Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2024 Open to Public

Department of the Treasury

11100	11441146161			···	mago for instructions and the la	itest illioilliation.		IIIspection					
<u> </u>		$\overline{}$	alendar year, or tax year begint		_, and ending		7						
В	Check if a	applicable:	C Name of organization ASSO	CIATION FO	R NONSMOKERS -		D Employe	r identification number					
	Address o	change	MINN	ESOTA									
	Name cha	ange	Doing business as		_			410442					
H		Ĭ	Number and street (or P.O. box if mail is		•	Room/suite	E Telephon						
Н	Initial retu Final retu		2395 UNIVERSITY AT City or town, state or province, country,				POT-	<u>646-3005</u>					
	terminate												
	Amended	return	ST. PAUL	MN 5	5114-1512		G Gross rec	eipts\$ 2,011,392					
\vdash	Anabiaatia		F Name and address of principal officer:			H(a) Is this a gr	nun return for s	ubordinates? Yes X No					
Ш	Аррисаво	on pending	JEANNE WEIGUM			114-7 15 11115 13 91	asp rounnier a						
			2395 UNIVERSITY			H(b) Are all su							
_			ST. PAUL		MN 55114-1512	If "No	," attach a list.	See instructions					
1	Tax-exer	mot status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or 527								
J	Website	:: W	WW.ANSRMN.ORG			H(c) Graup ex	emption numbe	r					
ĸ	Form of o	organization:	X Corporation Trust As	sociation Other		L Year of formation: 1	.978	M State of legal domicile: MN					
F	art I	Su	mmary					.					
	1 1	Briefly de	scribe the organization's mission	or most significa	nt activities:								
ø		See	Schedule O	,									
Ę	'												
Governance	'	· · · · · · · · · · · · · · · · · · ·											
ove.	1 2 (Check thi	s box if the organization disc	continued its one	ations or disposed of more than	n 25% of its not asse							
	3 1		of voting members of the governing		line del		ا ما	12					
≪ ∨			of independent voting members of					12					
÷	[]	Total aum	shor of individuals ampleued in as	tille governing b	US (Part VI, IIII)		5	26					
Activities	5	Total Hull	aber of individuals employed in ca	aleridar year 2024	r (Paπ V, line Za)			30					
¥			ber of volunteers (estimate if ned				6						
	/a	Total unre	elated business revenue from Par	t VIII, column (C), line 12			0					
_	ומ	Net unreia	ated business taxable income from	m Form 990-1, P	art I, line 11	Prior Ye	7b	O Current Year					
	8 (Contributi	ons and grants (Part VIII. line 1h)	١			7,788	79,333					
μe	ا د ا	Program	ons and grants (Part VIII, line 1h)	,		2 00	4,842	1,894,103					
Revenue	10 1	Invaetmai	service revenue (Part VIII, line 2g nt income (Part VIII, column (A), l	l/	1	1 7	8,350	28,992					
å			enue (Part VIII, column (A), lines		·		8,899						
								8,964					
_			nue – add lines 8 through 11 (mu			2,20	9,879	2,011,392					
			d similar amounts paid (Part IX, o	* * * * * * * * * * * * * * * * * * * *									
			paid to or for members (Part IX, c		0 41 4	1 072 600							
benses	15 8	Salaries,	other compensation, employee be		8,414	<u>1,073,620</u>							
eus	16a i		nal fundraising fees (Part IX, colu					U					
쫎			raising expenses (Part IX, colum		4,341								
ш			enses (Part IX, column (A), lines				4,278	811,494					
	1		enses. Add lines 13-17 (must equ		nn (A), line 25)		2,692	1,885,114					
	19 F	Revenue	less expenses. Subtract line 18 fi	rom line 12			7,187	126,278					
ts or	<u> </u>		4 45 434 5 453			Beginning of Cu		End of Year					
Net Assets or	20 (4,137	1,178,984					
et A	21 1		lities (Part X, line 26)				1,750	180,319					
			s or fund balances. Subtract line	21 from line 20		87	2,387	998,665					
	art II		nature Block										
U	nder per	nalties of p	erjury, I declare that I have examined	I this return, includi	ng accompanying schedules and st	tatements, and to the b	est of my kn	owledge and belief, it is					
LI	це, сопе	вог, апо со Т	mplete. Declaration of preparer (other	ir than onicer) is ba	sed on all information of which prep	parer nas any knowledo	ge.						
Sig	-	Signature					Date						
He	re		INE WEIGUM		EXEC DI	R\PRESIDEN'	r						
		 ````	int name and title										
_		Preparer's	name	Preparer	s signature	Date	Check	if PTIN					
	Paid STEVEN SCHURHAMER STEVEN SCHURHAMER						/25 self-em	ployed P02514535					
	parer	Firm's nam	HARRINGTON	LANGER	& ASSOCIATES		Firm's EIN	41-1532347					
Use	Only		563 PHALEN	BLVD									
_		Firm's add	ress SAINT PAUL	, MN 55	130		Phone no.	651-481-1128					
May	the IR	•	this return with the preparer sho	·	nstructions			Yes No					
For	~		ction Act Notice, see the separate					Form 990 (2024)					
DAA			· · · · · · · · · · · · · · · · · · ·										

form 990 (2024) ASSOCIATION	FOR NONSMOKERS -	41-1410442	Page 2
	m Service Accomplishments	1	
	contains a response or note to a	iny line in this Part III	X
1 Briefly describe the organization's mis	sion:		
See Schedule O	· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·	•••••		
*	•••••		······
2 Did the organization undertake any si	gnificant program services during the y	ear which were not listed on the	<u> </u>
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services	on Schedule O.		
	g, or make significant changes in how it	t conducts, any program	
oonings?		- · · -	X Yes No
If "Yes," describe these changes on S	chedule O.		
4 Describe the organization's program s	ervice accomplishments for each of its	three largest program services, as	measured by
	c)(4) organizations are required to repo	ort the amount of grants and allocation	ons to others,
the total expenses, and revenue, if an	y, for each program service reported.		
4a (Code:) (Expenses \$	603,207 including grants		Revenue \$ 622,887)
THE MINNESOTA PREVEN IMPACT OF ALCOHOL, TO PROFESSIONALS AND CONTROL THEY NEED TO EFFECT!	OBACCO, AND OTHER I	DRUG ABUSE BY CONN	ECTING PREVENTION
• • • • • • • • • • • • • • • • • • • •			
***************************************	• • • • • • • • • • • • • • • • • • • •		
* * * * * * * * * * * * * * * * * * * *			
		•••••	
4b (Code:) (Expenses S TECHNICAL ASSISTANCE GUIDANCE ABOUT TOBAC DEPARTMENT OF HEALTH MINNESOTA. TRAINING	CO CONTROL AND PUBL , BLUE CROSS AND BI IS THROUGH ONE-ON-C	R STAFF PROVIDES T LIC POLICY TO GRAN LUE SHIELD OF MINN	TEES OF THE MN ESOTA, AND CLEARWAY CTRONIC MEETINGS.
• • • • • • • • • • • • • • • • • • • •			
* * * * * * * * * * * * * * * * * * * *			
	• • • • • • • • • • • • • • • • • • • •	•••••	
4c (Code:) (Expenses \$ POINT OF SALE PROJECTION THE METRO AREA THE WORKING TO REDUCE YOUTH INFLUENCES. POS FOCUTORDINANCES IN THE PO	ROUGH EDUCATION, ME UTH ACCESS TO TOBAC SES ON ENFORCING AN	REDUCE THE HARM DO DIA, AND POLICY A CO PRODUCTS AND T ID STRENGTHENING L	DVOCACY, WE ARE OBACCO INDUSTRY
•			
*	***************************************		
•	***************************************		

·			
Ad Other management and the second			
4d Other program services (Describe on 8 (Expenses \$ 841,40)	Schedule O.) 9 including grants of \$) (D	012 621 .
4e Total program service expenses	1,758,417) (Revenue \$	912,631)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		**	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1_1_	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		-
•	candidates for public office? If "Yes," complete Schedule C, Part I	,		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		 ^
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		_
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	١Ť		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			ĺ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		٠.	
	VII, VIII, IX, or X, as applicable.	.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	State observed in the state of the state observed in the state of the			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		v	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
124	Schedule D, Parts XI and XII	42-	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	<u>-^</u> -	
_	"Ves." and if the proprietion arguered "No" to line 40s, then completing School in D. Barto VI and VII is actional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain on office, ampleyood, or agents autoide of the United States 2	14a	•	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	.74	\rightarrow	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		i	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		7	_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Х 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c \mathbf{x} Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. X 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 25 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	·				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3а		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ai	ccoun	ts (FBAR).			
5a			, ,	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?		5b	_	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the)				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				200	11111
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods				
-	and services provided to the payor?			7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	3				
-	required to file Form 8282?			7с		х
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d		· ·		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					. :*
-	sponsoring organization have excess business holdings at any time during the year?	,		8		· · ·
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		· .
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		ļ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		· [.:	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				4	:
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				7.51	5.
ь	Enter the amount of reserves the organization is required to maintain by the states in which			1 4 3		S.
	the organization is licensed to issue qualified health plans	13b				4
c	Enter the amount of reserves on hand	13c				W.
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activ	ities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			. 17]
	If "Yes " complete Form 6069					

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," х describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.

2395 UNIVERSITY AVE W SUITE 310

MN 55114-1512 651-646-3005

JASON LIND

ST. PAUL

Form 990 (2024) ASSOCIATION FOR NONSMOKERS -

4.1	1 – 1	1/11	n	1	12	

Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

Check this box if neither the org	panization nor ar					tion com	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations	bo	x, unic ficer a	and a director/trustee) cordinate and a director/trustee organ		is both an or/trustee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	rustee	il trustee		yee	mpensaled			
(1) JEANNE WEIGUM		\top							<u> </u>
EXEC DIR\PRESIDENT	40.00	x		x			0	0	o
(2) BERNIE HESSE									
	1.00								
VICE PRESIDENT	0.00	X		Х		 _	0	0	0
(3) MARY BERGAAS	1 00								
TREASURER	0.00	x		x		1	0	o	0
(4) GENE NICHOLS	0.00_	1		≏		 			
(,,	1.00								
SECRETARY	0.00	X		х			0	o	0
(5) DEB HENNRIKUS									
	1.00								
BOARD MEMBER	0.00	X					0	0	0
(6) MARTHA HEWETT	1 00								
BOARD MEMBER	1.00	x					o	o	0
(7) JEAN FORSTER	0.00	^					0	0	
(,,====	1.00					'			
DIRECTOR AT LARGE	0.00	X					o	o	0
(8) LISA MARSHALL									
	1.00								
BOARD MEMBER	0.00	X					0	0	0
(9) NATALIE JOHNSON									
BOARD MEMBER	1.00	x					o	o	0
(10) MONIQUE MUGGLI	0.00			_					
(, E	1.00				•				
BOARD MEMBER	0.00	X					o	o	0
(11) PAUL PENTEL, M.I	۶.								<u> </u>
	1.00			i					
BOARD MEMBER	0.00	X					0	0	0

Fait VII. Section A. Officers	s, Directors, Tri	Stet	75, r.	.ey ⊏	mpi	oyee	5, a	no Highest Compensated	i Employees (continuea)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unli ficer a	Pos check ess pe	rson i	n oth state Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) KRIS RHODES (12)	1.00					d				
(13) JASON LIND (13) FINANCE DIRECTOR	40.00	X		•				0	0	0
(14)	0.00			X				80,058	0	0
(15)										
(16)										
(17)										
(18)										
(19)		i								
Subtotal Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not l	Secti imite	on A					80,058 80,058 e) who received more than	\$100,000 of	
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organization listed on line 1 for services rendered to the or Section B. Independent Contracto 	complete Scheige 1a, is the sum izations greater a receive or accinganization? If "Y	of re than tue o	J for porta \$15 comp	suci able 0,00 ensa	om com 07 li	ividu pens f "Yes for	al ations," co	n and other compensation omplete Schedule J for suc	from the	Yes No 3 X 4 X 5 X
Complete this table for your five compensation from the organization.	re highest compr zation. Report co	ensa ompe	ted i	ndep tion f	end or th	ent c ne ca	ontra lend	ar year ending with or with	in the organization's tax ye	ar.
Name and	(A) business address				_			Descript	(B) ion of services	(C) Compensation
					-					
						-				
2 Total number of independent or received more than \$100,000							thos	e listed above) who		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (D) Revenue excluded (C) Total revenue Unrelated function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1a b Membership dues 1b Fundraising events 1c d Related organizations 1đ e Government grants (contributions) <u>1e</u> All other contributions, gifts, grants, and similar amounts not included above 79,333 1f g Noncash contributions included in lines 1a-1f 1q h Total. Add lines 1a-1f 79,333 Business Code 900099 1,894,103 1,894,103 Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f. 1,894,103 Investment income (including dividends, interest, and other similar amounts) 28,992 28,992 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b C Rental inc. or (loss) 6c Net rental income or (toss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Revenue b Less: cost or other basis and sales exos. 7h c Gain or (loss) 7с Other d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8,964 b Less: direct expenses c Net income or (loss) from fundraising events 8,964 8,964 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code d. All other revenue ... e Total. Add lines 11a-11d Total revenue. See instructions 2,011,392 1,894,103 37,956

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must		other organizations must en	mplete column (A)	·
	Check if Schedule O contains a res	ponse or note to any line i	n this Part IX	impiete coluinii (A).	X
	not include amounts reported on lines 6b, 7b 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	80,058	28,020	48,035	4,003
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<u>.</u>	
7	Other salaries and wages	782,190	782,190		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	41,156		2,615	
9	Other employee benefits	102,611			
10	Payroll taxes	67,605	59,839	7,766	
11	Fees for services (nonemployees):				!
а	Management			- · · · · · · · · · · · · · · · · · · ·	
b	Legal				
C	Accounting	9,308		9,308	
a	Lobbying			to both the officers to the	
e	Professional fundraising services. See Part IV, line 17				
f					
9	Other. (If line 11g amount exceeds 10% of line 25, column	ECA 60E	F 60 0F0	4 000	
40	(A), amount, list line 11g expenses on Schedule O.)	564,635	563,352	1,283	
12	• • • • • • • • • • • • • • • • • • • •	F2 022	44 625	2 1 1 1	
13	Office expenses	53,033	44,637	8,174	222
14	Information technology			,,	
15	Royalties	E0 E00	20 510	20 070	
16	Occupancy	58,590		28,078	
17	Travel	32,119	31,947	172	
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials	33,535	33 305		
	Conferences, conventions, and meetings	33,333	33,395	140	<u> </u>
20 21	Interest Payments to affiliates				
21	Payments to affiliates Depreciation, depletion, and amortization	1,705		1 705	
23	Insurance	1,703		1,70 <u>5</u> 1,475	
24	Other expenses. Itemize expenses not covered			1,4/3	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SUPPLIES	36,667	36,667	1':	<u></u>
b	MISCELLANEOUS	11,452		3,858	116
c	DUES AND SUBSCRIPTIONS	8,643		2,411	
d		<u> </u>	0,232	<i>~ ,</i> ₹±±	
	All other expenses			<u>-</u> .	
25	Total functional expenses. Add lines 1 through 24e	1,885,114	1,758,417	122,356	4,341
26	Joint costs. Complete this line only if the		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2024)

Form 990 (2024)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 195,267 133,783 Cash—non-interest-bearing Savings and temporary cash investments 433,829 492,996 2 2 191,358 Pledges and grants receivable, net 168,060 3 1,632 809 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 4,123 4,029 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 104,121 10a 97,302 6,819 b Less: accumulated depreciation 10b 10c 260,100 156,164 11 11 Investments—publicly traded securities Investments—other securities. See Part IV, line 11 12 12 Investments—program-related, See Part IV, line 11 13 13 14 14 Intangible assets 71,764 112,388 15 Other assets. See Part IV, line 11 15 1,054,137 1,178,984 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 100,545 67,931 17 Accounts payable and accrued expenses 17 18 18 Grants payable 9,441 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 71,764 112,388 25 181,750 180,319 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 872,387 998,665 27 Net assets without donor restrictions 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 872,387 998,665 32 32 Total net assets or fund balances 1,054,137 1,178,984 Total liabilities and net assets/fund balances

Form **990** (2024)

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2024)

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SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name	of th	e organization	ASSOCIATION MINNESOTA	FOR NONSMOKERS	-			tification number			
Pá	art I	Reas		Status. (All organizations	e must	complete	41-141 ethis part.) See instruction				
				se it is: (For lines 1 through 12,				<u></u>			
1				sociation of churches described							
2				(A)(ii). (Attach Schedule E (For		11 17 O(D)	· /(/-)(·).				
3				ice organization described in se		MAN(A)(A)(111)				
4				ed in conjunction with a hospital				acenital'e nama			
	_	city, and sta		a moonjanoton vitta i noopital	acsomp¢(A 111 360010	*i Tro(b)(T)(A)(iii). Enter the f	iospitai s name,			
5		An organizat	tion operated for the benefit	of a college or university owned	or opera	ted by a g	overnmental unit described in				
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X			governmental unit described in s substantial part of its support fr				_			
•	رج ت	described in	section 170(b)(1)(A)(vi). (0	Somplete Part II.)	om a gov	ernmentai	unit or from the general publi	С			
8				170(b)(1)(A)(vi). (Complete Par	t II.)						
9	П			scribed in section 170(b)(1)(A)(ted in coni	unction with a land-grant colle	ide			
	_	or university university:	or a non-land-grant college	of agriculture (see instructions).	Enter the	name, ci	ty, and state of the college or	3 -			
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11				exclusively to test for public safe							
12				exclusively for the benefit of, to				ses of			
		one or more	publicly supported organiza	tions described in section 509(a	a)(1) or se	ection 509	(a)(2). See section 509(a)(3)	. Check			
				scribes the type of supporting or							
	а	∐ Type I. A	supporting organization op	erated, supervised, or controlled	l by its su	pported o	rganization(s), typically by givi	ing	•		
		the supp	orted organization(s) the po	wer to regularly appoint or elect complete Part IV, Sections A a	a majority	y of the dir	ectors or trustees of the				
	b			pervised or controlled in connection		:** *	4-4				
	U	control o	r management of the suppo	rting organization vested in the s	otion with	its suppor	ted organization(s), by naving	rod			
		organiza	tion(s). You must complete	Part IV, Sections A and C.	same per	30113 (114)	some of manage the support	cu			
	С	Type III 1	functionally integrated. As	supporting organization operated structions). You must complete	in conne Part IV.	ection with	, and functionally integrated w A. D. and E.	ith,			
	d			d. A supporting organization ope				on(s)			
		that is no	t functionally integrated. The	e organization generally must sa	atisfy a dis	stribution r	equirement and an attentiven-	ess			
		requirem	ent (see instructions). You i	πust complete Part IV, Section	ns A and	D, and Pa	art V.				
	е	Check th	is box if the organization red	eived a written determination fro	om the IR	S that it is	a Type I, Type II, Type III				
	f		my integrated, or Type III no inber of supported organizat	n-functionally integrated support	ing organ	lization.		_			
			- · · · · · · · · · · · · · · · · · · ·	ne supported organization(s).				L			
(0)		of supported	(ii) EIN	(iii) Type of organization	Gul le the	organization					
1-7		anization	(ii) Cit	(described on lines 1–10	1	organization orgoverning	(v) Amount of monetary support (see	(vi) Amount of other support (s			
				above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
(A)											
									_		
(B)											
(C)				·			• • • • • • • • • • • • • • • • • • • •				
D)			_								
E)							;				

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (e) 2024 (c) 2022(d) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 80,408 56,493 87,788 79.201 79.333 383,223 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 80,408 79,201 56,493 87,788 79,333 383,223 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 152<u>,365</u> Public support. Subtract line 5 from line 4 230,858 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 87,788 Amounts from line 4 80,408 79,201 56,493 79,333 383,223 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 14,971 1,658 1,110 18,350 28,992 65,081 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 7,664 38,065 8.206 8.964 (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 486,369 Gross receipts from related activities, etc. (see instructions) 8,050,162 12 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 47.47% 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2023 Schedule A, Part II, line 14 15 53.44% 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this X box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test --- 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

till Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	ction A. Public Support	quality under t	ne tests listed t	relow, please t	somplete Part II	·.)	·· <u>·</u>
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(4) 222	(5) 2022	(4) 2020	(0) 202+	(1) 10(4)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						-
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						-
	Add lines 7a and 7b						<u>_</u>
8	Public support. (Subtract line 7c from line 6.)					i i de	
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6				<u></u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		·				
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						·
4	First 5 years. If the Form 990 is for the org	anization's first s	econd, third, fourth	or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here tion C. Computation of Public Su	<u></u> ,,,					
5				- /5)			
5 6	Public support percentage for 2024 (line 8, Public support percentage from 2023 Sche	COMMIN (T), CIVIDE - Lack III - Lack III					<u>%</u> _
	tion D. Computation of Investme	nt Income Per	centade			<u> </u>	<u></u> %
7	Investment income percentage for 2024 (lin	ne 10c column /6	divided by line 12	column (ft)		17	0/
8	Investment income percentage from 2023	Schedule A. Part I	, areided by line 15, III line 17			17	<u>%</u> %
	33 1/3% support tests — 2024. If the orga			e 14 and line 15 i	s more than 33 1/3		70
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests — 2023. If the orga	nization did not ch	neck a box on line 1	l4 or line 19a, and	d line 16 is more th	an 33 1/3%, and	
n	line 18 is not more than 33 1/3%, check this	s pox and stop he	ere. The organization	on qualifies as a p	ublicly supported o	organization	<u> </u>
0	Private foundation. If the organization did	пот спеск а рох о	in line 14, 19a, or 1	90, check this bo	x and see instruction	ons	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. if you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2	: :	
	3a		
	3b		
		:	
	3c	-	PH P.L.C
	4a	10 (1) 1 (1)	
	4b		
	4c		
	5a		
	5b	a . 3 t	1.25
	5c	-	
	6		
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	्राः 9a		
	9b		. 4 . 2
	9c		
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	10a 10b		
che		(Form 9	90) 2024

Pa	rt IV Supporting Organizations (continued)	···		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		7	-## #-
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		- 51 (51)	
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		1
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	<u></u>	1.	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	10		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		DG 1
2	Did the organization operate for the benefit of any supported organization other than the supported		1197	-:
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			<u></u>
		T	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1		
Sect	ion D. All Type III Supporting Organizations	 ,		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ	100	-110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	71		i
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Hali. A	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		ruidel a	
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2	"L hate."	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's	1. 1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		:	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,			
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ictions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	li ell		inir () Tvar
_	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's		14.	
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		. J.L. Ber	afili VII
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a		ļ ļ		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

(5 -	41-1410	44∠ Page (
Organiza	tions	
n Nov. 20,	1970 (explain in Part VI). S	See
s must com	plete Sections A through E	<u> </u>
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		·
4		
5		
		-
6		
7		<u></u>
8		
	(A) Prior Year	(B) Current Year
1		(optional)
10		
		.
		"-
- 10		
2		
		·
4		

-+		.
		Current Year
1		.,,
6		
	Leupporting organization	
	1	Organizations on Nov. 20, 1970 (explain in Part VI). See must complete Sections A through Expression (A) Prior Year 1 2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 4 5 6 7 8

(see instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sec	Section D – Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exempt purp	ooses		1					
2	Amounts paid to perform activity that directly furthers exempt purpos	-		<u> </u>					
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purposes of sur	ported organizations		3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required—provide d	etails in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.		<u>-</u>	7	<u> </u>				
8	Distributions to attentive supported organizations to which the organi	zation is responsive	·	i					
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2024 from Section C, line 6	\		9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable				
			Pre-2024		Amount for 2024				
1	Distributable amount for 2024 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2024								
	(reasonable cause required-explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2024		人名英格拉德 人名英						
	From 2019	Partition And		23	en transfer (b. 1				
	b From 2020								
C	c From 2021				1.9 57.1				
d	From 2022	:							
е	From 2023) >					
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2024 distributable amount			٠					
i_	Carryover from 2019 not applied (see instructions)			<u>1, 4,</u>					
i_	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			9 8	r in the X				
4	Distributions for 2024 from			94	and a second				
	Section D, line 7: \$								
a	Applied to underdistributions of prior years				- \$444				
b	Applied to 2024 distributable amount			: ,					
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2024, if]					
	any. Subtract lines 3g and 4a from line 2. For result		•	- 1					
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2024. Subtract lines 3h				- · · · · · · · · · · · · · · · · · · ·				
	and 4b from line 1. For result greater than zero, explain in			Į					
	Part VI. See instructions.		ak H						
7	Excess distributions carryover to 2025. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:			34	美国 建筑 在20				
а	Excess from 2020			r					
b	Excess from 2021	ga in a service the		7					
	Excess from 2022	fr Business		. •					
d	Excess from 2023		STARRA	:					

e Excess from 2024

Schedules A Form 990) 20/4 ASSOCIATION FOR NONSMOKERS - 41-1410442 Page 8 Part VI Supplemental Information Provide the explanations required by Part II, line 10, Part IV, 11, line 10, Part IV, Section P. III, line 12, Part IV, III, Part IV, Section P. III, III, and 8: and 8: and Part V. Section P. III, III, III, III, III, III, III, I	Schodulo A (For	m 000\ 2024	ASSOCIA	שרו ארודיי	NONSMOK	EDS -	41-141044	2 Page 8
GARAGE AND PLANT SALE \$ 38,065		Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Part	Information. Pro IV, Section A, lin ; Part IV, Section t V, line 1; Part V	ovide the explai es 1, 2, 3b, 3c, C, line 1; Part , Section B, line	nations requi 4b, 4c, 5a, 6 IV, Section I e 1e; Part V,	red by Part II, li 5, 9a, 9b, 9c, 11 D, lines 2 and 3 Section D, lines	ne 10; Part II, line 17; a, 11b, and 11c; Part ; Part IV, Section E, li s 5, 6, and 8; and Par	a or 17b; Part :IV, Section nes 1c, 2a, 2b, tV,
	Part I GARAGE	I, Line 10 AND PLANT	- Other II	ncome Det		38,065		
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SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2024
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only,

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

		NESOTA			41-14104	
Pa	rt I-A Complete if	the organization is	exempt under section 501	(c) or is a secti	on 527 organizati	on.
1			nd indirect political campaign activiti	es in Part IV. See in	structions for	
	definition of "political cam					
2	Political campaign activity				\$	
3	Volunteer hours for politic	al campaign activities. Se	ee instructions			
	rt I-B Complete if	the organization is	exempt under section 501	(c)(3).		
1	Enter the amount of any e	excise tax incurred by the	organization under section 4955			
2	Enter the amount of any e	excise tax incurred by organic	anization managers under section 4	955	D D	
3	If the organization incurred		it file Form 4720 for this year?			Yes No
	Was a correction made?					Yes No
	If "Yes," describe in Part I'		exempt under section 501	1-1	U FO4/-\/0\	-
					iion 501(c)(3).	
1	41 111		ganization for section 527 exempt fu		_	
2	activities				\$	
-		7.1	contributed to other organizations fo		_	
3	527 exempt function activi		d 2. Enter here and on Form 1120-F		 \$	
3	P 4 201			•	•	
4		file Form 4420 BOL fort	hts was and		\$	
5	Enter the names address	nie Form 1120-FOL for t	his year? n 527 political organizations to whic			Yes No
,			from the filing organization's funds.			
			tly delivered to a separate political			
			C). If additional space is needed, p			
_		Name	(b) Address			(a) 6 (c)
	(w)	va ine	(b) Adoress	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
' 1)			· · · · · · · · · · · · · · · · · · ·		-	· .
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2)						
. ,						
3)						
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4)		-				
5)						
6)						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2024

		Lobbying Expenditu	res During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a	Lobbying nontaxable amount	220,577	194,585	256,195	249,006	920,363
b 	Lobbying ceiling amount (150% of line 2a, column (e))		- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			1,380,545
С	Total lobbying expenditures	58,517	12,446	41,090	28,427	140,480
d	Grassroots nontaxable amount	55,144	48,646	64,049	62,252	230,091
е	Grassroots ceiling amount (150% of line 2d, column (e))	# 1				345,137
f	Grassroots lobbying expenditures				0	

	(election under section 501(h)).	(a	1	Γ		(b)		
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	es	No		Aı	mou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					٠.		
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?							
đ	Mailings to members, legislators, or the public?					<u> </u>	_	_
f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?							
	Direct contact with legislators, their staffs, government officials, or a legislative body?							
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					_		
-	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?							: !
	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912					<u></u>		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or se	ecti	on			
	501(c)(6).				<u> </u>	$\overline{}$		T
							Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					-		-
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	— i		
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? till-B. Complete if the organization is exempt under section 501(c)(4), section 501(c)(E١	0 ° C	anti.			\/C)	
rai	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part I answered "Yes."					, , (C	,,(0,	
1	Dues, assessments, and similar amounts from members		1					
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).							
а	Current year		2a	<u> </u>				
b	Carryover from last year		2b	<u> </u>				
С	Total		2c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the							
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying							
	and political expenditures next year?		4	<u> </u>				
	Taxable amount of lobbying and political expenditures. See instructions	لب	5_	<u> </u>				
	t IV Supplemental Information							
	de the descriptions required for Part I-A, line 1; Part I-8, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A	lin	es 1 a	and				
2 (se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.							
	Schedule C, Part I-A, Line 1		O.T.					A Pri
	DIRECT AND GRASSROOTS LOBBYING TO ADVANCE PRO TOBACCO CONTINUE MUNICIPAL AND STATE LEVEL							4 1

Schedule C (Forn	n 990) 2024	ASSOCIATION	FOR	NONSMOKERS -	41-1410442	Page 4
Part IV		tal Information (continu			· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE D (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

	e of the organization		Employer identification number	
	SSOCIATION FOR NONSMOKERS -			
	INNESOTA		41-1410442	
P	Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" on F		ccounts	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes 🔲 1	No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose		
			Yes Yes	No
P	art II Conservation Easements	- 000 5 + 04 5 - 7		
	Complete if the organization answered "Yes" on F			
1	Purpose(s) of conservation easements held by the organization (check	<u> </u>		
	Preservation of land for public use (for example, recreation or educ	· —	•	
	Protection of natural habitat	Preservation of a certified hist	oric structure	
_	Preservation of open space			
2		rvation contribution in the form of a conser-	,	_
_	easement on the last day of the tax year.		Held at the End of the Tax Y	/ear
a			2a	
b			2b	—
C	Number of conservation easements on a certified historic structure included and line 22 constitution of accounting accounting the structure included and line 22 constitution of accounting the conservation of accountin		2c	—
u	Number of conservation easements included on line 2c acquired after .	July 25, 2006, and not	14	
3	on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, exi	tionwished or terminated by		
	the organization during the tax year	inguished, or tenfiniated by		
4	Number of states where property subject to conservation easement is le		• • • •	
5	Does the organization have a written policy regarding the periodic moni			
Ü	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ I	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling or		Yes	
_	conversation easements during the year	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations and enforcing		
	conservation easements during the year		\$	
8	Does each conservation easement reported on line 2d above satisfy the	e requirements of section 170(h)(4)(B)		
	(i) and section 170/h)(4)(P)(i)(2		Yes	No
9	In Part XIII, describe how the organization reports conservation easeme			
	sheet, and include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he	
	organization's accounting for conservation easements.			
Pa	Organizations Maintaining Collections of Art,		imilar Assets	
	Complete if the organization answered "Yes" on F			
1a	If the organization elected, as permitted under FASB ASC 958, not to re	•		
	of art, historical treasures, or other similar assets held for public exhibiti		of public	
_	service, provide in Part XIII the text of the footnote to its financial staten		46	
D	If the organization elected, as permitted under FASB ASC 958, to report			
	art, historical treasures, or other similar assets held for public exhibition	i, education, or research in furtherance of p	public service,	
	provide the following amounts relating to these items.		Φ.	
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or		ride the	
_	following amounts required to be reported under FASB ASC 958 relating		*	
O	Assets included in Form 990, Part X		,., D	

1	0.4	42	Pane
			Mani

Sch	edule D (Form 990) (Rev. 12-2024) ASSOC.							110442		Page Z
P	art III Organizations Maintaining	Collections of	f Art, H	istorical T	reasures,	or Other	Simila	ar Assets	(continued	d)
3									•	<u></u>
а	Public exhibition	d 🗌	Loan or	exchange pro	ogram					
b	Scholarly research	e	Other							
C			• · · · · · · · · · · · · · · · · · · ·					• • • • •		
		actions and avalat	n how th	ou further the	orgonization	'o overent n	urnogo i	n Doet		
**	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
_	XIII.									
5	During the year, did the organization solicit or									
	assets to be sold to raise funds rather than to		part of th	e organization	n's collection	?			Yes	No_
Pä	Complete if the organization a 990, Part X, line 21.		" on Fo	orm 990, Pa	art IV, line	9, or repo	orted ar	n amount d	on Form	
1a	Is the organization an agent, trustee, custodial	n or other intermed	diary for a	contributions of	or other asse	ts not				
	industrial Company								Yes	□ No
h	If "Yes," explain the arrangement in Part XIII a	ad complete the fe							163	
D	The rest explain the analigement in Part XIII a	na complete the to	mowing t	able.			Г		Amount	
							⊢		Amount	
¢								1c		
d	Additions during the year						L	1d		
е	Distributions during the year						L	1e		
f								1f		
2a	Did the organization include an amount on For	m 990, Part X, line	21, for	escrow or cus	todial accou	nt liability?			Yes	No
	if "Yes," explain the arrangement in Part XIII. 0									
	art V Endowment Funds									
J. 18 V.	Complete if the organization a	anewered "Vee	" on Fo	rm 990 Pa	rt IV line	10				
	Complete if the organization is	(a) Current year		Prior year			(d) Then	o venera bank	T to Fore was	
	Bandanian of the balance	(a) Current year	(0)	i Filot year	(c) Two ye	ars pack	(d) Inte	e years back	(e) Four yea	rs back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,								•	
	and losses								}	
đ	Grants or scholarships							_		
	Other expenditures for facilities and									
-										
									1	
'	Administrative expenses								-	
g	End of year balance									
2	Provide the estimated percentage of the current	nt year end balanc	e (line 1g	g, column (a))	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess	-	ation that	are held and	administere	d for the				
	organization by:								Ye	s No
	(i) (Involuted executives)									110
									3a(i)	+-
	(ii) Related organizations?								3a(ii)	+-
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requi	ired on S	chedule R?					3b	
	Describe in Part XIII the intended uses of the c		wment f	unds.						
Pa	ırt VI — Land, Buildings, and Equip									
	Complete if the organization a	answered "Yes"	<u>on Fo</u>	rm 990, Pa	irt IV, line	11a. See	Form 9	990, Part X	(, line 10.	
	Description of property	(a) Cost or other t	1	(b) Cost or o			cumulated		(d) Book value	
		(investment)		(oth			reciation			
4	Land		i							
	Duildings									
	Buildings	<u> </u>								
	Leasehold improvements				04					0.5.=
d	Equipment			1	<u>04,121</u>		97,	302	6	<u>, 819</u>
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Pan	t X, line	10c, column (t	B))				6	,819

Part VII. Investments – Other Securities	NSMORERS -	41-1410442	Page 3
Complete if the organization answered "Yes" on	Form 990. Part IV. li	ne 11b. See Form 990. Part)	C. line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuati	
(including name of security)		Cost or end-of-year mark	et value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			 .
(E)		· · · · · · ·	
(F) (G)			
(LL)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	· · · · · · · · · · · · · · · · · · ·		
Part VIII Investments - Program Related			
Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11c. See Form 990, Part X	(, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati	on:
		Cost or end-of-year mark	et value
(1)			
_(2)			
(3)			
(4)		·-	
(5)			<u> </u>
(6)		·	
(7) (8)		11	
(9)		<u> </u>	<u></u>
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			, -42, -31
Part IX Other Assets	1	······································	
Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11d. See Form 990, Part >	(, line 15.
(a) Description			(b) Book value
(1) FUNDS HELD FOR OTHERS			112,388
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))			112,388
Part X Other Liabilities			,
Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11e or 11f. See Form 990,	Part X,
line 25.			
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD FOR OTHERS			112,388
(3)			
(4)			
(5)			
(6)			<u> </u>
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	· · · · · · · · · · · · · · · · · · ·		112,388
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's	s financial statements that reports the	
organization's liability for uncertain tax positions under FASB ASC 740. Chec	-		 -

che	dule D (Form 990) (Rev. 12-2024) ASSOCIATION FOR NONSMOKERS	_	41-141	0442	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		•	turn	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line	12a.		0.100.000
1	Total revenue, gains, and other support per audited financial statements			1	2,106,392
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1			
a	Net unrealized gains (losses) on investments	2a	OF 000		
b	Donated services and use of facilities	2b	95,000		
C .	Recoveries of prior year grants	2c			
a	Other (Describe in Part XIII.)	2d			05 000
	Add lines 2a through 2d			2e	95,000
3	Subtract line 2e from line 1			3	2,011,392
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b		A	
	T 1 2 1 2 4 4 4 4 4 4 4 4 4			4c 5	2,011,392
	rt XII Reconciliation of Expenses per Audited Financial Stateme		Evnences nor l		2,011,392
	Complete if the organization answered "Yes" on Form 990, Pa			(etuiii	
1	Total expenses and lesses per guidited financial statements	-	124.	1	1,980,114
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •		· [·	2,000,114
	Donated services and use of facilities	2a	95,000		
h	Prior year adjustments	2b	50,000		
	Other leases	2c			
	Other losses Other (Describe in Part XIII.)	2d			
e	1 - 1 - 1 - 1			2e	95,000
	Outstand Page On Francisco			3	1,885,114
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	T			
	to extend to the second of the	4a			
	Other (Describe in Part XIII.)	4b			
c	Add lines 45 and 4h			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,885,114
	rt XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and	2b: Part Viline 4: P	art X. line	_
Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide al	ny additional	information.		
		•			
Ρŧ	art X - FIN 48 Footnote				
	counting principles generally accepted in	the Un	ited State	s of	America
	equire management to evaluate tax positions				
	ecognize a tax liability (or asset) for unc				
	kely than not would not be sustained upon				
ta	ex authorities. Federal and state tax autho	rities	generally	have	the right
to	examine the current and three previous ye	ars of	income ta	x ret	urns. The
Oz	ganization is not currently under examinat	ion by	any taxin	a juj	risdiction.
				.aa	
					· · · · · · · · · · · · · · · · · · ·
	•••••••				

Schedule D (F	Form 990) (R	.ev. 12-2024) A	SSOCIA:	rion for	NONSMO	KERS -	41-14104	42	Page 5
Part XIII	Suppler	mental Info	rmation (c	ontinued)					<u>-</u>
	25,557 (4) (4,557								
			. 				 		
							 ,		

	· · · · · · · · · · · · · · · · · · ·						 		
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				· · · · · · · · · · · · · · · · · · ·			 		
				· · · · · · · · · · · · · · · · · · ·			 		

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury

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 Form 990-EZ.

OM8 No. 1545-0047

Open to Public

Go to www.irs.gov/Form990 for instruc	ctions and the latest information	
dame of the organization ASSOCIATION FOR NONSMOKERS -		Employer identification number
MINNESOTA		41-1410442
Form 990 - Organization's Mission THIS CORPORATION IS ORGANIZED AND SHALL FOLLOWING CHARITABLE AND EDUCATION PURPORT TO PROMOTE AND SERVE MINNESOTANS IN THE FREE OF TOBACCO SMOKE; - TO OFFER SUPPORT TO NONSMOKERS AND NOTHER STATES OF THE UNITED STATES OF AMTOPIC PROMOTE TO PREVENT YOUNG PEOPLE FROM STARTING AND MORE GENERALLY, TO COMBAT THE HEAP PROBLEMS RESULTING FROM TOBACCO USE.	OSES: HEIR QUEST FOR CI NSMOKERS' RIGHTS ERICA AND IN FORE TO USE TOBACCO;	LEAN, HEALTHY AIR, ORGANIZATIONS IN EIGN COUNTRIES;
Form 990, Part III, Line 3 A contract between ANSR and Campaign for Form 990, Part III, Line 4d - All Other ALL OTHER PROGRAMS ARE DESIGNED TO COMB. ECONOMIC PROBLEMS RESULTING FROM TOBACCO	Accomplishments AT THE HEALTH, EN	
Form 990, Part VI, Line 11b - Organizat A PRELIMINARY COPY OF FORM 990 WAS PROV AT A BOARD MEETING FOR REVIEW BEFORE IT	IDED TO THE BOARD	OF DIRECTORS
Form 990, Part VI, Line 12c - Enforcement REVIEWED ANNUALLY. THOSE WITH CONFLICTS		
Form 990, Part VI, Line 15a - Compensat: TOP EXECUTIVE RECEIVES NO SALARY. THE I	EXECUTIVE DIRECTO	OR CONTRIBUTES HER
Form 990, Part VI, Line 15b - Compensat: REVIEW OF COMPARABLE SALARIES USING MN (BENEFITS SURVEY.	ion Process for C COUNCIL OF NON-PR	Officers OFITS' SALARY AND
Form 990, Part VI, Line 19 - Governing I THE ORGANIZATION MAKES ITS GOVERNING DOC AND AUDITED FINANCIAL STATEMENTS AVAILAN	CUMENTS, CONFLICT	OF INTEREST POLICY
Form 990, Part IX, Line 11g - Other Fees Description	s for Services	
Tot/Prog Service Mg	& General	Fundraising
CONTRACTORS		
\$ 563,352 \$	1,283	\$ 0
······		