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**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

2016

Department 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](http://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

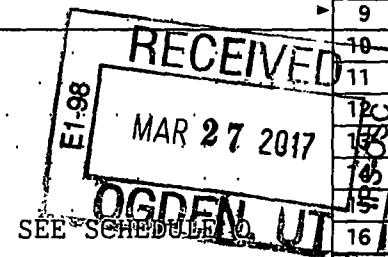
**F Group Exemption  
Number****G Accounting Method:**  Cash  Accrual Other (specify) ►**I Website:** ► [WWW.AFFNA.ORG](http://WWW.AFFNA.ORG)**J Tax-exempt status (check only one) —**  501(c)(3)  501(c)(8) (insert no.)  4947(a)(1) or  527**H Check ►  if the organization is not required to attach Schedule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

<b>REVENUE</b>	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
	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
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$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)	8 748.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 187,425.
<b>EXPENSES</b>	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.
<b>ASSETS</b>	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)

SEE SCHEDULE O



68 4

**Part II Balance Sheets (see the instructions for Part II)**

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

	(A) Beginning of year	(B) End of year
<b>22 Cash, savings, and investments</b>	<b>201,049.</b>	<b>22</b> <b>241,962.</b>
<b>23 Land and buildings</b>		<b>23</b>
<b>24 Other assets (describe in Schedule O)</b>		<b>24</b>
<b>25 Total assets</b>	<b>201,049.</b>	<b>25</b> <b>241,962.</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0.</b>	<b>26</b> <b>0.</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>201,049.</b>	<b>27</b> <b>241,962.</b>

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

## Expenses

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	<hr/> <hr/> <hr/>		
	(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/> 28a
29	<hr/> <hr/> <hr/>		
	(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/> 29a
30	<hr/> <hr/> <hr/>		
	(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/> 30a
31	Other program services (describe in Schedule O)		
	(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/> 31a
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/> 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.

x

**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 

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)	<b>SEE SCHEDULE O</b>	
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)?	<input type="checkbox"/> 35a	<input checked="" type="checkbox"/> X
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	<input type="checkbox"/> 35b	<input type="checkbox"/>
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	<input type="checkbox"/> 35c	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 36	<input checked="" type="checkbox"/> X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0.	<input type="checkbox"/> 37b	<input checked="" type="checkbox"/> X
b	Did the organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> 38a	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> 38b	<input type="checkbox"/> N/A
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/> 39a	<input type="checkbox"/> N/A
39	Section 501(c)(7) organizations Enter	<input type="checkbox"/> 39b	<input type="checkbox"/> N/A
a	Initiation fees and capital contributions included on line 9	<input type="checkbox"/> 40a	<input type="checkbox"/> N/A
b	Gross receipts, included on line 9, for public use of club facilities	<input type="checkbox"/> 40b	<input type="checkbox"/> N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: <b>N/A</b> section 4911 ► <b>N/A</b> , section 4912 ► <b>N/A</b> , section 4955 ► <b>N/A</b>	<input type="checkbox"/> 40c	<input type="checkbox"/> 0.
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	<input type="checkbox"/> 40d	<input type="checkbox"/> 0.
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 ► <b>0.</b>	<input type="checkbox"/> 40e	<input checked="" type="checkbox"/> X
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► <b>0.</b>		
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 ► <b>NONE</b>		

42a	The organization's books are in care of ► <b>LARRY GALLINA</b>	Telephone no ► <b>(703) 729-6865</b>	
	Located at ► <b>PO BOX 27303 WASHINGTON DC</b>	ZIP + 4 ► <b>20038-7303</b>	
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)?	<input type="checkbox"/> 42b	<input checked="" type="checkbox"/> X
	If 'Yes,' enter the name of the foreign country: ► <b>_____</b>	<input type="checkbox"/> 42c	<input checked="" type="checkbox"/> 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: ► <b>_____</b>

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> <input type="checkbox"/> N/A <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	<input type="checkbox"/> 44a	<input checked="" type="checkbox"/> X
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	<input type="checkbox"/> 44b	<input checked="" type="checkbox"/> X
c	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/> 44c	<input checked="" type="checkbox"/> X
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	<input type="checkbox"/> 44d	<input type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/> 45a	<input checked="" type="checkbox"/> X
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 may need to be completed instead of Form 990-EZ (see instructions)	<input type="checkbox"/> 45b	<input checked="" type="checkbox"/> 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'.

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'.

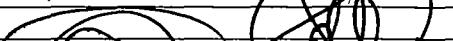
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 on which preparer has any knowledge

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

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**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).

OMB No 1545-0047

**2016**Open to Public  
Inspection

Name of the organization <b>ASSOCIATION OF FEDERAL NARCOTICS AGENTS, INC.</b>	Employer identification number <b>52-1357035</b>
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**FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE**

MISCELLANEOUS	\$	748.
<b>TOTAL</b>	<b>\$</b>	<b>748.</b>

**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.
<b>TOTAL</b>	<b>\$</b>	<b>112,344.</b>

**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. \$ 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- BUTION 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
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**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.