Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 calenda	ar year, or tax year beginning 01/01 , 2019, and ending	12/31	, 20 19		
B 0	heck if ap	oplicable:	C Name of organization D E	mployer ic	dentification number		
	Address c	hange	MEDIA ECOLOGY ASSOCIATION INC	13-4171251			
	Name cha	•	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E 1	elephone r	number		
=	nitial retur	rn rn/terminated	c/o 55 Donald Drive	40	08-554-4022		
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption		
=		n pending	Hastings on Hudson, NY, 10706-3623	Number	>		
G A	ccount	ting Method:	✓ Cash	ck ▶ 🔽	if the organization is not		
ΙV	/ebsite	e: ► www.	media-ecology.org requ	ired to at	tach Schedule B		
J T	ax-exen			m 990, 99	0-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass				
(Par	t II, coli	umn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ	. • 9	62,987		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	ructions	s for Part I)		
		Check if	the organization used Schedule O to respond to any question in this Part I .				
	1	Contributio	ons, gifts, grants, and similar amounts received	. 1	22		
	2	Program se	ervice revenue including government fees and contracts	. 2	13,025		
	3	Membersh	ip dues and assessments	. 3	47,755		
	4	Investment	:income	. 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 6		ss) from sale of assets other than inventory (subtract line 5b from line 5a) d fundraising events:	. 5c	0		
ē	а	Gross ince \$15,000) .	0				
Revenue	b		me from fundraising events (not including \$ 0 of contributions	\dashv			
ě			aising events reported on line 1) (attach Schedule G if the				
			th gross income and contributions exceeds \$15,000) 6b	0			
	С	Less: direc	t expenses from gaming and fundraising events 6c	0			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct			
				. 6d	0		
	7a	Gross sale	s of inventory, less returns and allowances	160			
	b		of goods sold	0			
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7с	160		
	8		nue (describe in Schedule O) . See Schedule O, Statement 1	. 8	2,020		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		62,987		
	10		I similar amounts paid (list in Schedule O)	. 10	0		
	11		aid to or for members	. 11	0		
Š	12		ther compensation, and employee benefits		0		
Expenses	13		al fees and other payments to independent contractors		200		
be	14	Occupancy	y, rent, utilities, and maintenance	. 14	2,453		
Щ	15		ublications, postage, and shipping		16,578		
	16		enses (describe in Schedule O) .See Schedule O, Statement 2		31,926		
	17		enses. Add lines 10 through 16		51,157		
S	18		(deficit) for the year (subtract line 17 from line 9)		11,830		
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wi				
Ass		end-of-yea	r figure reported on prior year's return)	. 19	22,292		
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	34,122		

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

	Check if the organization used Schedule	O to respond to ar	ny question in this f	Part II		🖂
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			22,292		34,122
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25				22,292		34,122
26	Total liabilities (describe in Schedule 0)				26	0
27	Net assets or fund balances (line 27 of column	<u> </u>		22,292	27	34,122
Par	3	•		•		Evmanaaa
	Check if the organization used Schedule	•	•	Part III L	(Re	Expenses quired for section
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 3			(c)(3) and 501(c)(4)
	ribe the organization's program service accompli-					anizations; optional for ers.)
	easured by expenses. In a clear and concise mons benefited, and other relevant information for ea		e services provided	, the number of	Olite	615.)
•	*	<u> </u>		_		1
28	Annual convention of members, with scholarly prese					
	approximately 320 in attendance					
	(Grants \$ 0) If this amount	includes foreign gra	nts chack hara		28a	21 000
29	printing and mailing of annual academic journal, Exp				200	21,098
23	man mahara					
	members					
	(Grants \$ 0) If this amount	includes foreign gra	nts check here	▶ □	298	a 16,578
30	· · · · · · · · · · · · · · · · · · ·					10,570
•						
	(Grants \$) If this amount	includes foreign gra	nts. check here .	• 🗖	30a	a
31	Other program services (describe in Schedule O)				-	_
		includes foreign gra			31a	a 0
32					32	27.77
O_	Total program service expenses (add lines 28a t	through 31a)			32	37,676
Par						0.10.0
		Employees (list each	one even if not comp	ensated-see the ir		0.10.0
	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp ny question in this f (c) Reportable	pensated—see the in Part IV	nstru	ictions for Part IV)
	List of Officers, Directors, Trustees, and Key	O to respond to ar (b) Average hours per week	one even if not comp ny question in this f (c) Reportable	pensated—see the ir Part IV (d) Health benefits, contributions to employe	nstru 	ictions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to ar (b) Average	n one even if not comp ny question in this f (c) Reportable compensation	pensated—see the ir Part IV (d) Health benefits, contributions to employe	nstru ee (e)	ictions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	Pensated — see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e)	ictions for Part IV)
Paul	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this in (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Pensated — see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e)	ictions for Part IV)
Paul Pres	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Grosswiler	O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this in (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e)	ictions for Part IV)
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Paul Pres Paol Vice	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Grosswiler ident o Granata	O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e)	ictions for Part IV)
Paul Pres Paol Vice- Pego	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Grosswiler ident o Granata president	(b) Average hours per week devoted to position 1.00	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru 	cictions for Part IV)
Paul Pres Paol Vice- Pego Vice-	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Grosswiler Ident O Granata Dresident Dy Cassidy	(b) Average hours per week devoted to position 1.00	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru 	cictions for Part IV)
Paul Pres Paol Vice Pego Vice Paul	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Grosswiler Ident O Granata President Dy Cassidy President elect	(b) Average hours per week devoted to position 1.00 1.00	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru	ictions for Part IV)
Paul Pres Paol Vice- Pego Vice- Paul Trea	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Grosswiler ident o Granata president by Cassidy President elect Soukup	(b) Average hours per week devoted to position 1.00 1.00	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru	ictions for Part IV)
Paul Pres Paol Vice- Pego Vice- Paul Trea: Fern	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Grosswiler ident o Granata president by Cassidy President elect Soukup surer	(b) Average hours per week devoted to position 1.00 3.00 2.00	one even if not compay question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	octions for Part IV) Destinated amount of other compensation 0 0 0
Paul Pres Paol Vice- Pegg Vice- Paul Trea Fern Exec	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Grosswiler ident o Granata president by Cassidy President elect Soukup surer ando Gutierrez	(b) Average hours per week devoted to position 1.00 3.00 2.00	one even if not compay question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	octions for Part IV) Destinated amount of other compensation 0 0 0
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Paul Press Paol Vice- Pegg Vice- Paul Trea Exec Cath Secr Ed T past Lanc Jour Scot Boar Briar	Check if the organization used Schedule (a) Name and title Grosswiler Ident O Granata O Granata O Grasidy President elect Soukup Surer Indiand Gutierrez Indiverse Secretary O Adams O Etary O O O O O O O O O O O O O O O O O O O	(b) Average hours per week devoted to position 1.00 3.00 1.00 2.00 1.00 3.00	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 ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	octions for Part IV) Destinated amount of other compensation O O O O O O O
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Paul Press Paol Vice- Pegg Vice- Paul Trea Exec Cath Secr Ed T past Lanc Jour Scot Boar Boar Matt Boar	Check if the organization used Schedule (a) Name and title Grosswiler ident o Granata president ly Cassidy President elect Soukup surer ando Gutierrez utive Secretary y Adams etary ywoniak president e Strate nal Editor t Church d member and newsletter editor n Cogan d member and awards coordinator Thomas d member and Internet Officer	(b) Average hours per week devoted to position 1.00 3.00 1.00 2.00 1.00 0.50 1.00	one even if not company question in this for (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	octions for Part IV) Destinated amount of other compensation O O O O O O O O O O O O O
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Form 990-EZ (2019)

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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			
05-	change on Schedule O. See instructions	34		~
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		1
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 37a)		
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	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:	1		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 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	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
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		1	
42a	The organization's books are in care of ▶ Paul Soukup Telephone no. ▶	408-55	4-402	2
	Located at ► Communication Dept Santa Clara U 500 El Camino Real, Santa Clara, CA 95 ZIP + 4 ►	95	053	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	No
	If "Yes," enter the name of the foreign country ▶	42b		~
	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? .	42c		~
40	If "Yes," enter the name of the foreign country ►			. —
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. '	
	Billin		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			Ť
45-	explanation in Schedule O	44d		
45a h	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		./

Page 3

U-EZ (20	J 19)						Р	age -
							Yes	No
			Parti			· 46		/
			stions 47–49h an	d 52 and d	complete th	e tables f	or line	20
	` ,` ,	3 must answer que	3110113 47 435 411	a 52, ana (ompicie in	c tables i	01 1111	
		nedule O to respond	to any question ir	n this Part V	/I			
	<u></u>						Yes	No
Did tl	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in effec	t during the	tax		
year?	If "Yes," complete Schedule C, Part	11				. 47		~
Is the	organization a school as described in	section 170(b)(1)(A)(ii)? If "Yes," complet	e Schedule	Е	. 48		>
	•	-	_					/
								d key
empi	byees) who each received more than	\$100,000 of comper	isation from the org			e, enter in	ione.	
(a)	Name and title of each employee	(b) Average	(c) Reportable	contributio	ns to employee			
()	name and this or such employee	devoted to position		(.) .		other com	npensat	ion
				90				
		\$400.000						
					, 			41
				nt contracto	ors wno eacr	n received	more	tnar
(a)	Name and business address of each independ	ent contractor	(b) Type of s	ervice	(C) Compensati	on	
			-					
Total	number of other independent contra	ctors each receiving	over \$100.000 .	.▶				
		=		ganizations	must attacl	n a		
	•			_				No
						nowledge and	l belief,	it is
rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepare	er has any knov	vledge.			
					Date			
	Paul Soukup, Treasurer							
		Preparer's signature	T	Date		PTINI		
	Print/Type preparer's name	Toparor a signature		Duit	Check	l if		
	Firm's name			-	· ·	,,		
Jnly								
- IDC	discuss this return with the preparer	shown above? See i	nstructions		none no.	►		No.
	Did the to can viii with the can with	Section 501(c)(3) Organizations All section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch Did the organization engage in lobbying year? If "Yes," complete Schedule C, Part Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization as e Complete this table for the organization's employees) who each received more than (a) Name and title of each employee Total number of other employees paid ove Complete this table for the organization's \$100,000 of compensation from the organ (a) Name and business address of each independ Total number of other independent contra Did the organization complete Schedu complete of organization complete Schedu complete of organization of preparer (other than Total number of other independent contra Did the organization of preparer (other than Total number of other independent contra Did the organization of preparer (other than Total number of other independent contra Did the organization of preparer (other than Total number of other independent contra Did the organization of preparer (other than Total number of other independent contra Did the organization of preparer (other than Total number of other independent contra Did the organization and the organization's signature of officer Paul Soukup, Treasurer Type or print name and title Print/Type preparer's name Firm's name Firm's name Firm's address ▶	Did the organization engage, directly or indirectly, in political of to candidates for public office? If "Yes," complete Schedule C, VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer que 50 and 51. Check if the organization used Schedule O to respond Did the organization engage in lobbying activities or have a syear? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii) Did the organization make any transfers to an exempt non-chain if "Yes," was the related organization a section 527 organization complete this table for the organization's five highest compensation years and title of each employee (a) Name and title of each employee (b) Average hours per week devoted to position Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensation, and the properties of the position of the position of the organization. If there is not a section of preparation of the organization. If there is not calculate the position of the organization complete Schedule A? Note: All secompleted Schedule A	Did the organization engage, directly or indirectly, in political campaign activities to candidates for public office? If "Yes," complete Schedule C, Part I	Did the organization engage, directly or indirectly, in political campaign activities on behalf of to candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and 650 and 51. Check if the organization used Schedule O to respond to any question in this Part V Did the organization engage in lobbying activities or have a section 501(h) election in effective? If "Yes," complete Schedule C, Part II. Did the organization as shool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization? Sive highest compensated employees (other than of employees) who each received more than \$100,000 of compensation from the organization? (a) Name and title of each employee (b) Name prove week devoted to position Total number of other employees paid over \$100,000 . Complete this table for the organization's five highest compensated independent contracts \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations completed Schedule A Printy of peripare, I declare that I have examined this return, including accompanying schedules and statements, and to price, and complete, Declaration of preparer (other than officer) Paul Soukup, Treasurer Printy or print aname and title Printy Type or print aname and title	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposit to candidates for public office? If "Yes," complete Schedule C, Part 1	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 1	Ves Section 501(c)(3) Organizations only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for limit 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Ves Section 501(c)(3) Organizations used Schedule O to respond to any question in this Part VI Ves Section 501(c)(3) Organization used Schedule O to respond to any question in effect during the tax Ves Ves Section 501(c)(3) Organization engage in lobbying activities or have a section 501(h) election in effect during the tax Ves Ves Section 501(h) Section 150(h) Section 150(h)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

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

MED	IA ECOLOGY ASSOCIATION INC					13-41	/1251
Pai	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The o	organization is not a private founda	ation because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)	
1	☐ A church, convention of churc	hes, or associati	on of churches descri	bed in se	ection 17	′0(b)(1)(A)(i).	
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3	☐ A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally	receives a subs	tantial part of its sup				n the general public
8	described in section 170(b)(1) A community trust described in		•	Part II.)			
9	☐ An agricultural research organ				erated in	conjunction with a l	and-grant college
	or university or a non-land-gra university:	nt 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 support from gross investmen acquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxal	ertain exc ole incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 33¹/3% of its
11	An organization organized and				-	•	
12	☐ An organization organized and	-		-			rv out the purposes
	of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	☐ Type I. A supporting organ	nization operated	I, supervised, or contr	olled by	ts suppo	rted organization(s),	typically by giving
	the supported organization supporting organization.	n(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b	☐ Type II. A supporting orga						
	control or management of organization(s). You must	complete Part I	V, Sections A and C	•			
С	Type III functionally integ its supported organization						ally integrated with,
d	☐ Type III non-functionally						
	that is not functionally inte requirement (see instruction						d an attentiveness
е	☐ Check this box if the organ	•	-				e II, Type III
_	functionally integrated, or						
f	Enter the number of supported	organizations .					
g	Provide the following informatio (i) Name of supported organization	n about the supp (ii) EIN	(iii) Type of organization	(in) to the c	rappization	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported organization	(II) EIN	(described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?		other support (see instructions)
				Yes	No		,
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	1						

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0045	# > 0040	() 0047	(1) 00 (0	() 0040	(n =
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				(0 00 10		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4						
9	similar sources						
J	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.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	`	,			12	
13	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
0 1:	organization, check this box and stop he		<u> </u>	· · · · ·			▶ 📙
	on C. Computation of Public Suppor			1 column (f)		14	0/
14 15	Public support percentage for 2019 (line 6) Public support percentage from 2018 Sci					15	<u>%</u>
16a	33 ¹ / ₃ % support test—2019. If the organi						
	box and stop here. The organization qua						
b	33^{1} /3% support test-2018. If the organithis box and stop here. The organization				•		•
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here .	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	e "facts-and-c ts-and-circums	circumstances stances" test.	" test, check The organizati	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	22,108	15,210	19,455	13,026	47,750	117,549
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	9,052	6,690	3,234	8,748	13,185	40,909
3	Gross receipts from activities that are not an unrelated trade or business under section 513	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
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0		0	0
6	Total. Add lines 1 through 5	31,160	21,900	22,689	21,774	60,935	158,458
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	Ü	J	J	Ü	J	
	line 6.)						158,458
Secti	on B. Total Support					!	· ·
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	31,160	21,900	22,689	21,774	60,935	158,458
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		1,883	1,508	2,108	2,047	7,546
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0		0	0
С	Add lines 10a and 10b	0	1,883	1,508	2,108	2,047	7,546
11	Net income from unrelated business	J	1,000	1,500	2,100	2,041	7,040
	activities not included in line 10b, whether						
	or not the business is regularly carried on	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		160	160
13	Total support. (Add lines 9, 10c, 11, and 12)						
4.4	and 12.)	31,160	23,783	24,197	23,882	63,142	166,164
14	organization, check this box and stop he	•			•		
Secti	on C. Computation of Public Suppor						· · ·
15	Public support percentage for 2019 (line 8			13. column (f))		15	95.36 %
16	Public support percentage from 2018 Sch		•			16	93.96 %
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (y line 13, colu	mn (f))	17	4.54 %
18	Investment income percentage from 2018					18	6.04 %
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box	_	-	-		_	_
b	331/3% support tests—2018. If the organiz						
20	line 18 is not more than 331/3%, check this leads to the second of the s	_	=	•	-	-	
4 U	THE PROPERTY OF THE PROPERTY AND THE PRO	u いいにいいせいへ ろり	DOX OH IIIE 14.	. 13a.ULISU.C	いっしん いいろ いいス	때 10 900 미양미대	ווי 🗲 ו

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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	4		
_		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 Part VI 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		
L		Ja		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
_		JU		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5а	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authority 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	Substitutions only. 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 Part VI .	6		
7		U		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	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 Part VI.	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.	9c		
100		50		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 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	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 Part VI .	11c		
Secti	on B. Type I Supporting Organizations		\ <u>'</u>	
			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 Part VI 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.	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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II 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 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 Part VI identify 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	_u		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
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 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			
6 Distributable Amount. 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-functionall instructions).	y int	egrated Type III supporti	ng organization (see	

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	. 490 1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
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 (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI

Part VI	Supplemental Information. 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 A	, Part III, Line 12 - sales of back issues of journal

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number		
MEDIA ECOLOGY ASSOCIATION INC	13-4171251		
······			
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Schedule O, Statement 1

MEDIA ECOLOGY ASSOCIATION INC

Form: Form 990-EZ (2019) EIN: 13-4171251

Page: 1 Part I, Line 8

Other Revenue Structured Explanation

Description	Amount
royalties	2,020
Total:	2 020

Schedule O, Statement 2

MEDIA ECOLOGY ASSOCIATION INC

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Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Board meetings	8,572
annual convention expenses	21,098
supplies	322
banking charges	1,934
Total:	31.926

Schedule O, Statement 3

MEDIA ECOLOGY ASSOCIATION INC

Form: Form 990-EZ (2019) EIN: 13-4171251

Page: 2 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 (2019)** EIN: **13-4171251**

Page: 2

Part IV

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name Title	Carolin Aronis Board member and web adviser	3.00	0	0	0
Name Title	Brett Lunceford counselor	0.50	0	0	0