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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

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A For the 2011 calendar year, or tax year beginning 01-01-2011****, and ending 12-31-2011**

B Check if applicable

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

C Name of organization ASSOCIATION 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) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► WWW.AFFNA.ORG**J** Tax-Exempt status (check only one) — 501(c)(3) 501(c)(8) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 159,631

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 12,030
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 101,975
	4 Investment income	4 313
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	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 exceeds \$15,000) ►	6b 29,495
	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 29,495
	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 15,818
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 159,631
	10 Grants and similar amounts paid (list in Schedule O)	10 25,000
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 22,200
	13 Professional fees and other payments to independent contractors	13 900
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 1,180
	16 Other expenses (describe in Schedule O)	16 72,420
	17 Total expenses. Add lines 10 through 16	17 121,700
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 37,931
	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)	19 165,312
	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	21 203,243

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	165,312	22	203,243
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	165,312	25	203,243
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	165,312	27	203,243

Part III Statement of Program Service AccomplishmentsCheck 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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 <input type="checkbox"/> <input checked="" type="checkbox"/>	28a	0
29 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/> <input checked="" type="checkbox"/>	29a	
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/> <input checked="" type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/> <input checked="" type="checkbox"/>	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

(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

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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)

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

a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

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

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

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?

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

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

a Initiation fees and capital contributions included on line 9

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

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 , section 4912 , section 4955

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

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

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

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

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

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

Located at **42b** 280 S SCOFIELD MTN RD

42c WINCHESTER, NH ZIP + 4 **42c** 03470

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 **42d**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

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 **42e**

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

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

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*

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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 may need to be completed instead of Form 990-EZ (see instructions)*

	Yes	No
33	33	No
34	34	No
35a	35a	No
35b	35b	
35c	35c	No
36	36	No
37a	37a	0
37b	37b	
38a	38a	No
38b	38b	
39a	39a	
39b	39b	
40a	40a	
40b	40b	
40c	40c	
40d	40d	
40e	40e	No
41	41	
42a	42a	
42b	42b	
42c	42c	No
42d	42d	
42e	42e	
43	43	
44a	44a	No
44b	44b	No
44c	44c	No
44d	44d	
45a	45a	No
45b	45b	

46 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

	Yes	No
46		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

47 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

	Yes	No
47		

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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50 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"

(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

f Total number of other employees paid over \$100,000

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

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.

Sign Here	***** Signature of officer ANDREW FEINRICH TREASURER Type or print name and title	2012-03-17 Date	
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> LYNN C RUST CPA	Date <input type="checkbox"/> Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00153797
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> LYNN C RUST CPA PC 217R OLD HOMESTEAD HIGHWAY SWANZEY, NH 034462140	EIN <input type="checkbox"/> 02-0476947	Phone no <input type="checkbox"/> (603) 358-6565
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

**Open to Public
Inspection**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

ASSOCIATION OF FORMER FEDERAL NARCOTICS AGENTS

Employer identification number

52-135703

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 INTERNATIONAL DRUG ENFORCEMENT CONF (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	29,495			29,495
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	29,495			29,495
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .				
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				()
	11 Net income summary Combine lines 3 and 10 in column (d) ►				29,495

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ►				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a
13b

a The organization's facility

b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

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.

2011**Open to Public
Inspection**

Name of the organization

ASSOCIATION 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 313
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 143 DESCRIPTION ADVERTISING & DONATIONS AMOUNT 15675 TOTAL TO FORM 990-EZ, LINE 8 15818
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION DONATION GRANTEE NAME DEA MUSEUM EDUCATIONAL FOUNDATION GRANTEE ADDRESS 2020 PENNSYLVANIA AVENUE, NW, STE 165 WASHINGTON, DC 20006 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 11500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION DONATION GRANTEE NAME ENRIQUE S CAMARENA EDUCATIONAL FOUNDATION GRANTEE ADDRESS PO BOX 211857 CHULA VISTA, CA 91921 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 3000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME DEA SURVIVORS BENEFIT FUND GRANTEE ADDRESS 2020 PENNSYLVANIA AVENUE, NW, STE 659 WASHINGTON, DC 20006 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 10500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 25000
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BOARD FIDELITY BOND AMOUNT 261 DESCRIPTION CHAPTER EXPENSES AMOUNT 351 DESCRIPTION PO BOX RENT AMOUNT 140 DESCRIPTION DEA SUPPORT-MEMORIAL LUNCHEON AMOUNT 2360 DESCRIPTION DEA SUPPORT-IACP AMOUNT 2000 DESCRIPTION EXECUTIVE DIRECTOR EXPENSES AMOUNT 8199 DESCRIPTION MEMORIALS AMOUNT 1500 DESCRIPTION PRESIDENT'S EXPENSES AMOUNT 28 DESCRIPTION REGIONAL VP EXPENSES AMOUNT 1567 DESCRIPTION BOARD MEETINGS AMOUNT 10275 DESCRIPTION WEBSITE MAINTENANCE AMOUNT 4859 DESCRIPTION ADMINISTRATIVE EXPENSES AMOUNT 2062 DESCRIPTION AGENT YEAR AWARD AMOUNT 42 DESCRIPTION RENTAL EXPENSES AMOUNT 7938 DESCRIPTION CONFERENCE SHIRTS AMOUNT 6902 DESCRIPTION CONFERENCE EXPENSES AMOUNT 2023 DESCRIPTION EXEC DIRECTOR TRAVEL AMOUNT 1313 DESCRIPTION PUBLIC RELATIONS AMOUNT 6116 DESCRIPTION HOTEL AMOUNT 14124 DESCRIPTION REGISTRATION FEE REFUNDS AMOUNT 360 TOTAL TO FORM 990-EZ, LINE 16 72420

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: ASSOCIATION 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.

Additional Data

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

Form 990-EZ, Special Condition Description:

Special Condition Description

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	22,200	0	0
JAY GUTENSOHN PO BOX 27303 WASHINGTON, DC 20038	PRESIDENT 0 00	0	0	0
RICHARD JOHNSON PO BOX 27303 WASHINGTON, DC 20038	SECRETARY 0 00	0	0	0
ANDREW FEINRICH 280 S SCOFIELD MTN RD WINCHESTER, NH 03470	TREASURER 0 00	0	0	0