

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 20 14

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

C Name of organization: Americans for Nonsmokers' Rights
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
2530 San Pablo Avenue J
 City or town, state or province, country, and ZIP or foreign postal code
Berkeley, CA 94702

D Employer identification number: 94-2598713

E Telephone number: 510-841-3090

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.no-smoke.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀ (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 ▶ \$

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16 ▶		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
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)				
6c	Less: direct expenses from gaming and fundraising events				
6d	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				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶				

RECEIVED
NOV 23 2015
OGDEN, UT
IRS-CSC

SCANNED DEC 17 2015

98

23

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 II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,090	22 46,000
23 Land and buildings		23
24 Other assets (describe in Schedule O)	35,393	24 18,328
25 Total assets	52,483	25 64,328
26 Total liabilities (describe in Schedule O)	1,390	26 13,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,093	27 51,328

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

What is the organization's primary exempt purpose? _____

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; optional for others.)

28 Legislation, Lobbying and Supporting Efforts: Grassroots organizing, direct lobbying and other federal, state and local efforts to protect nonsmokers		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	34,345
29 Public Information, Technical Assistance and Training, and other Advocacy: Informing and educating tobacco control leaders, activists and the general public nationwide on secondhand smoke issues through publications, trainings, phone consultations, as well as other means.		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	35,363
30 _____		
(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)	32	69,708

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 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
Dorothy Rice 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Stella Bialous 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Walter Bilofsky 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Steve Schueth 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Roman Bowser 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Bruce Hetrick 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Robin Hobart 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Patricia Nez Henderson 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Sharon Eubanks 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Valerie B. Yerger 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Armando Jimenez 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0
Kirk Kleinschmidt 2530 San Pablo Ave, Suite J, Berkeley, CA 94702	Director <1 hour	0	0	0

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	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		
35b			
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		
35c			
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?		✓
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?		✓
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 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 ▶ _____		
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	40e	✓
41	List the states with which a copy of this return is filed ▶ CA, FL, NC, MD		
42a	The organization's books are in care of ▶ Len Casey Telephone no. ▶ _____ Located at ▶ 2530 San Pablo Ave., Berkeley, CA ZIP + 4 ▶ 94702-2000		
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: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? 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 ▶ <input type="checkbox"/> 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 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	✓
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)	45b	✓

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45a regarding organizational activities, financials, and compliance.

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 **46** Yes 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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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 ▶ _____

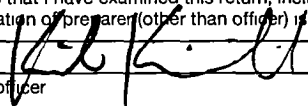
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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: 11-10-15
 Type or print name and title: Kirk Kleinschmidt, President

Paid Preparer Use Only Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

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

2014

Open to Public Inspection

Employer identification number

AMERICANS FOR NONSMOKERS' RIGHTS

94-2598713

PART III WHAT IS THE ORGANIZATIONS'S PRIMARY EXEMPT PURPOSE ?

The organization's primary exempt purpose is to seek smoke free environments through legislation and education on tobacco control policy.

Line 28 Legislation, Lobbying and Supporting Efforts

ANR monitored and/or actively promoted the defeat or passage of legislative measures

In addition to listings in quarterly newsletter mailings, the organization produced and emailed action alerts to individuals via an electronic

advocacy system, and publicized these action alerts to the public by postings on the organization's website; maintained a legislation and

advocacy page on the organization's website; distributed copies of the Clearing The Air guidebook, which helps communities pass and

implement local tobacco control laws. To continue to promote education and action on state laws preempting local legislation, ANR

continued to maintain the Protect Local Control web site (www.protectlocalcontrol.org).

Line 29 - Public Information, Technical Assistance and Training, and other Advocacy:

In cooperation with the ANR Foundation, ANR produced quarterly newsletters, and distributed them in every state, and to contacts in many

countries around the world. ANR assisted the ANR Foundation in responding to requests for information nationwide, through phone calls,

email or mailed correspondence, from individuals, nonsmokers' rights groups and the media resulting in information materials packets

being sent. In addition to these informational materials, ANR distributed smokefree air bumper stickers, smokefree air stickers, Teens Take

Action Guidebooks plus other items with smokefree messages. With the ANR Foundation, ANR maintained an informational website.

Staff participated in meetings related to training and educating advocates on smokefree issues, or delivering testimony on smokefree laws.

Part II, Line 24 - OTHER ASSETS

Receivables, inventory, furniture and equipment and misc assets, \$18,328

Name of the organization

Employer identification number

AMERICANS FOR NONSMOKERS' RIGHTS

94-2598713

PART IV LIST OF OFFICERS, DIRECTORS AND KEY EMPLOYEES

Name	Address	hours/week	compensation - benefit - Exp acct/Etc				
Cheryl Heaton	2530 San Pablo Ave, Suite J, Berkeley, CA 94702,	Director <1 hour,	0	-	0	-	0
Edit Balbach	2530 San Pablo Ave, Suite J, Berkeley, CA 94702,	Director <1 hour,	0	-	0	-	0
Joel Dunnington	2530 San Pablo Ave, Suite J, Berkeley, CA 94702,	Director <1 hour,	0	-	0	-	0