization. If none, enter -0

Schedule C (Form 990) 2023				PARTNERSHI		
Part II-A Complete if the organization 501(h)).	ganizatior	ı is exer	npt under section	n 501(c)(3) and fil	ed Form 5768 (el	ection under
A Check if the filing organization	ation belongs	to an affil	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	•		•			
B Check if the filing organization	ation checke	d box A ar	nd "limited control" pro	visions apply.		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					
1a Total lobbying expenditures to inf	luence public	opinion (grassroots lobbying)		4,312.	
b Total lobbying expenditures to inf	•	,			11,051.	
	c Total lobbying expenditures (add lines 1a and 1b)					
d Other exempt purpose expenditure					1,596,508.	
e Total exempt purpose expenditure					1,611,871.	
f Lobbying nontaxable amount. En	ter the amoui	nt from the	following table in bot	h columns.	230,594.	
If the amount on line 1e, column (a)			bying nontaxable am			
not over \$500,000,		20% of 1	the amount on line 1e.			
over \$500,000 but not over \$1,00	0,000,	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,5	500,000,					
over \$1,500,000 but not over \$17	,000,000,	00,000, \$225,000 plus 5% of the excess over \$1,500,000.				
over \$17,000,000,		\$1,000,000.				
g Grassroots nontaxable amount (e	nter 25% of I	25% of line 1f)			57,649.	
h Subtract line 1g from line 1a. If ze	ro or less, en	enter -0-			0.	
i Subtract line 1f from line 1c. If zer	ro or less, ent	er -0			0.	
j If there is an amount other than ze	ero on either	line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	s year?				L	Yes No
(Some organizations	that made a See t	section 50 the separa	ate instructions for lir	have to complete all nes 2a through 2f.)	of the five columns b	elow.
	Lobby	ing Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)20	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	181	,273.	146,844.	206,217.	230,594.	764,928.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,147,392.
c Total lobbying expenditures	14	,936.	24,674.	17,471.	15,363.	72,444.
d Grassroots nontaxable amount	45	,318.	36,711.	51,554.	57,649.	191,232.
e Grassroots ceiling amount						286 848

5,881.

788.

Schedule C (Form 990) 2023

14,581.

4,312.

3,600.

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(b)
of th	e lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	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?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
	301(3)(3).			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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Part	i III-A, lin	e 3, is
1	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).				
а	Current year		2a		
b	Carryover from last year		2b		
С	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				
	expenditures next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. HEDULE C, PART II-A, LINE A - SCHEDULE C, PART II-A	, LIN	ES 1A	AND 1E	3
IN	CLUDE STAFF TIME SPENT WRITING TESTIMONY, WRITING C	P-EDS	IN FA	VOR OF	OR
Ω D1	POSING PARTICULAR LEGISLATION AND BOOKING SPEAKERS.	IT A	LSO IN	CLUDES	3
OP.					
	AVEL 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

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		illiar runds or A	ACCOUNTS. Complete if the
		(a) Donor advised f	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 v	writing that the assets held	in donor advised fur	nds
	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 ad	dvisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	other purpose confe	rring
	impermissible private benefit?			Yes No
Pa	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 organization	on (check all that apply).		
	Preservation of land for public use (for example, recreated	tion or education) 🖳 F	Preservation of a hist	orically important land area
	Protection of natural habitat	L F	Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contributi	ion in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c
d	Number of conservation easements included on line 2c acqui	•		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or ter	minated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	rcing conservation e	asements during the year
_				A (0)
8	Does each conservation easement reported on line 2d above	, ,	(/(//	···
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's fi	nancial statements t	nat describes the
Da	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	f Art Historical Trea	sures or Other	Similar Assats
Га	Complete if the organization answered "Yes" on Form		sures, or Other	Sillillai Assets.
	If the organization elected, as permitted under FASB ASC 95		ue statement and ha	alance sheet works
Iu	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			ande of public
h	If the organization elected, as permitted under FASB ASC 95.			ce sheet works of
5	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	callibition, education, or it	cocaron in fartheranc	de of public service,
				\$
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	asuras or other similar ass		
2				provide
_	the following amounts required to be reported under FASB A	-		Φ.
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$ \$
L)	Baacia included in Lunii 220 EALA			

	t III Organizations Maintaining Co	ollections of A								
3	Using the organization's acquisition, accession								200111111	100)
3	collection items (check all that apply).	i, and other record	3, CHEC	K arry or tire	Tollowing that	. make sig	IIIICant	use of its		
а	Public exhibition		, I	l oan or evo	hange progra	m				
		6		Other	rialige progra	111				
b	Scholarly research	•		Other						
C	Preservation for future generations	lastians and avala	in have th	an of what	bo organizatio	n'a avam	nt nuvna	oo in Dor	VIII	
4	Provide a description of the organization's coll							ose in Pan	AIII.	
5	During the year, did the organization solicit or								Yes	☐ No
Dai	to be sold to raise funds rather than to be main									NO
I UI	reported an amount on Form 990, Part		ete ii tile	organization	ranswered f	es on re	ш ээо,	rait iv, ii	rie 9, or	
10	Is the organization an agent, trustee, custodia		dian, for	· oontributio	no or other oc	aata nat i	adudad			
ıa									Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								⊥ res	L NO
D	in res, explain the arrangement in Part XIII al	na complete the it	Dilowing	table.					Amount	
	Danimina kalanas						1 40		Amount	
	Beginning balance									
	Additions during the year									
_	Distributions during the year						1e			
f	Ending balance Did the organization include an amount on For						1f		Yes	X No
	If "Yes," explain the arrangement in Part XIII. C									
Pai										
		(a) Current year		rior year	(c) Two years			ears back	(e) Four \	vears back
12	Beginning of year balance	(a) carrone year	(2):	Tior your	(0)	7 5 4 5 1 (6	,		(0) : 0)	
	Contributions									
	Net investment earnings, gains, and losses									
	<u> </u>					-				
	Grants or scholarships					-				
е	Other expenditures for facilities									
	and programs					-				
	Administrative expenses					-				
g	End of year balance	nt year and balan		a column ()) hold as:					
2	Board designated or quasi-endowment	•	%	g, coluitiii (a	a)) Held as.					
a h	Permanent endowment	%								
D	Term endowment %									
C	The percentages on lines 2a, 2b, and 2c should									
32		•	ation the	at are hold a	and administor	od for the				
Ja	Are there endowment funds not in the possess organization by:	Sion of the organiz		at ale lield a	ana auniminotei	CO TOT LITE	,		Г	Yes No
	,								3a(i)	100 110
	(i) Unrelated organizations?(ii) Related organizations?									_
h	If "Yes" on line 3a(ii), are the related organizati	one listed as requi							3a(ii)	_
4	Describe in Part XIII the intended uses of the c								30	
	t VI Land, Buildings, and Equipme		5 VV1110111L	iaiiao.						
	Complete if the organization answered		0. Part I\	/. line 11a. S	See Form 990.	Part X. li	ne 10.			
	Description of property	(a) Cost or o			or other		umulate	ed	(d) Book	value
	bescription of property	basis (investi		` ,	(other)		eciation	~	(a) Dook	value
12	Land	<u> </u>		22010		2.5 51				
	Buildings									
	Leasehold improvements				+					
	Equipment				+					
	Other									

Schedule D (Form 990) 2023

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

	Complete if the organization answered "Yes" of		-	
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
•	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)	+			
(D)				
(E) (F)				
(G)				
(H)			<u> </u>	
	b) must equal Form 990, Part X, line 12, col. (B))			
	Investments - Program Related.			
	Complete if the organization answered "Yes" of	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)		. ,	· · ·	,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(')				
(8)				
(8) (9)				
(8) (9) otal. (Colu	ımn (b) must equal Form 990, Part X, line 15, col.	(B))		
(8) (9) otal. (Colu	Other Liabilities			
(8) (9) fotal. (Colu Part X	Other Liabilities Complete if the organization answered "Yes" of		· 11e or 11f. See Form 990, Part X, line 2	
(8) (9) fotal. (Colu Part X	Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	5. (b) Book value
(8) (9) (otal. (Colu Part X	Other Liabilities Complete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 2	
(8) (9) fotal. (Colu Part X (1) Fed (2)	Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability		. 11e or 11f. See Form 990, Part X, line 2	
(8) (9) fotal. (Colu Part X (1) Fed (2) (3)	Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability		. 11e or 11f. See Form 990, Part X, line 2	
(8) (9) otal. (Colu Part X (1) Fed (2) (3) (4)	Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	
(8) (9) (otal. (Colu Part X) (1) Fed (2) (3) (4) (5)	Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	
(8) (9) Fotal. (Colu Part X (1) Fed (2) (3) (4) (5) (6)	Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	
(8) (9) otal. (Colu Part X (1) Fed (2) (3) (4) (5) (6) (7)	Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability		. 11e or 11f. See Form 990, Part X, line 2	
(8) (9) otal. (Colu Part X (1) Fed (2) (3) (4) (5) (6) (7) (8)	Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	
(8) (9) otal. (Colu Part X (1) Fed (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability Ideral income taxes	n Form 990, Part IV, line		
(8) (9) otal. (Colu Part X (1) Fed (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV, line		(b) Book value

332054 09-28-23 Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047
2023

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number LAW ENFORCEMENT ACTION PARTNERSHIP, INC. 16-1645758 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region (b) Number of émployees, expenditures (by type) (such as, fundraising, prooffices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region 3 a Subtotal 0 0. **b** Total from continuation sheets to Part I 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2023

0.

and 3b)

c Totals (add lines 3a

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name 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)
		EUROPE	ASSISTANCE FOR LAW ENFORCEMENT ACTION PARTNERSHIP - UNITED KINGDOM'S GENERAL	35,765.	ELECTRONIC 35,765.FUND TRANSFER	.0		
Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for white	recipient organization anization by the IRS, or other contractions of the IRS, or other contractions of	Enter total number of recipient organizations listed above that are rec exempt 501(c)(3) organization by the IRS, or for which the grantee or	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	foreign country, :tion 501(c)(3) eq	recognized as a tax uivalency letter	ı tax		
	טוווסן טוואמווועמווי טוווט	J CHILITICS						

SEE PART V FOR COLUMN (D) DESCRIPTIONS

LAW ENFORCEMENT ACTION PARTNERSHIP, INC.

16-1645758

Page 3

Schedule F (Form 990) 2023 LAW ENFORCEMEN'

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
(h) Mel valt (bool apprais					dule F (Forn
(g) Description of noncash assistance					Schec
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United State

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 c

Attach to Form 990

500G	1010	Open to Public
Se	or 22.	

Inspection

% Employer identification number 16-1645758 FURTHER THE MISSION OF (h) Purpose of grant SENERAL SUPPORT TO or assistance THE ORGANIZATION. Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Go to www.irs.gov/Form990 for the latest information. 0 (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States INC. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 25,000, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LAW ENFORCEMENT ACTION PARTNERSHIP, (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table 83-2685104 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization LEGISLATION - 22970 NEWCUT RD -NATIONAL COALITION FOR DRUG or government CLARKSBURG, MD 20871 Name of the organization Part I Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Page 2

Schedule I (Form 990) 2023 (f) Description of noncash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 332102 11-01-23

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF OUR WORK IN 2023 HAD MEDIA IMPACTS IN CALIFORNIA AND MICHIGAN, WITH

A VARIETY OF TOPICS CENTERING AROUND FENTANYL SENTENCING AND PRETEXTUAL

TRAFFIC STOPS, TO THE MENTHOL TOBACCO BAN AND USE OF FORCE STANDARD,

RESPECTIVELY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND EMAILED TO THE ENTIRE BOARD FOR THEIR REVIEW

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

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.

FORM 990, PART VI, SECTION B, LINE 15:

THE ENTIRE BOARD LOOKED AT COMPARABLE SALARIES FOR ALL OFFICERS AND AGREED ON APPROPRIATE SALARIES.

Schedule O (Form 990) 2023 Page **2**

Name of the organization LAW ENFORCEMENT ACTION PARTNERSHIP, INC. Employer identification number 16-1645758 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. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING FEES: PROGRAM SERVICE EXPENSES 4390,994 MANAGEMENT AND GENERAL EXPENSES 59EAKERS: PROGRAM SERVICE EXPENSES 476,252 MANAGEMENT AND GENERAL EXPENSES 909
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PROGRAM SERVICE EXPENSES 25,903
MANAGEMENT AND GENERAL EXPENSES 909
FUNDRAISING EXPENSES
TOTAL EXPENSES 26,812
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 503,064