Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Open to Public

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.

| AI | For the | 2022 calenda | ar year, or tax year beginning | 01/01/2022 | and | ending | 12 | /31/2022 | | |
|------------|---|--|--|-----------------------------|------------|-------------------|--------------|--------------|--------------------------|--|
| В | Check if ap | oplicable: | C Name of organization | | | | D Emp | loyer identi | fication number | |
| | Address c | s miles in the contribution in the contributio | | | | | | 13-4171251 | | |
| | Name cha | • | Number and street (or P.O. box if mail is not de | elivered to street address) | | Room/suite | E Telep | ohone numb | per | |
| = | Initial return Final return/terminated c/o 55 Donald Drive | | | | | | | | 54-4022 | |
| = | Amended | | City or town, state or province, country, and ZI | P or foreign postal code | | | F Gro | up Exemp | tion | |
| = | | n pending | Hastings on Hudson, NY 10706-3623 | | | | Nun | nber | | |
| G | Account | ting Method: | ✓ Cash | ·): | | ı | H Check | if the or | ganization is not | |
| | | | dia-ecology.org | | | | | | Schedule B | |
| | | | ck only one) – 🔽 501(c)(3) 🗌 501(c) (|) (insert no.) | 7(a)(1) or | <u></u> | (Form 9 | 90). | | |
| | | | ✓ Corporation ☐ Trust | | Other: | | | | | |
| L A | Add lines | s 5b, 6c, and | 7b to line 9 to determine gross receipts. If | gross receipts are \$200. | ,000 or m | nore, or if to | tal assets | | | |
| (Pa | rt II, coli | umn (B)) are \$ | 5500,000 or more, file Form 990 instead of | Form 990-EZ | | | | . \$ | 23,872 | |
| Р | art I | Revenu | e, Expenses, and Changes in Ne | et Assets or Fund E | Balance | es (see th | ne instru | ctions fo | or Part I) | |
| | | Check if | the organization used Schedule O t | to respond to any qu | estion i | n this Par | tl | | | |
| | 1 | Contributio | ons, gifts, grants, and similar amounts | received | | | | 1 | 1,012 | |
| | 2 | Program se | ervice revenue including government | fees and contracts | | | | 2 | 7,049 | |
| | 3 | Membersh | ip dues and assessments | | | | | 3 | 15,650 | |
| | 4 | Investment | income | | | | | 4 | 11 | |
| | 5a | Gross amo | unt from sale of assets other than inv | entory | 5a | | 0 | | | |
| | b | Less: cost | or other basis and sales expenses. | | 5b | | 0 | | | |
| | С | | ss) from sale of assets other than inve | ntory (subtract line 5b | from lin | ne 5a) . | | 5c | 0 | |
| | 6 | _ | d fundraising events: | la O if avanatav tlana | | | | | | |
| Revenue | а | | ome from gaming (attach Schedul | _ | 6a | | 0 | | | |
| Ve. | b | | me from fundraising events (not inclu | | | f contribut | tions | | | |
| Be | | | aising events reported on line 1) (atta | | · | | | | | |
| | | | h gross income and contributions exc | | 6b | | 0 | | | |
| | С | | t expenses from gaming and fundrais | • | 6c | | 0 | | | |
| | d | | e or (loss) from gaming and fundrais | • | 6a and | 6b and s | subtract | | | |
| | | line 6c) . | | | | | | 6d | 0 | |
| | 7a | Gross sale | s of inventory, less returns and allowa | | 7a | | 150 | | | |
| | b | | of goods sold | | 7b | | 150 | | | |
| | С | • | it or (loss) from sales of inventory (sub | | , | | | 7c | 0 | |
| | 8 | Other reve | nue (describe in Schedule O) | | | | <u></u> | 8 | 0 | |
| | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a | | | | | 9 | 23,722 | |
| | 10 | | l similar amounts paid (list in Schedul | e O) | | | | 10 | 0 | |
| | 11 | - | aid to or for members | | | | | 11 | 0 | |
| es | 12 | | ther compensation, and employee be | | | | | 12 | 0 | |
| Expenses | 13 | | al fees and other payments to indepe | | | | | 13 | 1,350 | |
| g | 14 | Occupancy | , rent, utilities, and maintenance . | | | | | 14 | 1,426 | |
| ш | 15 | | ublications, postage, and shipping . | | | | | 15 | 11,046 | |
| | 16 | | enses (describe in Schedule O) .See : | | | | | 16 | 18,571 | |
| | 17 | | nses. Add lines 10 through 16 | | | | | 17 | 32,393 | |
| Ŋ | 18 | Excess or | deficit) for the year (subtract line 17 fi | rom line 9) | | | | 18 | -8,671 | |
| set | 19 | | or fund balances at beginning of year | | | | | | | |
| As | | end-of-yea | r figure reported on prior year's return | 1) | | | | 19 | 47,233 | |
| Net Assets | 20 | Other char | iges in net assets or fund balances (e. | xplain in Schedule O) | <u></u> . | <u></u> | <u></u> | 20 | 0 | |
| Z | 21 | Net assets | or fund balances at end of year. Com | bine lines 18 through | 20 . | | | 21 | 38,562 | |

Form 990-EZ (2022) Page **2**

| Pa | rt II Balance Sheets (see the instructions f | or Part II) | | | | |
|------|--|--|---|-----------------------|-------------|---|
| | Check if the organization used Schedule | O to respond to ar | ny question in this | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | [| 47,233 | 22 | 38,562 |
| 23 | Land and buildings | | [| 0 | 23 | 0 |
| 24 | Other assets (describe in Schedule O) | | [| 0 | 24 | 0 |
| 25 | Total assets | | | 47,233 | 25 | 38,562 |
| 26 | Total liabilities (describe in Schedule O) | | [| 0 | 26 | 0 |
| 27 | Net assets or fund balances (line 27 of column | | | 47,233 | 27 | 38,562 |
| Par | t III Statement of Program Service Accom | plishments (see th | e instructions for I | | | |
| | Check if the organization used Schedule | O to respond to ar | ny question in this | Part III | | Expenses |
| Wha | t is the organization's primary exempt purpose? | See Schedule O. Sta | tement 2 | | | quired for section (c)(3) and 501(c)(4) |
| | cribe the organization's program service accomplis | | | rogram services | 1 | (c)(3) and 501(c)(4) anizations; optional fo |
| as n | neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea | anner, describe the | | | | ers.) |
| | Annual convention of members, with scholarly prese | <u> </u> | go of research nane | re· | | |
| | anneyimately 200 in attendance | | | | | |
| | approximatery 200 in attenuance | | | | | |
| | (Grants \$ 1,000) If this amount | includes foreign gra | nts chack hara | | 288 | 12,247 |
| 29 | printing and mailing of annual academic journal, Exp | | | | 200 | 12,247 |
| 29 | | | | | | |
| | members | | | | | |
| | (Grants \$ 0) If this amount | includes foreign gra | nte chock horo | | 298 | 12 207 |
| 30 | (Grants \$ 0) It this amount | includes foreign gra | ints, check here . | 🗆 | 296 | 12,397 |
| 30 | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign are | nto chook horo | | 30a | |
| 24 | | includes foreign gra | | | 302 | 1 |
| 31 | Other program services (describe in Schedule O) | | | | 24. | |
| 22 | (Grants \$ 0) If this amount Total program service expenses (add lines 28a t | includes foreign gra | | | 31a | |
| | | | | | | = ./0 |
| rai | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule | | | | | |
| | Check if the organization used Schedule | U to respond to an | · · · · · · · · · · · · · · · · · · · | Tailiv | | · · · · <u></u> |
| | (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-) | deferred compensation | | Estimated amount of other compensation |
| Adra | ina Braga | 1.50 | (|) | 0 | 0 |
| | ident | | | | | |
| | Plugh | 2.00 | (| | 0 | 0 |
| | -president and program planner | | | | | |
| | Soukup | 2.00 | (| | 0 | 0 |
| | surer | | | | | |
| Fern | ando Gutierrez | 1.50 | (| | 0 | 0 |
| Exe | cutive Secretary | | | | | |
| | adette Bowen | 0.50 | (| | 0 | 0 |
| | etary | | | | | |
| | ce Strate | 0.75 | (|) | 0 | 0 |
| | d member and awards coordinator | | | | | |
| | est Hakanen | 2.00 | (|) | 0 | 0 |
| | d member and journal editor | 2.00 | | | 1 | · · |
| | Thomas | 2.00 | (| | 0 | 0 |
| | rd member and Internet Officer | 2.00 | | | Ĭ | V |
| | in Hestdalen | 0.50 | (| | 0 | 0 |
| | rd member and newsletter editor | 0.50 | | | ٦ | O |
| | an Drucker | 0.50 | (| | 0 | 0 |
| | rd member and Historian | 0.50 | | ' | ٦ | U |
| | | | | | + | |
| (COI | tinued on Schedule O, Statement 3) | | | | | |
| | | i . | i . | i . | 1 | |

Part V

| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | 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 | | > |
| 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 | | \ |
| 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 | | / |
| | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 35b | | |
| С | 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 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; 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: | | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b 40- | 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: | | | |
| h | section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| b | 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: | 406 | | |
| | The organization's hooks are in care of: Paul Soukup | 108-55 | 4-4022 | 2 |
| | Located at: Communication Dept Santa Clara U 500 El Camino Real, Santa Clara, CA 95 ZIP + 4 | | 7-402 <i>2</i> 053 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | ~ |
| | 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 Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | and onto the amount of tax exempt interest received of accrete duffing the tax year | | 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 | .00 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | 444 | | |
| | 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 | | | |
| | explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ~ |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions | 45h | | ./ |

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

| -orm 990 | J-EZ (20 | 122) | | | | | | | age • |
|--------------|----------------|--|--|----------------------------------|-------------|----------------------|----------------|-----------|--------|
| | | | | | | | | Yes | No |
| | | ne organization engage, directly or in ndidates for public office? If "Yes," c | | | | | | | ~ |
| Part \ | | Section 501(c)(3) Organizations | | | | | 40 | | |
| | | All section 501(c)(3) organizations | | stions 47-49b an | d 52. and | complete th | ne tables | for lin | es |
| | | 50 and 51. | | | , | | | | |
| | | Check if the organization used Sch | nedule O to respond | to any question in | n this Part | VI | | | . г |
| | | | | , | | | | Yes | No |
| | | ne organization engage in lobbying If "Yes," complete Schedule C, Part | | section 501(h) elec | | | e tax | | 1 |
| | - | organization a school as described in | | | | | . 48 | + | ~ |
| | | ne organization make any transfers to | | | | | | | ~ |
| | | s," was the related organization a se | | | | | . 49b | | |
| | | blete this table for the organization's | | | | | | | ld ke |
| | | byees) who each received more than | | | | | | | |
| | | | · | (c) Reportable | | alth benefits, | | | |
| | (a) | Name and title of each employee | (b) Average hours per week | compensation | contribut | ons to employee | (e) Estimat | ed amo | unt of |
| | (α) | name and the or saon employee | devoted to position | (Forms W-2/1099-MIS 1099-NEC) | | ans, and deferred | other co | mpensa | tion |
| NI | | | | 1099-1120) | 001 | npensation | | | |
| None | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 51 | Comp \$100, | number of other employees paid over olete 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 | | | ch received | | thai |
| NI | (a) | name and business address of each independ | ent contractor | (b) Type of s | ervice | ,, | C) Compensa | .1011 | |
| None | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Tatal | number of other independent | otoro opob reselvice | 0.vor \$100,000 | | | | | |
| | | number of other independent contra | = | | · . —— | | | | |
| | | he organization complete Schedu leted Schedule A | | | _ | | | | NI. |
| | • | | | | | | · Ľ Ye | | No |
| | | of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than | | | | | knowledge an | d belief, | it is |
| , 5011 | , | property of the property of the trial | | | | | | | |
| Sian | | Signature of officer | | | | Date | | | |
| Sign Here | | | | | | Dale | | | |
| ileie | | Paul Soukup, Treasurer Type or print name and title | | | | | | | |
| | | | Preparer's signature | I | Date | | n PTIN | | |
| Paid | | Print/Type preparer's name | . Toparor o orginature | | Jaco | Check L self-empl | _ if | | |
| Prepa | | Final | | | | <u> </u> | oyeu | | |
| Use C | Only | Firm's name | | | | Firm's EIN | | | |
| May th | PS ا | Firm's address discuss this return with the preparer | shown above? Soci | netructions | | Phone no. | . Ye | . 🗆 | No |
| ıvıay til | C 1173 | uiscuss iilis retuiri Willi liie preparer | SHOWIT ADDVE! SEE I | กอแนบแบกซี | | | . <u>∟</u> re: | o | INO |

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

| | | DLOGY ASSOCIATION INC | | | | | 13-41 | |
|--------|-------------|--|---------------------------------------|---|-------------------------|---------------------------------------|---|---|
| Par | | Reason for Public Cha | | | | | | ons. |
| The o | _ | zation is not a private founda | | , | | - | • | |
| 1 | | | | | | | | |
| 2 | | school described in section | | • | - | | | |
| 3 | | hospital or a cooperative hos | | | | | | |
| 4 | _ | medical research organizationspital's name, city, and state | • | onjunction with a hosp | oital desc | ribed in s | section 170(b)(1)(A) | (iii). Enter the |
| 5 | | n organization operated for ection 170(b)(1)(A)(iv). (Com | | college or university | owned o | r operate | ed by a government | al unit described in |
| 6 7 | ☐ Ar | federal, state, or local govern n organization that normally escribed in section 170(b)(1) | receives a subs | tantial part of its sup | | | | n the general public |
| 8 | \square A | community trust described in | n section 170(b) | (1)(A)(vi). (Complete I | Part II.) | | | |
| 9 | or un | n agricultural research organ university or a non-land-gra iiversity: | nt college of agr | iculture (see instruction | ons). Ente | r the nan | ne, city, and state of | the college or |
| 10 | red su | n organization that normally no ceipts from activities related apport from gross investment outred by the organization a | to its exempt fur t income and uni | nctions, subject to ce related business taxal | rtain exce ole incom | eptions; a ne (less se | and (2) no more than ection 511 tax) from | 331/3% of its |
| 11 | ☐ Ar | n organization organized and | operated exclus | sively to test for public | c safety. | See sect i | ion 509(a)(4). | |
| 12 | on | n organization organized and ne or more publicly supported e box on lines 12a through 12 | d organizations d | escribed in section 50 | 0 9(a)(1) o | r section | 509(a)(2). See secti | i on 509(a)(3) . Check |
| а | | Type I. A supporting organithe supported organization supporting organization. Y | (s) the power to | regularly appoint or e | lect a ma | ijority of t | | |
| b | | Type II. A supporting organization(s). You must | the supporting o | rganization vested in | the same | | | |
| С | | Type III functionally integ its supported organization(| | | | | | ally integrated with, |
| d | | Type III non-functionally it that is not functionally integrequirement (see instructionally in | grated. The orga | nization generally mus | st satisfy | a distribu | ution requirement an | |
| е | | Check this box if the organ functionally integrated, or | | | | | | e II, Type III |
| f | | er the number of supported o | | | | | | |
| g | Pro۱ | vide the following information | about the supp | orted organization(s). | | | | |
| | (i) Nan | ne of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| | | | | | | | | |

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (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 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. 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 - 2022. 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 b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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 | | | , , | 1 | , | - |
|----------|--|------------------------|------------------|-------------------|------------------|--------------------|-------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| _ | received. (Do not include any "unusual grants.") | 13,026 | 47,750 | 15,850 | 19,720 | 15,600 | 111,946 |
| 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 | 8,748 | 13,185 | 10,495 | 11,201 | 5,880 | 49,509 |
| 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 | 21,774 | 60,935 | 26,345 | 30,921 | 21,480 | 161,455 |
| 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 | | | | | | |
| <u> </u> | line 6.) | | | | | | 161,455 |
| | on B. Total Support | () | | | (0) | | |
| | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 21,774 | 60,935 | 26,345 | 30,921 | 21,480 | 161,455 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 2,108 | 2,047 | 2,037 | 2,306 | 2,242 | 10,740 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | 0 | 0 | 0 | | 0 |
| С | Add lines 10a and 10b | 2,108 | 2,047 | 2,037 | 2,306 | 2,242 | 10,740 |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | · | 0 | 0 | 0 | | 0 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | J | J | J | | <u> </u> |
| 40 | (Explain in Part VI.) | | 160 | 2,500 | 0 | 0 | 2,660 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 23,882 | 63,142 | 30,882 | 33,227 | 23,722 | 174,855 |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop her | _ | | | - | ar as a sectior | |
| Secti | on C. Computation of Public Suppor | t Percentage |) | | | | |
| 15 | Public support percentage for 2022 (line 8 | B, column (f), di | vided by line 1 | 3, column (f)) | | 15 | 92.34 % |
| 16 | Public support percentage from 2021 Sch | nedule A, Part I | II, line 15 . | | | 16 | 92.78 % |
| Secti | on D. Computation of Investment Inc | come Percer | ıtage | | | • | |
| 17 | Investment income percentage for 2022 (I | | | y line 13, colu | mn (f)) | 17 | 6.14 % |
| 18 | Investment income percentage from 2021 | Schedule A, F | art III, line 17 | | | 18 | 5.71 % |
| 19a | 331/3% support tests-2022. If the organi | | | | | ore than 331/3% | 6, and line |
| | 17 is not more than 331/3%, check this box | and stop here . | The organization | on qualifies as a | a publicly suppo | orted organization | on 🗌 |
| b | 331/3% support tests—2021. If the organiz | | | | | | |
| | line 18 is not more than 331/3%, check this b | oox and stop he | ere. The organi | zation qualifies | as a publicly su | upported organi | zation . |
| 20 | Private foundation. If the organization die | d not check a b | oox on line 14, | 19a, or 19b, c | heck this box | and see instruc | ctions . |

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

| Secti | 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. | 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 | | |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 Part VI 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 Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 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? | 5с | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | | |
| 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 | 6 | | |
| | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit | | | |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9с | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | 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

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Section C. Type II Supporting Organizations Yes No 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 Section 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

3b

Schedule A (Form 990) 2022

| | Tune III Non Functionally Integrated 500(a)(2) Supporting Ora | | -ations | rage C |
|------------------|--|--------|---------------------------|-----------------------------|
| Part | | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | |
| Sect | instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income | IIZal | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | (Optional) |
| _ <u>.</u> | Recoveries of prior-year distributions | 2 | | |
| _ _ _ | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| <u>.</u> | 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 | | |
| Sect | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C-Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 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-functional (see instructions) | ally i | ntegrated Type III suppor | rting organization |

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 - no other income

SCHEDULE 0 (Form 990)

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

Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

| 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 (2022)** EIN: **13-4171251**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

| Description | Amount |
|--|--------|
| Board meeting and travel | 4,607 |
| bank charges | 646 |
| miscellaneous such as web services and tax filings | 71 |
| Convention food services | 6,471 |
| Convention speakers travel | 3,896 |
| Convention speakers hotel | 2,880 |
| Total: | 18,571 |

Schedule O, Statement 2

MEDIA ECOLOGY ASSOCIATION INC

Form: Form 990-EZ (2022) 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 (2022)** EIN: **13-4171251**

Page: 2

Part IV

Officers, Directors, Trustees and Key Employees Compensation

| | | Hours | Compensation | Benefits | Expense |
|-------|------------------------------|-------|--------------|----------|---------|
| Name | Carolin Aronis | 0.50 | 0 | 0 | 0 |
| Title | Board member and web adviser | | | | |
| Name | Jacqueline McLeod Rogers | 0.50 | 0 | 0 | 0 |
| Title | Board member | | | | |
| Name | Julia Hildebrand | 0.50 | 0 | 0 | 0 |
| Title | Board member | | | | |
| Name | Peggy Cassidy | 1.00 | 0 | 0 | 0 |
| Title | Past President | | | | |