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Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010

, and ending 12-31-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization ASSOC OF FORMER FEDERAL NARCOTICS AGENTS		D Employer identification number 52-1357035
Number and street (or P O box, if mail is not delivered to street address) PO BOX 27303		E Telephone number (954) 429-1259
City or town, state or country, and ZIP + 4 WASHINGTON, DC 200387303		F Group Exemption Number ►

G Accounting method  Cash  Accrual Other (specify) ► \_\_\_\_\_I Website: ► [WWW.AFFNA.ORG](http://WWW.AFFNA.ORG)J Tax-Exempt status (check only one) —  501(c)(3)  501(c)( 8 ) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 114,891

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 3,981
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 83,296
	4 Investment income . . . . .	4 2,614
	5a Gross amount from sale of assets other than inventory . . . . .	5a 25,000
	b Less cost or other basis and sales expenses . . . . .	5b 25,000
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .	6b
	c Less direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 89,891
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 5,500
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 20,350
	13 Professional fees and other payments to independent contractors . . . . .	13 600
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 140
	16 Other expenses (describe in Schedule O) . . . . .	16 43,165
	17 Total expenses. Add lines 10 through 16 . . . . .	17 69,755
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 20,136
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 145,176
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21 165,312

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

22 Cash, savings, and investments . . . . .  
 23 Land and buildings . . . . .  
 24 Other assets (describe in Schedule O) . . . . .  
 25 **Total assets** . . . . .  
 26 **Total liabilities** (describe in Schedule O) . . . . .  
 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) . . . . .

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>	
22	145,176	<b>22</b>	165,312
		<b>23</b>	
		<b>24</b>	
25	145,176	<b>25</b>	165,312
26	0	<b>26</b>	0
27	145,176	<b>27</b>	165,312

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

FOSTER GOODWILL AMONG RETIRED FEDERAL NARCOTICS OFFICERS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28 FOSTER GOODWILL AMONG RETIRED FEDERAL NARCOTICS OFFICERS**

(Grants \$ 0)

If this amount includes foreign grants, check here  **28a**

0

**29**

(Grants \$ )

If this amount includes foreign grants, check here  **29a****30**

(Grants \$ )

If this amount includes foreign grants, check here  **30a****31 Other program services (describe in Schedule O)**

(Grants \$ )

If this amount includes foreign grants, check here  **31a****32 Total program service expenses** (add lines 28a through 31a)  **32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )Check if the organization used Schedule O to respond to any question in this Part IV 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

**33** Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33  Yes  No

**34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34  Yes  No

**35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T 35a  Yes  No

**a** Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions) 35b

**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36  Yes  No

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions 37a  0 37b

**b** Did the organization file **Form 1120-POL** for this year? 37b

**38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a  Yes  No

**b** If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

**39** *Section 501(c)(7) organizations.* Enter 39a

**a** Initiation fees and capital contributions included on line 9 39b

**b** Gross receipts, included on line 9, for public use of club facilities 39b

**40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955  40b

**b** *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

**c** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

**d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization 40d

**e** *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e  Yes  No

**41** List the states with which a copy of this return is filed 41

**42a** The organization's books are in care of  ANDREW FEINRICH Telephone no  (603) 239-6640 42b  Yes  No

280 S SCOFIELD MTN RD  
Located at  WINCHESTER, NH ZIP + 4  03470 42c  Yes  No

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country 42b  Yes  No

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.** 42c  Yes  No

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country 42c  Yes  No

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here 43  and enter the amount of tax-exempt interest received or accrued during the tax year 43

**44a** Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. 44a  Yes  No

**b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b  Yes  No

**c** Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No

**d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d

	<b>Yes</b>	<b>No</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	<b>45</b>	No
<b>45a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	<b>45a</b>	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>b</b> If "Yes," was the related organization a section 527 organization?		

<p><b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."</p>				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ►

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer  <u>ANDREW FEINRICH TREASURER</u> Type or print name and title	2011-10-12 Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature  <u>LYNN C RUST</u>	Date	Check if self- employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  <u>LYNN C RUST CPA PC</u> <u>217R OLD HOMESTEAD HIGHWAY</u> <u>SWANZEY, NH 034462140</u>			EIN <input checked="" type="checkbox"/>  Phone no <input checked="" type="checkbox"/> (603) 358-6565

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 52-1357035  
**Name:** ASSOC OF FORMER FEDERAL NARCOTICS AGENTS

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAVID G WILSON PO BOX 4423 SOUTH COLBY, WA 98384	EXECUTIVE DIRECTOR 15 00	20,350	0	0
PETER MACVEAN 2108 TWIN MILL LANE OAKTON, VA 22124	PRESIDENT 0 00	0	0	0
ALBERT GLOVER 4828 FIRST COAST HWY STE 5 AMELIA ISLAND, FL 32034	SECRETARY 0 00	0	0	0
ANDREW FEINRICH 280 S SCOFIELD MTN RD WINCHESTER, NH 03470	TREASURER 0 00	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**

ASSOC OF FORMER FEDERAL NARCOTICS AGENTS

**Employer identification number**

52-1357035

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 2614

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION DONATION GRANTEE NAME ENRIQUE CAMARENA EDUCATION FOUNDATION GRANTEE ADDRESS PO BOX 211857 CHULA VISTA, CA 91921 PROPERTY DESCRIPTION CASH DATE OF GIFT 06/15/10 AMOUNT GIVEN 3000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION DONATION GRANTEE NAME DEA EDUCATION FOUNDATION GRANTEE ADDRESS 700 ARMY NAVY DRIVE ARLINGTON, VA 22202 PROPERTY DESCRIPTION CASH DATE OF GIFT 06/23/10 AMOUNT GIVEN 2500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5500

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION AWARDS AMOUNT 235 DESCRIPTION BANK SERVICE CHARGE AMOUNT 150 DESCRIPTION CHAPTER EXPENSE AMOUNT 358 DESCRIPTION CONFERENCES, CONVENTIONS, AND MEETINGS AMOUNT 27524 DESCRIPTION DEA MEMORIAL LUNCHEON AMOUNT 1662 DESCRIPTION EXECUTIVE DIRECTOR EXP AMOUNT 5580 DESCRIPTION INFORMATION TECHNOLOGY AMOUNT 4605 DESCRIPTION INSURANCE AMOUNT 261 DESCRIPTION MEMORIALS AMOUNT 700 DESCRIPTION PRESIDENTS EXPENSES AMOUNT 1975 DESCRIPTION CORPORATION FEE AMOUNT 115 TOTAL TO FORM 990-EZ, LINE 16 43165

## TY 2010 Transfers Personal Benefits Contracts Declaration

**Name:** ASSOC OF FORMER FEDERAL NARCOTICS AGENTS

**EIN:** 52-1357035

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.