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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 private foundations)

2014

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service**A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014**

- Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

<b>C Name of organization</b> ASSOCIATION OF FORMER FEDERAL NARCOTICS AGENTS	<b>D Employer identification number</b> 52-1357035
<b>E Number and street (or P O box, if mail is not delivered to street address)</b> PO BOX 27303	<b>F Room/suite</b>
<b>G City or town, state or province, country, and ZIP or foreign postal code</b> WASHINGTON, DC 200387303	
<b>H Group Exemption Number</b> ►	

**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](http://WWW.AFFNA.ORG)**J Tax-exempt status** (check only one) -  501(c)(3)  501(c)(8) ► (insert no)  4947(a)(1) or  527**K Form of organization**  Corporation  Trust  Association  Other \_\_\_\_\_**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ 171,727**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 . . . . . 

<b>Revenue</b> 1 Contributions, gifts, grants, and similar amounts received . . . . . 2 Program service revenue including government fees and contracts . . . . . 3 Membership dues and assessments . . . . . 4 Investment income . . . . . 5a Gross amount from sale of assets other than inventory . . . . . b Less cost or other basis and sales expenses . . . . . c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . 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) . . . . . c Less direct expenses from gaming and fundraising events . . . . . d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . 7a Gross sales of inventory, less returns and allowances . . . . . b Less cost of goods sold . . . . . c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 8 Other revenue (describe in Schedule O) . . . . . 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► . . . . .	1 11,816 2 3 101,200 4 451  5a 5b 5c  6a 6b 41,776 6c 32,621 6d 9,155  7a 7b 7c  8 16,484 9 139,106
<b>Expenses</b> 10 Grants and similar amounts paid (list in Schedule O) . . . . . 11 Benefits paid to or for members . . . . . 12 Salaries, other compensation, and employee benefits . . . . . 13 Professional fees and other payments to independent contractors . . . . . 14 Occupancy, rent, utilities, and maintenance . . . . . 15 Printing, publications, postage, and shipping . . . . . 16 Other expenses (describe in Schedule O) . . . . . 17 <b>Total expenses.</b> Add lines 10 through 16 ► . . . . .	10 11 12 33,210 13 640 14 15 652 16 115,357 17 149,859
<b>Net Assets</b> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 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) . . . . . 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . 21 Net assets or fund balances at end of year Combine lines 18 through 20 ► . . . . .	18 -10,753  19 220,287 20 21 209,534



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

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	37a	
37b		No
38a		
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41	DC	
42a	ANDREW FEINRICH	Telephone no (603) 239-6640
	Located at 280 S SCOFIELD MTN RD WINCHESTER, NH	ZIP + 4 03470
42b		No
42c		No
43	43	
44a		No
44b		No
44c		No
44d		
45a		No
45b		No

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)

35a 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**

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 **39a**

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 **40a**, section 4912 **40a**, section 4955 **40a**

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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**

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

42a The organization's books are in care of **ANDREW FEINRICH** Telephone no **(603) 239-6640**  
Located at **280 S SCOFIELD MTN RD WINCHESTER, NH** ZIP + 4 **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 **42b**

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? **42c**

If "Yes," enter the name of the foreign country **42c**

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 during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a**

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**

c Did the organization receive any payments for indoor tanning services during the year? **44c**

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**

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

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) **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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

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

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

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

**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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**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 business address of each independent contractor	(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 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 ANDREW FEINRICH TREASURER Type or print name and title	2015-04-22 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name LYNN C RUST CPA	Preparer's signature	Date 2015-05-05	Check <input type="checkbox"/> if self-employed	PTIN P00153797
	Firm's name <input type="checkbox"/> LYNN C RUST CPA PC	Firm's EIN <input type="checkbox"/> 02-0476947			
	Firm's address <input type="checkbox"/> 217R OLD HOMESTEAD HWY SWANZEY, NH 034462121	Phone no (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:** ASSOCIATION OF FORMER FEDERAL  
NARCOTICS AGENTS

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

(a) Name and title	(b) Average	compensation (Forms	(d) Health benefits,	(e) Estimated
	hours per week	W-2/1099-MISC)	contributions to	amount of
	devoted to position	(If not paid,	employee benefit plans,	other compensation
DAVID G WILSON EXECUTIVE DI	15 00	30,527		
JOE GUTENSOHN BOARD MEMBER	000 00	0		
CHRISTOPHER EGAN SECRETARY	000 00	0		
ANDREW FEINRICH TREASURER	000 00	0		
ERNEST BATISTA BOARD MEMBER	000 00	0		
DENNIS CLARK BOARD MEMBER	000 00	0		
JOHN COSTANZO BOARD MEMBER	000 00	0		
CRAIG JAMES BOARD MEMBER	000 00	0		
NANCY EVANS BOARD MEMBER	000 00	0		
RICHARD FIANO BOARD MEMBER	000 00	0		
ALBERT GLOVER BOARD MEMBER	000 00	0		
JOHN MCCARTY BOARD MEMBER	000 00	0		
MICHAEL PRIORE BOARD MEMBER	000 00	0		
RONALD PROVENCHER BOARD MEMBER	000 00	0		
TOM RAFFANELLO PRESIDENT	000 00	0		

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MATTHEW BARNES BOARD MEMBER	000 00	0		
JAMES GREGORIUS BOARD MEMBER	000 00	0		

2014

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ASSOCIATION OF FORMER FEDERAL  
NARCOTICS AGENTS

Employer identification number

52-1357035

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total . . . . .</b>						

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

DC

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
1	Gross receipts . . .	41,776			41,776
2	Less Contributions . . .				
3	Gross income (line 1 minus line 2) . . .	41,776			41,776
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .				
7	Food and beverages . . .				
8	Entertainment . . .				
9	Other direct expenses . . .	32,621			32,621
10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				(32,621)
11	Net income summary Subtract line 10 from line 3, column (d) . . . . .				9,155

**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))
1	Gross revenue . . . . .				
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 Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

13a	%
13b	%

**a** The organization's facility . . . . .

**b** An outside facility . . . . .

**14** Enter 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 of the third party

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 Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Name of the organization  
ASSOCIATION OF FORMER FEDERAL  
NARCOTICS AGENTS**Employer identification number**

52-1357035

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	ADVERTISING/DONATIONS 15,750 EXPENSE REIMBURSEMENTS/REBATE 380 OTHER REVENUE 293 JFCU REIMBURSEMENT 46 OTHER REVENUE 15 TOTAL 16,484
FORM 990-EZ, PART I, LINE 16	EXPENSES BOARD FIDELITY BOND 261 CHAPTER EXPENSES 500 CHARITABLE CONTRIBUTIONS 7,500 PO BO X RENT 192 DEA SUPPORT EXPENSES 5,803 EXECUTIVE DIRECTOR EXP 2,392 MEMORIALS 1,000 PRESIDE NT'S EXPENSES 1,446 REGIONAL VP EXPENSE 3,379 BOARD MEETINGS 13,631 WEBSITE MAINTENANCE 9, 204 WELCOME BAGS 349 AGENT AWARDS 224 RENTAL EXPENSES 12,047 BUSES 1,613 GOLF 531 HOSPITAL ITY EXPENSES 3,015 HOTEL 39,271 PROGRAMS 425 REGISTRATION FEE REFUNDS 705 REGISTRATION GI FTS 9,077 RETURNED CHECKS 102 TREASURER EXPENSES 100 CREDIT CARD FEES 2 CHECK ORDER FEE 36 LIMA MEMORIAL 2,452 TREASURER EXPENSES 100 TOTAL 115,357