# **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

**Open to Public** Inspection

Form **990-EZ** (2017)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2017 calend	ar year, or tax year beginning 01/01 , 2017, ar	nd ending	1	12/31	, 20 17
<b>B</b> 0	heck if ap	pplicable:	C Name of organization			yer identifica	tion number
	Address o	change	MEDIA ECOLOGY ASSOCIATION INC			13-4171	251
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	none number	
=	Initial retu		c/o 55 Donald Drive			408-554-	4022
=	Final retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group	p Exemption	<u> </u>
=		on pending	Hastings on Hudson, NY, 10706-3623		Numl	ber ▶	
G /	Account	ting Method:	✓ Cash	Н	Check ▶	if the o	rganization is <b>no</b> t
I V	Vebsite	e: ► www	media-ecology.org			to attach Sc	-
J T	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3)	<u></u>	(Form 99	0, 990-EZ, c	or 990-PF).
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other				
LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	re, or if tota	assets		
(Par	t II, col	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		)	\$	24,198
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances	<b>s</b> (see the	instruc	tions for F	art I)
		Check if	the organization used Schedule O to respond to any question in	this Part I			🗹
	1	Contribution	ons, gifts, grants, and similar amounts received			1	0
	2	Program s	ervice revenue including government fees and contracts			2	4,738
	3	Membersh	ip dues and assessments		[	3	19,455
	4	Investment	: income		L	4	5
	5a	Gross amo	ount from sale of assets other than inventory 5a		0		
	b	Less: cost	or other basis and sales expenses		0		
	С		ss) from sale of assets other than inventory (Subtract line 5b from line	e 5a)	[	5c	0
	6	_	d fundraising events				
Φ	а		ome from gaming (attach Schedule G if greater than				
Ž	١.	,	6a		0		
Revenue	b		me from fundraising events (not including \$ 0 of c aising events reported on line 1) (attach Schedule G if the	contribution	IS		
œ							
			-		0		
	d		t expenses from gaming and fundraising events <b>6c</b> eor (loss) from gaming and fundraising events (add lines 6a and 0	6h and sul	otract		
	l u	line 6c)	e or (loss) from gaining and fundraising events (add lines of and t	ob and sui	Juaci	6d	•
	7a	,	s of inventory, less returns and allowances			ou	
	b		of goods sold		0		
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8		nue (describe in Schedule O)			8	0
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	24,198
	10		I similar amounts paid (list in Schedule O)			10	0
	11		aid to or for members			11	0
Ś	12		ther compensation, and employee benefits			12	0
Expenses	13		al fees and other payments to independent contractors			13	750
be	14		y, rent, utilities, and maintenance			14	0
Ж	15		ublications, postage, and shipping		_	15	10,452
	16		enses (describe in Schedule O) .See Schedule O, Statement 1			16	7,792
	17		enses. Add lines 10 through 16			17	18,994
<u>"</u>	18		(deficit) for the year (Subtract line 17 from line 9)			18	5,204
šet	19		or fund balances at beginning of year (from line 27, column (A)) (I				
Ass			r figure reported on prior year's return)			19	17,576
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		[	20	0
Z	21		or fund balances at end of year. Combine lines 18 through 20		. ▶	21	22.780

Page 2
Part II Balance Sheets (see the instructions for Part II)

	Check if the organization used Schedule	O to respond to ar				•
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			17,576	-	22,780
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			17,576		22,780
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column	<u> </u>		17,576	27	22,780
Part	<u> </u>	•		,		Evmanasa
	Check if the organization used Schedule	•	• •	Part III 📋	(Rec	Expenses quired for section
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 2			(c)(3) and 501(c)(4)
	ribe the organization's program service accompli				_	anizations; optional for
	easured by expenses. In a clear and concise m		services provided	, the number of	othe	ers.)
	ns benefited, and other relevant information for ea					1
28	Annual convention of members, with scholarly pres	entations and exchan	ge of research paper	s;		
	approximately 130 in attendance					
		includes foreign gra		▶ ⊔	28a	633
29	printing and mailing of annual academic journal, Ex	plorations in Media E	cology			
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ ⊔	29a	10,452
30						
		includes foreign gra			30a	1
31	Other program services (describe in Schedule O)					
20	(Grants \$ 0) If this amount	includes foreign gra	nts. check here    .	▶ 📙	31a	1   0
	Total program service expenses (add lines 28a	through 31a)		🕨	32	,
Pari	Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Ke	through 31a)	one even if not comp	ensated—see the in		,
	Total program service expenses (add lines 28a	through 31a)	one even if not comp ny question in this I	oensated – see the in		,
	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	through 31a)	one even if not comp ny question in this I (c) Reportable compensation	pensated—see the in Part IV (d) Health benefits, contributions to employ	nstruc 	ctions for Part IV)
	Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Ke	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	ee (e)	ctions for Part IV)
Part	Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ	ee (e)	ctions for Part IV)
Part	Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Lunceford	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	ee (e)	ctions for Part IV)
Pari Brett Presi	Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Lunceford dent	through 31a)	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	etions for Part IV)
Brett Presi Ed Ty	Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Lunceford dent rwoniak	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	ctions for Part IV)
Brett Presi Ed Ty	Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Lunceford  dent  rwoniak  president	through 31a)	one even if not company question in this I  (c) Reportable compensation  (Forms W-2/1099-MISC)  (if not paid, enter -0-)  0	pensated—see the in Part IV	nstruc 	etions for Part IV)
Brett Presi Ed Ty Vice- Paul	List of Officers, Directors, Trustees, and Kerneck if the organization used Schedule  (a) Name and title  Lunceford dent rwoniak president Grosswiler	through 31a)	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	etions for Part IV)
Brett Presi Ed Ty Vice- Paul Vice-	Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Lunceford dent rwoniak president Grosswiler President elect	through 31a)	n one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	0 0	etions for Part IV)
Brett Presi Ed Ty Vice- Paul Vice- Paul	List of Officers, Directors, Trustees, and Kerneck if the organization used Schedule  (a) Name and title  Lunceford dent rwoniak president Grosswiler President elect Soukup	through 31a)	one even if not company question in this I  (c) Reportable compensation  (Forms W-2/1099-MISC)  (if not paid, enter -0-)  0	pensated—see the in Part IV	nstruc 	etions for Part IV)
Brett Presi Ed T Vice- Paul Vice- Paul Treas	Lunceford dent rwoniak president Grosswiler President elect Soukup	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	0 0	Estimated amount of other compensation  0  0  0
Brettt Pressi Ed T Vice- Paul Vice- Paul Treas	List of Officers, Directors, Trustees, and Kerneck if the organization used Schedule  (a) Name and title  Lunceford dent rwoniak president Grosswiler President elect Soukup surer undo Gutierrez	through 31a)	n one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	0 0	etions for Part IV)
Brettt Presi Ed TV Vice- Paul Vice- Paul Treas Ferne	List of Officers, Directors, Trustees, and Kerneck if the organization used Schedule  (a) Name and title  Lunceford  dent  rwoniak  president  Grosswiler  President elect  Soukup  surer  ando Gutierrez  utive Secretary	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	etions for Part IV)
Brettt Presi Ed Ti Vice- Paul Treas Ferna Exec	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Lunceford dent rwoniak president Grosswiler President elect Soukup surer undo Gutierrez utive Secretary a Nayar	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	0 0	Estimated amount of other compensation  0  0  0
Brettt Press Ed T Vice- Paul Treas Fernne Exec Sheil	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Lunceford dent rwoniak president Grosswiler President elect Soukup surer ando Gutierrez utive Secretary a Nayar	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	etions for Part IV)
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Brettt Press Ed Ty Vice- Paul Treas Ferna Exec Sheil Secru Kare Past Briar	List of Officers, Directors, Trustees, and Kerneck if the organization used Schedule  (a) Name and title  Lunceford  dent  rwoniak  president  Grosswiler  President elect  Soukup  surer  ando Gutierrez  utive Secretary  a Nayar  etary  n Lollar  President  Cogan	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	etions for Part IV)
Brettt Press Ed Ty Vice- Paul Vice- Paul Treas Exec Sheil Secro Kare Past Briar	List of Officers, Directors, Trustees, and Kerneck if the organization used Schedule  (a) Name and title  Lunceford  dent  rwoniak  president  Grosswiler  President elect  Soukup  surer  ando Gutierrez  utive Secretary  a Nayar  etary  n Lollar  President  Cogan  d member	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0
Bretti Presi Ed T Vice- Paul Vice- Paul Treas Exec Sheil Secre Kare Past Briar Petel	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Lunceford dent rwoniak president Grosswiler President elect Soukup surer ando Gutierrez utive Secretary a Nayar etary b Lollar President Cogan d member Zhang	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated—see the in Part IV		Estimated amount of other compensation  0  0  0  0  0
Bretti Press Ed T Vice- Paul Vice- Paul Treas Ferne Exec Sheil Secre Kare Past Briar Boar	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Lunceford dent rwoniak president Grosswiler President elect Soukup surer ando Gutierrez utive Secretary a Nayar etary b Lollar President Cogan d member Zhang d member	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0  0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0  0  0
Brettt Press Ed T Vice- Paul Treas Ferna Exec Sheil Secr Kare Past Briar Boar Peter Boar Sara	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Lunceford dent rwoniak president Grosswiler President elect Soukup surer ando Gutierrez utive Secretary a Nayar etary n Lollar President Cogan d member Zhang d member van den Berg	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0
Brettt Pressi Ed Tylice- Paul Vice- Paul Treasi Fernn Exec Sheill Secri Karea Boar Petel Boar Saraa Boar	List of Officers, Directors, Trustees, and Kerneck if the organization used Schedule  (a) Name and title  Lunceford  dent  rwoniak  president  Grosswiler  President elect  Soukup  surer  undo Gutierrez  utive Secretary  a Nayar  stary  n Lollar  President  Cogan  d member  Zhang  d member  van den Berg  d member	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0  0  0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0
Brettt Press Ed Ty Vice- Paul Vice- Paul Treas Ferna Exec Sheil Secru Kare Past Boar Peter Boar Sara Boar Barry	List of Officers, Directors, Trustees, and Kerneck if the organization used Schedule  (a) Name and title  Lunceford  dent  woniak  president  Grosswiler  President elect  Soukup  surer  ando Gutierrez  utive Secretary  a Nayar  etary  n Lollar  President  Cogan  d member  Zhang  d member  van den Berg  d member  Liss	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0  0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0  0  0
Brettt Press Ed Ty Vice- Paul Vice- Paul Treas Exec Sheil Secro Kare Past Boar Boar Boar Boar Boar	List of Officers, Directors, Trustees, and Kerneck if the organization used Schedule  (a) Name and title  Lunceford  dent  rwoniak  president  Grosswiler  President elect  Soukup  surer  undo Gutierrez  utive Secretary  a Nayar  stary  n Lollar  President  Cogan  d member  Zhang  d member  van den Berg  d member	through 31a)	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0  0  0  0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0  0  0  0  0

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 $\triangleright$ 0; section 4912 $\triangleright$ 0; section 4955 $\triangleright$ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40h		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		<b>'</b>
Ū	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► NY			
42a	The organization's books are in care of ▶ Paul Soukup Telephone no. ▶	108-55	4-402	2
	Located at ► Communication Dept Santa Clara U 500 El Camino Real, Santa Clara, CA 95 ZIP + 4 ►	950	053	
D	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)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		\ <u></u>	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
ΛEο	explanation in Schedule O	44d 45a		~
45a b	Did the organization raceive any payment from or engage in any transaction with a controlled entity within the	458		
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		~

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Form 990	J-EZ (20	J17)							ŀ	age -
									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c								1
Part \	<b>/</b>	Section 501(c)(3) organizations	only						ı	
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	id 52, and	l com	plete th	e tables	for lin	es
		50 and 51.			. 41a:1- Daud	//				
		Check if the organization used Sch	iedule O to respond	to any question i	n this Part	VI .			Yes	· L
47	Did tl	ne organization engage in lobbying	activities or have a s	section 501(h) elec	tion in effe	ect du	ring the	tax	res	No
		If "Yes," complete Schedule C, Part						. 47		1
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedul	еЕ .		. 48		~
		ne organization make any transfers to	-	•					1	~
		s," was the related organization a se								<u> </u>
		plete this table for the organization's byees) who each received more than								
	empi	byees) who each received more than				ealth bei		e, enter	ivone.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribu	tions to e	employee	(e) Estima		
	,		devoted to position	(Forms W-2/1099-MIS		lans, and mpensat	d deferred tion	other co	mpensa	ition
None										
51	Comp \$100,	number of other employees paid over plete this table for the organization's 000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no	ensated independe		- otors w		received		e thar
None						+				
						-				
				_						
						+				
						+				
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶					
		he organization complete Schedu	le A? Note: All se	ection 501(c)(3) or	ganization	s mus	st attach	n_a	_	
	comp	oleted Schedule A				<u></u>		. <b>►</b> ∠ Ye	s 📙	No
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than						nowledge ar	nd belief	, it is
45, 5511		h		propar	uny Kin					
Sign		Signature of officer				Date				
Here		Paul Soukup, Treasurer								
		Type or print name and title								
Paid	•	Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prepa	arer						self-emplo	yed		
Use C		Firm's name ▶			Firm's					
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### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

	IA ECOLOGY ASSOCIATION INC						71251
Pa							ns.
The o	organization is not a private found		,		•	•	
1	A church, convention of church						
2	A school described in <b>section</b>		,			• •	
3	A hospital or a cooperative ho						···· - · · · ·
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in <b>s</b>	section 170(b)(1)(A)	(III). Enter the
_	hospital's name, city, and stat						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)			•		ai unit described in
6	A federal, state, or local gover						
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or from	n the general public
8	A community trust described			-			
9	An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related	I to its exempt fu	nctions—subject to c	ertain exc	ceptions,	and (2) no more tha	n 33¹/₃% of its
	support from gross investmen acquired by the organization a	it income and un after June 30. 197	related business taxal 75. See <b>section 509(a</b>	bie incom <b>a)(2).</b> (Coi	ne (less se mplete Pa	ection 511 tax) from	businesses
11	An organization organized and						
12	☐ An organization organized and	d operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes
	of one or more publicly supp						
	Check the box in lines 12a thro	ough 12d that des	scribes the type of sup	porting o	organizatio	on and complete line	es 12e, 12f, and 12g.
а	_ ;						
	the supported organization <b>Y</b> supporting organization. <b>Y</b>					he directors or trust	ees of the
b	☐ <b>Type II.</b> A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of organization(s). You must				persons	that control or man	age the supported
С	Type III functionally integ its supported organization						ally integrated with,
d			•		-		orted organization(s)
u	that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е	☐ Check this box if the organ	nization received	a written determination	on from t	ne IRS tha	at it is a Type I. Type	e II. Type III
	functionally integrated, or						71
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	listed in you	organization ur governing ment?	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	Yes	No No	instructions)	instructions)
/A\				103	140		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota							

(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, 1 membership fees received. (Do not include any "unusual grants.") . . . revenues levied 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. . . . 4 The portion of total contributions by 5 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) . . . . 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 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 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 (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 % Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 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 box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 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 10%-facts-and-circumstances test - 2016. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

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

## Part III 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.)

Secti	on A. Public Support			, , ,		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	` ,	` '	` ,	` ,		,,
	received. (Do not include any "unusual grants.")	14,645	19,600	22,108	15,210	19,455	91,018
2	Gross receipts from admissions, merchandise	, , , ,	-,	,	-, -	-,	- 7
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	6,545	10,498	9,052	6,690	3,234	36,019
3	Gross receipts from activities that are not an	0,010	10,100	0,002	0,000	0,20.	00,010
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	<b>Total.</b> Add lines 1 through 5	21,190	30,098	31,160	21,900	22,689	127,037
7a	Amounts included on lines 1, 2, and 3		30,000	01,100			121,001
	received from disqualified persons .	0	0	0	0	0	0
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	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	-		-	-	-	
	line 6.)						127,037
Secti	on B. Total Support				•		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	21,190	30,098	31,160	21,900	22,689	127,037
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	25	2,700		1,883	1,508	6,116
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	25	2,700	0	1,883	1,508	6,116
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	21,215	32,798	31,160	23,783	24,197	
14	First five years. If the Form 990 is for the	•			•		` ' : '
Cooti	organization, check this box and stop he						🕨 📙
15	on C. Computation of Public Suppor Public support percentage for 2017 (line 8			2 column (f)		15	05.44.0/
16	Public support percentage for 2017 (line of Public support percentage from 2016 Sch					16	95.41 % 96.59 %
	on D. Computation of Investment Inc					10	90.59 70
17	Investment income percentage for 2017 (			v line 13 colur	nn (f))	17	4.59 %
18	Investment income percentage from 2016			-		18	3.41 %
19a	331/3% support tests—2017. If the organ						
100	17 is not more than 331/3%, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2016. If the organiz	_	_	-		_	_
~	line 18 is not more than 331/3%, check this is						
20	Private foundation. If the organization di						

#### Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

CU	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
_		1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
Ju	(b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	0		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	J		
	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in 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.	9с		
0a	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 10b below.	10a		
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.)	10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_		
2	Did the approximation approach fourths benefit of any approximation at how there the approached	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			Ĺ
Occur	on or Type in supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	7		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
<del></del>	,, ,	3		<u> </u>
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
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 government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
			. 63	.40
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	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.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporti	ng organization (see

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	T					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013						
c	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
<u>i</u> _	Carryover from 2012 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2013						
b	Excess from 2014						
c	Excess from 2015						
d	Excess from 2016						
е	Excess from 2017						

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

name of the organization	Employer identification number
MEDIA ECOLOGY ASSOCIATION INC	13-4171251

Schedule O, Statement 1

### MEDIA ECOLOGY ASSOCIATION INC

Form: **Form 990-EZ (2017)** EIN: **13-4171251** 

Page: **1** 

Part I, Line 16

#### Other Expenses Structured Explanation

Description	Amount
annual convention	633
Board travel	6,427
bank charges	457
miscellaneous	275
Total:	7.792

Schedule O, Statement 2

MEDIA ECOLOGY ASSOCIATION INC

Form: Form 990-EZ (2017)
Page: 2
EIN: 13-4171251
Part III

**Primary Exempt Purpose** 

#### **Primary Exempt Purpose**

The Media Ecology Association, Inc. was organized exclusively for scientific and educational purposes. Specifically, The Media Ecology Association, Inc. (MEA) is a not-for-profit organization dedicated to promoting the study, research, criticism, and application of media ecology in educational, industry, political, civic, social, cultural, and artistic contexts, and the open exchange of ideas, information, and research among the Association's members.

#### MEDIA ECOLOGY ASSOCIATION INC

Form: **Form 990-EZ (2017)** EIN: **13-4171251** 

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Part IV

#### Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name	Alex Kuskis	1	0	0	0
Title	Board member				
Name	Mike Plugh	1	0	0	0
Title	Internet Officer				
Name	Lance Strate	2.5	0	0	0
Title	Journal Editor				
Name	Susan Jasko	0.5	0	0	0
Title	newsletter editor				
Name	Paolo Granata	0.5	0	0	0
Title	member-at-large				