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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)

OMB No 1545-1150

2016Department of the Treasury
Internal Revenue Service

▶ 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.Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending ,

B Check if applicable:
☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C ASSOCIATION OF FEDERAL NARCOTICS AGENTS, INC.
PO BOX 27303
WASHINGTON, DC 20038-7303

D Employer identification number
52-1357035

E Telephone number
(703) 729-6865

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 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. ▶ \$ 187,425.

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	96,521.
	2	Program service revenue including government fees and contracts	2	89,631.
	3	Membership dues and assessments	3	
	4	Investment income	4	525.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
REVENUE	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8	748.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	187,425.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	32,196.
	13	Professional fees and other payments to independent contractors	13	650.
	14	Occupancy, rent, utilities, and maintenance.	14	
	15	Printing, publications, postage, and shipping.	15	1,322.
	16	Other expenses (describe in Schedule O)	16	112,344.
	17	Total expenses. Add lines 10 through 16	17	146,512.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	40,913.
	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	201,049.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	241,962.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

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

	Yes	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		X
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) SEE SCHEDULE O	X	
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)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39a Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
39b 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: N/A section 4911 N/A , section 4912 N/A , section 4955 N/A		
40b 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		
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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
41 List the states with which a copy of this return is filed NONE		

	Yes	No
42a The organization's books are in care of LARRY GALLINA Telephone no (703) 729-6865 Located at PO BOX 27303 WASHINGTON DC ZIP + 4 20038-7303		
42b 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: _____		X
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 United States? If 'Yes,' enter the name of the foreign country: _____		X

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 <input type="checkbox"/> N/A		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d 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)?		X
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)		X

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		X

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

	Yes	No
47		
48		
49a		
49b		

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'

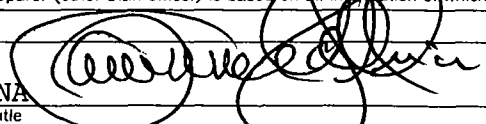

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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.

Sign Here	Signature of officer 		Date 3/23/17		
	LARRY GALLINA Type or print name and title		TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date 3/17/2017	Check <input type="checkbox"/> if self-employed	PTIN *****4909
	Firm's name ▶	DUNHAM, AUKAMP & RHODES, PLC		Firm's EIN ▶	*****2062
	Firm's address ▶	4437 BROOKFIELD CORPORATE DR, SUITE 205 CHANTILLY, VA 20151		Phone no	703-631-8940

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

▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

ASSOCIATION OF FEDERAL NARCOTICS
AGENTS, INC.

Employer identification number

52-1357035

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS

TOTAL \$ 748.
\$ 748.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK FEES	\$ 2,284.
CHAPTER SUPPORT	800.
CONFERENCES, CONVENTIONS, AND MEETINGS	87,905.
CONTRIBUTIONS	8,150.
DEA SUPPORT	2,000.
INFORMATION TECHNOLOGY	1,223.
INSURANCE	2,720.
LICENSES AND PERMITS	80.
MEMBERSHIP CARDS	913.
MEMORIALS	1,000.
REGIONAL VP EXPENSE	848.
SUPPLIES	74.
TRAVEL	1,506.
TREASURER EXP	150.
WEB DESIGN	2,691.
TOTAL	\$ 112,344.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO DEVELOP, PROMOTE AND PRESERVE GOODWILL AND FRIENDSHIP AMONG FORMER FEDERAL
NARCOTICS AGENTS AND OTHER DEA PERSONNEL; TO PROVIDE MUTUAL ASSISTANCE TO THE
MEMBERSHIP AND TO ASSIST THE DRUG ENFORCEMENT ADMINISTRATION (DEA) IN ITS MISSION
OF DRUG LAW ENFORCEMENT.

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
JIM CRAIG PRESIDENT	1	\$ 0.	\$ 0.	0.
TOM RAFFANELLO PAST PRESIDENT	1	0.	0.	0.

Name of the organization

ASSOCIATION OF FEDERAL NARCOTICS
AGENTS, INC.

Employer identification number

52-1357035

FORM 990-EZ, PART IV (CONTINUED)**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
JOHN COSTANZO PRESIDENT-ELECT	1	\$ 0.	\$ 0.	\$ 0.
PETE MACVEAN SECRETARY	1	0.	0.	0.
LARRY GALLINA TREASURER	1	0.	0.	0.
MARTIN MAGUIRE VP NORTHEAST	1	0.	0.	0.
STEVE DERR VP MID-ATLANTIC	1	0.	0.	0.
JEFF BEHRMANN VP N. CENTRAL	1	0.	0.	0.
RON PROVENCHER VP S. CENTRAL	1	0.	0.	0.
DENNIS CLARK VP WESTERN	1	0.	0.	0.
RICH CRAWFORD VP SOUTHEASTERN	1	0.	0.	0.
BOB PALOMBO MEMBER AT LARGE	1	0.	0.	0.
CONNIE MCGEEHAN MEMBER AT LARGE	1	0.	0.	0.
ERNIE BATISTA MEMBER AT LARGE	1	0.	0.	0.
DEAN UNKEFER DIRECTOR	1	0.	0.	0.
BEA CRAIG EXECUTIVE DIRECTOR	15	32,196.	0.	0.
	TOTAL	\$ 32,196.	\$ 0.	\$ 0.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

Name of the organization

ASSOCIATION OF FEDERAL NARCOTICS
AGENTS, INC.

Employer identification number

52-1357035

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS (CONTINUE

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZING OR GOVERNING DOCUMENTS

THE ORGANIZATION'S NAME WAS CHANGED. SEE ATTACHED COPIES OF THE CERTIFICATE FROM
THE GOVERNMENT OF THE DISTRICT OF COLUMBIA AND THE AMENDED ARTICLES OF
INCORPORATION.