

For	. 9!	90	Return of Organization Exempt From Income	e Tax		OMB No. 154	5-0047		
	🔾		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva			201	7		
			▶ Do not enter social security numbers on this form as it may be made		02401137	Open to P			
Dep	artonent o	of the Treasury	► Go to www.irs.gov/Form990 for instructions and the latest information			Inspecti			
Λ		nue Service				. 20			
<u>~</u>			udar year, or tax year beginning , 2017, and ending C Name of organization Minorities in Agriculture, Natural Resources, and Related Scie	neo D	Employer	identification nu	mber		
B⊓		· ·	Doing business as MANRRS	1100	, ,	38-2868011			
\exists	Name o	s change	Number and street (or P.O. box if mall is not delivered to street address) Room/suite	E	Telephone				
$\overline{\Omega}$	Inditial re	· ·	1720 Peachtree Street, NW 776 South	- 1		104) 347-2975			
H	•	un/terminated	City or town, state or province, country, and ZIP or foreign postal code		X				
H	elais \$								
ñ			Atlanta, GA 30309 F Name and eddress of principal officer Ebony Webber Highs			bordinates? Yes	√ No		
_	. 4	1				ncluded? Yes			
1	Texx-exe	empt status.	☑ 501(c)(3). □ 501(c)() ◀ (insert na.) □ 4947(a)(1) or □ 527			ist, (see instruction			
J	Websit			Group ex	emption n	umber >			
K	Form of	organization	Corporation ☐ Trust ☐ Association ☑ Other ➤ nonprofit L: Year of formation: 1	1984	M State o	l legal domicile.	Mi		
P	artl	Summa	iry			, , , , -			
	1	Briefly des	scribe the organization's mission or most significant activities: It is our goal to	o provid	le studer	nt members (mi	ddie		
8	j	school thr	ough doctoral students) of our organization with the support to become productive	e citize	ns by en	gaging them in			
퉏	1		and professional development activities, educational opportunities and job readir						
Ş	-2		s box ▶☐ if the organization discontinued its operations or disposed of more	than 2	5% of it	s net assets.			
ક્ર	3		f voting members of the governing body (Part VI, line 1a)		3	~	25		
Activíties & Governance	4		f independent voting members of the governing body (Part VI, line 1b)	• •	4	· · · · · · · · · · · · · · · · · · ·	182		
흝	5		ber of individuals employed in calendar year 2017 (Part V, line 2a)	- •	5		2		
촱	6		ber of volunteers (estimate if necessary)		6		300		
ĕ	7a		lated business revenue from Part VIII, column (C), line 12	• •	7a		0		
	b	Net unrela	ited business taxable Income from Form 990-1, ling 34		7b	<u> </u>	0		
		_		for Year		Current Yes			
ē	8		ons and grants (Part VIII, line 1h)		05,525		780,853		
Revenue	9	Program s	service revenue (Part VIII, line 20)	1.	52,570	· · · · · · · · · · · · · · · · · · ·	158,270		
æ	10	investmer	at income (Part VIII, column (A) dines 3 (A) and 2016 and 100	· · · · · · · · · · · · · · · · · · ·	45.000		41		
	11	Onion to we	nue (Part VIII, Column (A), lines 5 tod, 8c, 9c, 10c, 2and Tre) :- nue add lines 8 through 11 (must equal part)(III) solumn (A), line 12)		45,000 03,795	· · · · · · · · · · · · · · · · · · ·	1,250		
	13		d similar amounts paid (Part IX) column (A)-fines 1-3)		40,320		940,414 39,662		
-	14		aid to or for members (Part IX, column (A), line 4)		900		0		
	15		ther compensation, employee benefits (Part IX, column (A), lines 5–10)		75,000		110,559		
Expenses	16a	-	nal fundraising fees (Part IX, column (A), line 11e)	 	0		110,000		
5	b		raising expenses (Part IX, column (D), line 25) ▶ 0	90 10 1 S	26.50 B	SH454581	980 Miles		
Ä	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	5	83,779	170 170 170 170 170	398,695		
	18	•	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		99.999		548,916		
	19		ess expenses. Subtract line 18 from line 12		13,796	······································	391,498		
5 %			Beginning			End of Yes			
Assets (Badano	20	Total asse	ets (Part X, line 16)	4	77,306		923,102		
₹.	21	Total liabil	ilties (Part X, line 26)		35,826		10,936		
ž.	22	Net assets	s or fund balances. Subtract line 21 from line 20	4	41,480		912,166		
	art II		re Block						
Un	der pene	attles of perjury	/, I declare that I have examined this return, including accompanying schedules and statements, an	d to the i	best of my	knowledge and l	oelief, it is		
	e. conec	L and compa	te. Declaration of preparer (other than officer) is based on all information of which preparer has any l	KI KWI KU	, ,				
61-		==	-yue	Date					
	jn	Sema	STERING ALLE -NAT'L TREASURER	Date	~	100/18			
116	re	1			_3/	67/10			
			or print name and title e preparer's name Preparer's skonature Date			IPTIN			
Pa	id	140		nie!	Check] # [^			
	Preparer Kevin Dixon Du Garage State								
Us	e On			******		0-0015	253		
Ma	Firm's address > 6/26 S. Charne: Of the Corean self P10 20 270 Phone no. 886-309-5757. May the IRS discuss this return with the preparer shown above? (see Instructions)								
,			tion Act Notice, see the separate instructions. Car. No. 112821				90 (2017)		
. 4	ahai		Anti-ter-industry and mis palitation and appropriate the contraction of the contraction o	-		• •			

Doort	Class and of Program Continue Assessmillahmanta
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MANRRS mission is to promote academic excellence, scholarship, professional and career development by empowering minorities
	in agriculture, natural resources and related sciences.
2.	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, in any, in each, program control reported.
4a	(Code: 68300) (Expenses \$ 290,000 including grants of \$ 150,000) (Revenue \$ 272,000)
	The 32nd Annual Career Fair and Training Conference was held in Pittsburgh, PA. The conference lasted for three days and there
	were more than 1,000 attendees at this event. We published one plublication for this event, the cconference Program guide. There
	were a total of 35 workshops, including our inagural Diversity Summit for industry professionals. We hosted several development
	events for the conference attendees including a Business Card Exchange., Awards Lucheon, VIP Scholars Breakfast, Mobile Tours,
	and Mock Interviews. The conference provides a Career Fair for career opportunities and internships, networking, and career-ready
	trainings such as inteviewing and resume writing, on-site hiring events, and student competitions: Public Speaking, Oral and Poster
	Research, Chapter of the Year, Impromptu Speaking, and MANRRS Bowl competition.
	<u>, , , , , , , , , , , , , , , , , , , </u>
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
<b>A</b> L	(O-1
4b	(Code: 68300 ) (Expenses \$ 95,000 including grants of \$ 50,000 ) (Revenue \$ 0)
	The National Officer Leadership Year of Service is comprised of 18 Student officers and nine professional officers. The MANRRS
	Executive Committee travels to four meetings a year ranging from three to five days per meeting. During these leadership training
	events and business meetings, the officers receive individual and team personality and leadership assessments, participate in Team
	Building activities, workshops. Officers work on budgets for the year, plans of work, calendar of activities and communication plans.
	The purpose of these training events is to allow newly elected officers the opportunity to familiarize themselves with MANRRS
	constitutions, bylaws, policies and procedures as well as conduct the business of the National Society.
4c	(Code: 60300 ) (Expenses \$ 63,505 including grants of \$ 50,000 ) (Revenue \$ 24,000 )
	There were five cluster meetings held between September and November for two days. The meetings were held in the following
	areas: Region I - Chevy Chase, MD; Region II/III - Atlanta, GA; Region IV - Oklahoma City, OK; region V - Purdue University,
	West Lafayette, IN; Region VI – UC Davis, Davis CA. The five meetings combined to serve more than 700 students and professionals.
	The agenda for the meetings include an Impromptu Speaking and Business Pitch Contest, New Member Induction Ceremony,
	Regional Business Meeting and Chapter Advisor Meeting, chapter development, and calendar of events. The objective of these
	meetings is to provide the sponsoring organizations access to student members during their peak recruitment season by attending
	the Opportunity Fair and Mock Interviews.
	* \ ' " / ' / ' / ' / ' / ' / ' / ' / ' / '
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses >



Part				
	the + 1 Dp 4 ( Ntm)		Yes	No ¹
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	
4	Section 501(c)(3) organizations. 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	4	*	γ1,1 €:
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		\ <u>\</u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7.		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	2500	(iriiii
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		1
d	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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	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.	111		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>·</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		<del>-</del>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u>√</u> ,
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IV. column (A) lines 6 and 1102 if "Yes." complete Schedule C. Bott I (see instructions)	16		<u>√</u>
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>√</u>
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>√</u>
	If "Yes," complete Schedule G, Part III	19		<u> </u>
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Part	Checklist of Required Schedules (continued)			
	k		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
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		1
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	00		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<b>√</b>
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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			1
<b>.</b>		248		1
	Did the Organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the Organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b> .,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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	258		1
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			<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			-
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>,</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>-</b> -
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
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	33		<u>·</u> ✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
	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		<b>√</b>
36	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	36		<u>·</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- <del></del> -		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		<del></del> -
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Form **990** (2017)

Form 99	90 (2017)			Page
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			<u>. C</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   v y   v			1111
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Wille.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	L	✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	1
4a	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)?	4a		1
b	If "Yes," enter the name of the foreign country	7/1/4	200	1111
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	.5257	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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			
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		1
	gifts were not tax deductible?	6b	200.00	1
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<b>V</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	.7.47	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the		Mille.	
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.		MA	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	o in a sa	<b>✓</b>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders			
_	against amounts due or received from them)			
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	7777		11111
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
-	Note. See the instructions for additional information the organization must report on Schedule O.			1111
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		1

	2017	·				Page <b>O</b>
Part	VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b				
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scher				
Coati	- A	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<u> </u>		. [/]
Secu	UII A.	. Governing body and management	······		Yes	No
1a	Ente	r the number of voting members of the governing body at the end of the tax year . 1a	25	9/1///	7156	7000
		ere are material differences in voting rights among members of the governing body, or				
		e governing body delegated broad authority to an executive committee or similar	}			
	com	mittee, explain in Schedule O.	ľ			
b	Ente	r the number of voting members included in line 1a, above, who are independent 1b	0			
2	any o	any officer, director, trustee, or key employee have a family relationship or a business relationsh other officer, director, trustee, or key employee?	- [	///// 2		
3	supe	the organization delegate control over management duties customarily performed by or under the rvision of officers, directors, or trustees, or key employees to a management company or other person?	· [	3		1
4		he organization make any significant changes to its governing documents since the prior Form 990 was file		4		<b>/</b>
5		he organization become aware during the year of a significant diversion of the organization's asset	is? .	5		<b>✓</b>
6		he organization have members or stockholders?		6	<u>.√.</u>	<b> </b>
7a		the organization have members, stockholders, or other persons who had the power to elect or a correct members of the governing body?		70		}
b		any governance decisions of the organization reserved to (or subject to approval by) me	L	7a	<b>✓</b>	
		kholders, or persons other than the governing body?		7b	1	
8	Did t	the organization contemporaneously document the meetings held or written actions undertaken tear by the following.	during			
а		governing body?	. [	8a	✓	
þ		committee with authority to act on behalf of the governing body?		8b	✓	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ned at	9		✓_
Secti	on B.	Policies (This Section B requests information about policies not required by the Interna	l Revenu	ie Co	ode.)	
			r		Yes	No
10a		he organization have local chapters, branches, or affiliates?	<b>}</b> -	10a	✓_	
b		es," did the organization have written policies and procedures governing the activities of such cha Ites, and branches to ensure their operations are consistent with the organization's exempt purpos	· _	10ь	1	
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	<u> </u>	11a	<u>/</u>	
b		ribe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>			W/h.
12a		he organization have a written conflict of interest policy? If "No," go to line 13		12a	✓	
þ	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co	nflicts?	12b	✓	
С		the organization regularly and consistently monitor and enforce compliance with the policy? If the in Schedule O how this was done	,	12c	1	
13		he organization have a written whistleblower policy?	1	13	✓	
14		he organization have a written document retention and destruction policy?		14	1	ana
15	ındep	the process for determining compensation of the following persons include a review and appropendent persons, comparability data, and contemporaneous substantiation of the deliberation and decision o	sion?			
a b		organization's CEO, Executive Director, or top management official	F	15a 15b	<b>√</b>	
D		es" to line 15a or 15b, describe the process in Schedule O (see instructions).		11111		
1 <b>6</b> a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			
		a taxable entity during the year?	1.	16a	ann	1
b	If "Ye	es," did the organization follow a written policy or procedure requiring the organization to evalu	ate its			
	partic organ	cipation in joint venture arrangements under applicable federal tax law, and take steps to safegua nization's exempt status with respect to such arrangements?	ird the	//// 16b		
Secti		Disclosure				
17	List t	he states with which a copy of this Form 990 is required to be filed ► Michigan and Georgia				
18		on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-Table for public inspection. Indicate how you made these available. Check all that apply.	(Section	501(	c)(3)s	only)
		wn website   Another's website   Upon request  Other (explain in Schedule O)	_			
19		ribe in Schedule O whether (and if so, how) the organization made its governing documents, confi	ct of inte	rest p	olicy	, and
00		cial statements available to the public during the tax year.		_		
20		the name, address, and telephone number of the person who possesses the organization's book	and rec	ords.	<b>&gt;</b>	
	Ebon	y Webber - 1720 Peachtree Street, NW, Suite 776 South, Atlanta GA 30309				

Form	$\alpha \alpha \alpha$	(DD4	~

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

Check	if Schedule O contains	a response or note	e to any line in thi	s Part VII	<u> </u>
		., = .			

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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
				(6	C)					
(A)	(B)	l			ition			(D)	(E)	(F)
Name and Title	Average		do not check mo			more than one		Reportable	Reportable	Estimated
	hours per	office	er and			or/trus		compensation	compensation from	
	week (list any hours for	요필	3	Q	<u>~</u>	9.₹	Form	from the	related organizations	other compensation
	related	d N	Ē	Officer	e e	탕	136	organization	(W-2/1099-MISC)	from the
	organizations below dotted	용률	î	l	륗	Yea c	_	(W-2/1099-MISC)	i	organization
	ine)	Ę.	함		Key employee	Į				and related organizations
		Individual trustee or director	Institutional trustee		ľ	Highest compensated employee		ĺ		_
			ď			Ž.				
(1) Norman Barcliff	15									
National President				1				ļ		
	25	<b></b>		Ť			-	<del></del>		
(2) Alex Moore President-Elect				1				[		
(3) Quentin Tyler	15			•	-					
Past National President				1						
(4) Eunice Foster	15									
Advisory Committee Chair	******			1						
(5) Tracey Troutman	10									
National Secretary				1						
(6) Shedra Rakestraw	10									
National Historian	-			1						
(7) Jeneen Abrams	25									
National Parliamentariam				1						
(8) Ashely Holt	10									
Graduate Student President				✓						
(9) Sterling August	.10									
National Treasurer				<b>✓</b>						
(10) Marcus Tyler	5									
Undergraduate Student President				✓						
(11) Ebony Webber	40									
Chief Operating Officer	<u>′</u>					<b>/</b>		70,250		
(12) Ashantae Smith	40									
Associate Program Coordinator	2					<b>✓</b>		38,000		
(13)										
(14)										
	L	l						Ì	i	

Par	Section A. Officers, Directors, Trust	tees, Key E	mpio	yees			ligne	st C	ompensated E	mployees (	contin	ued)
	(A) Name and title		box, office	unles r and	Pos leck s pe	rson	than is both	n an tee)	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
(15)											$\neg$	
(16)						-			-			
(17)	··										$\dashv$	
(18)												
(19)												<u> </u>
(20)											$\dashv$	
(21)							· · · · · · · · · · · · · · · · · · ·					
(22)	``											
(23)											$\dashv$	
(24)	***************************************										$\neg$	
(25)	***************************************			1							1	
1b	Sub-total						,	<b>&gt;</b>	108,250		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	-	-	-		0 108,250		0	<u>0</u> 0
2	Total number of individuals (including but reportable compensation from the organization from the organization)	not limited						) wi				
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	ficer, direct							loyee, or high			and the second sections
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortat	ele c	om	per	satio	n ar	nd other comp	ensation fro	m the	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indi	vidua	
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Rep year.											
	(A) Name and business addr	ress							(B) Description of se	ervices		(C) Compensation
										^		
	Table	- 0 -1 "									mm	anamananananananananananananananananana
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ive) who		

Par	t VIII	Statement of Revenue									
	en e	Check if Schedule O contains a r	esponse or note t				<u> </u>				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514				
nts nts	1a	Federated campaigns 1	а								
is, Grants Amounts	b	}	b 10,420								
Š. Ą	С		C 1,876								
Giffts, Illar Ar	d		d								
ons, Giff Similar	e		e 203,119								
utio Fer	f	All other contributions, gifts, grants, and similar amounts not included above	lf 565.438								
를	g	Noncash contributions included in lines 1a-1f									
Contributions, and Other Simil	h	Total. Add lines 1a-1f	***************	780,853							
	<del>                                     </del>		Business Code								
Program Service Revenue	2a	National Conference	47200	158,270	ł .		SEATH MISERSHAMANIA				
æ	b	The second secon			1	-					
Ą.	С										
Ser	d										
am	е										
rog	f	All other program service revenue									
	3	Total. Add lines 2a-2f		158,270		<i>44.000.000.000.000.</i>					
	٦	and other similar amounts)		4.1							
	4	Income from investment of tax-exemp		41	<del> </del>	<del></del>					
	5	Royalties		-							
		(ı) Real	(ii) Personal								
	6a	Gross rents									
	b	Less: rental expenses									
	С	Rental income or (loss)									
	_d	Net rental income or (loss)	, , , , , <b>,</b> , <b>,</b>		<u> </u>		***************************************				
	7a	Gross amount from sales of (1) Securities	(ii) Other								
	b	Less: cost or other basis									
	С	and sales expenses Gain or (loss)									
	q				401111111111111111111111111111111111111		<i>\( \talia \tali</i>				
			·								
Revenue	8a	Gross income from fundraising									
Ş		events (not in cluding \$									
_		of contributions reported on line 1c)									
Other		See Part IV, Iine 18	a								
õ		Less direct expenses .	p				MANAMANANAN KARANTAN				
		Net income or (loss) from fundraisii									
	Эа	Gross income from gaming activities See Part IV, line 19	).  a								
	ь	Less direct expenses	b								
	1	Net income or (loss) from gaming a					XIIIII				
:	5	Gross sales of inventory, les									
,		returns and allowances	а								
	b	Less: cost of goods sold	b								
	С	Net income or (loss) from sales of i									
		Miscellaneous Revenue	Business Code								
•	11a	Job Postings	46410	1,250							
	b										
	6	All other revenue	· <del> </del>								
į	d All other revenue e Total. Add lines 11a-11d			1 250							
	12	Total revenue. See instructions.			,						
			· · · · · · ·	940.414			Form <b>990</b> (2017)				

Part IX	Statement of Fund	tional Expenses
---------	-------------------	-----------------

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. A	All other organization	ns must complete co	olumn (A).
Check if Schedule O contains a response or note to any line in this Part IX					
	t include amounts reported on lines 6b, 7b, , 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	39,662	39,662		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	108,250		108,250	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(8)$				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	2,309		2,309	
11 a b	Fees for services (non-employees)  Management	5,085		5,085	
c d	Accounting	230		230	
e f g	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 13 14 15	Advertising and promotion Office expenses	4,482	4,482		
16 17 18	Occupancy	56,022	23,281	32,741	
19 20	for any federal, state, or local public officials  Conferences, conventions, and meetings Interest	320,746 21		21	
21 22 23	Payments to affiliates			21	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a b c	Operations	11,953		11,953	
d e	All other expenses Misc.	156		156	
25 26	Total functional expenses. Add lines 1 through 24e  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)	548,916	388,171 0	160,745 0	
					Form <b>990</b> (2017)

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	388,899	1	<b>848</b> ,197
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	88,407	4	74,905
S	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<i>- 5</i>	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	haliktatiitikkis	6	laninamisi.
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	· ·
	9	Prepaid expenses and deferred charges		9	· ·
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	477,306		923,102
	17	Accounts payable and accrued expenses	35,826		10,936
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	tatill 18 May 18 West to State	21	e Princes Comments
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	MANAMANA MA
Ë	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	35,826	-	10,936
	20		35,820	11111	10,330
lances		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	426,933		441,520
Ä	28	Temporarily restricted net assets		28 29	
Net Assets or Fund Balances	29	Permanently restricted net assets			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds.	14,547		470,647
Se	33	Total net assets or fund balances	441,480	33	912,166
	34	Total liabilities and net assets/fund balances	477,306	34	923,102
					Form <b>990</b> (2017)

		30 (2017)			ye iz
	Par	t XI Reconciliation of Net Assets			
15,6,4		Check if Schedule O contains a response or note to any line in this Part XI . :	<u></u>		
	1	Total revenue (must equal Part VIII, column (A), line 12)		94	0,414
	2	Total expenses (must equal Part IX, column (A), line 25)		54	8,916
	3	Revenue less expenses. Subtract line 2 from line 1		39	1,498
	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		44	1,480
	5	Net unrealized gains (losses) on investments			0
	6	Donated services and use of facilities	+		0
	7	Investment expenses			0
	8	Prior period adjustments			0
	9	Other changes in net assets or fund balances (explain in Schedule O) 9			0
	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
		33, column (B))		83	2,978
	Part	XII Financial Statements and Reporting			
		Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>		
				Yes	No
	1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other	- 444		444
		If the organization changed its method of accounting from a prior year or checked "Other," explain in			
		Schedule 0.			
	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	1666		41116
		reviewed on a separate basis, consolidated basis, or both:			
		Separate basis Consolidated basis Both consolidated and separate basis			Mh.
	b	Were the organization's financial statements audited by an independent accountant?	2b		1
		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1111		11/1/
		separate basis, consolidated basis, or both.			
		Separate basis Consolidated basis Both consolidated and separate basis			
	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	91111	*### (T.)	111111111111111111111111111111111111111
		of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		1
		If the organization changed either its oversight process or selection process during the tax year, explain in	11111	9011	9////
		Schedule O.			
	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	V:241.	summ	maa
	Vu	the Single Audit Act and OMB Circular A-133?	3a		1
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<u> </u>
	,	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
				990	(2017)

## SCHEDULE A (Form 990 or 990-EZ)

**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.

20**17** 

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number Minorities in Agriculture, Natural Resources and Related Sciences 38-2868011 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/81% 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 331%% 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 375,995 635,525 618,444 703,795 780.853 3,114,612 Tax revenues levied organization's benefit and either paid to or expended on its behalf . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3 3,114,612 375,995 635,525 618,444 703,795 780,853 The portion of total contributions by person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 . . . . 375,995 703,795 780.853 3,114,612 635,525 618,444 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . Total support. Add lines 7 through 10 11 3,114,612 12 12 3,114,612 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . 100 % 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2017. 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 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

SCHEDULE J-1 (Form 990)

## Continuation Sheet for Schedule J (Form 990)

20**09** 

Department of the Treasury Visional Revenue Service Name of the organization ▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

➤ See Instructions for Schedule J (Form 990)

Open to Public Inspection

Employer identification number

38 2868011 Minorities in Agriculture, Natural Resources; and Related Science Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J. Part II) (F) Compensation reported in prior Form 990 or Form 990-EZ (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and other deferred compensation (D) Nontaxable benefits (E) Total of columns (III) Other (i) Base compensation (ii) Bonus & incentive compensation (B)(i)-(D) (A) Name 70,250 70,250 (1) **Ebony Webber** (11) 2,923 38,000 38,000 (1) Ashantae Smith (i1) (1) (H) (0) (m) (1) (ii) m (ii) (1) (11) (1) (11) (1) (ir) (1) (11) (1) (ii) (1) (11) (1) (11) (i) (ii)

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

(N) (ii)

Cat. No. 51027H

Schedule J-1 (Form 990) 2009

## SCHEDULE O (Form 990 or 990-EZ)

## 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.

20**17** 

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Minorities in Agriculture, Natural Resources, and Related Science 38-2868011 Part VI, 1a - The Executive Committee is comprised of 17 students officers and eight professional officers. These officers are elected by their pears to represent their interest in the Society. These officers are allowed to govern the organization and make any decisions that does not violate the national constitution and bylaws. Part VI, 6 - For 2017, the organization had a voting membership of 215 professionals and 48 voting chapter institutions. Part VI, 7a - The National President can appoint individuals to fill vacant officer roles as well as committee chair positions. All nominations are approved and confirmed by the Executive Committee. Part VI, 7b · Constitution and Bylaws changes can only be made by two-third membership in attendance at the national annual conference and business meeting. Part VI, 11b - To review the complete 990, the Executive Committee members are sent the form to review and ask any questions and all amounts are verified. Once reviewed, forms are completed, achived and submitted. Part VI, 12c - Any time there is a perceived or real conflict of interest, an independent member of the committee is brought in to evaluate the circumstance. In any instance where a conflict arises, the individual is removed from the assignment and abstains from any votes affecting the matter. The member must disclose of any conflict and remove himself from the process Part VI, 15a, 15b - At the beginning of the new officer year, the COO and current National President establish SMART Goals for the year. A mid year review and annual review are completed in December and May. The national President, Past President, Treasurer and Advisory Committee Chair all provide input into the COO's evaluation and performance review. The student officers are reviewed by the President-Elect in one-to-one exit interviews. We conduct both a qualitative and quantative evaluation The National Professional Officer team is evaluated through a survey on their leadership style and impact on the organization

Schedule O (Form 990 or 990-EZ) (2017)				
Name of the organization	Page 2			
Minorities in Agriculture, Natural Resources, and Related Science	38-2868011			
Section C - The organization's governing documents, conflict of interest policy, and financial statemer	nts are shared in the form of reports			
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to financial members, as well as posted in a secured site for their review. Documents are also made a	vailable upon request from any entity.			
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