Form	990-EZ	

Short Form

OMB No. 1545-1150

4

20

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 m	ay be made pu	ıblic.		Open to Public
Dep: Inter	artment o nal Rever	f the Treasury nue Service	► Information about Form 990-EZ and its instructions is at w	/ww.irs.gov/fo	rm990.		Inspection
AF	or the	2014 calenda		l, and ending	1:	2/31	, 20 <u>14</u>
B	heck if ap	oplicable:	C Name of organization		D Employ	yer ide	entification number
	Address c	hange	MEDIA ECOLOGY ASSOCIATION INC			13	3-4171251
	Name cha	•	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepho	one nu	Imber
	Initial retur Final retur	rn n/terminated	c/o 55 Donald Drive			40	8-554-4022
	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Group	Exer	nption
	Applicatio	n pending	Hastings on Hudson, NY, 10706-3623		Numb		
G /	Account	ting Method:	Cash Accrual Other (specify)	Н	Check 🕨	🖌 if	the organization is not
	Vebsite		.media-ecology.org		•		ach Schedule B
			eck only one) – 🗹 501(c)(3) 🗌 501(c) (_) ◀ (insert no.) 🗌 4947(a)(1)	or 527	(Form 990), 990)-EZ, or 990-PF).
			✓ Corporation □ Trust □ Association □ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or				
_			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			\$	32,798
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balan	•			,
			the organization used Schedule O to respond to any question				
	1		ons, gifts, grants, and similar amounts received		· ·	1	0
	2	-	33.		· ·	2	13,184
	3		ip dues and assessments		· ·	3	19,600
	4	Investment			· · ·	4	14
	5a		unt from sale of assets other than inventory 5a		0		
	b		or other basis and sales expenses		0	E a	
	с 6		ss) from sale of assets other than inventory (Subtract line 5b from d fundraising events	line ba)	· · ·	5c	0
e	a	Gross inc	ome from gaming (attach Schedule G if greater than	.			
Revenue	b			of contributio	0		
eve			aising events reported on line 1) (attach Schedule G if the		15		
œ			th gross income and contributions exceeds $15,000$).		0		
	с		t expenses from gaming and fundraising events 6c		0		
	d		e or (loss) from gaming and fundraising events (add lines 6a a		btract		
		line 6c)				6d	0
	7a	Gross sale	s of inventory, less returns and allowances		0		
	b		of goods sold	_	0		
	-		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8		nue (describe in Schedule O)			8	0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. 🕨	9	32,798
	10		I similar amounts paid (list in Schedule O)			10	0
	11		aid to or for members			11	0
Sa	12	Salaries, of	ther compensation, and employee benefits		🔽	12	0
nse	13	Profession	al fees and other payments to independent contractors		🔽	13	956
Expenses	14		y, rent, utilities, and maintenance			14	0
ш	15	Printing, pu	ublications, postage, and shipping		🔽	15	12,196
	16		enses (describe in Schedule O) .see Schedule O, Statement 1 .			16	21,551
	17		enses. Add lines 10 through 16			17	34,703
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	-1,905
set	19		or fund balances at beginning of year (from line 27, column (A				
As		-	r figure reported on prior year's return)			19	22,120
Net Assets	20		nges in net assets or fund balances (explain in Schedule O) .			20	0
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. 🕨 🗄	21	20,215

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

	990-EZ (2014)					Page 2
Pa	t II Balance Sheets (see the instructions	,				_
	Check if the organization used Schedule	e O to respond to a			•	
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			22,120	22	20,215
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			22,120	25	20,215
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column			22,120	27	20,215
Par	Statement of Program Service Accom	plishments (see th	e instructions for P	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part III 🛛 . 🗌		Expenses
What	is the organization's primary exempt purpose?					equired for section
	ribe the organization's program service accompli			agram agrijaga		1(c)(3) and 501(c)(4) janizations; optional for
as m	leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			~	lers.)
28	Annual convention of members, with scholarly pres	entations and exchar	ge of research paper	s:		
	approximately 150 in attendance		.			
	(Grants \$ 0) If this amount	includes foreign gra	ints check here	▶ □	28	a 12,810
29	Publication of annual academic journal, Exploration				20	12,010
25		S III Media Leology				
	(Cronto ⁽	includes foreign gra	nto chock horo		29	10 100
20	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	🕨 🗆	29	a 12,196
30						
		includes foreign gra			30	a
31	Other program services (describe in Schedule O)					
		includes foreign gra			31	
32	Total program service expenses (add lines 28a				32	
Par					nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to a	· ·		•	<u> []</u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe		Estimated amount of
	(a) Name and title	hours per week	(Forms W-2/1099-MISC)	benefit plans, and	ee (e	other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	ו ו	
Core	y Anton	1	0		0	0
	ident					
Phil	Rose	2	0		0	0
Vice	President					
	Soukup	2	0		0	0
	surer	-				•
	ando Gutierrez	2	0		0	0
	utive Secretary	- -	0		v	v
			0		0	0
	la Nayar	. 1	U		0	U
	etary				-	
	Grosswiler	. 2	0		0	0
Jour	nal editor					
Briar	1 Cogan	1	0		0	0
Boar	d member					
Kare	n Lollar	1	0		0	
Vice	President-Select					
Jan I	Buterman	1	0		0	0
Boar	d member					
Edwa	ard Tywoniak	1	0		0	0
	d member	-				
	van den Berg	0.5	0		0	0
	d member		Ĭ		-	Ŭ
	tinued on Schedule O, Statement 3)				+	
1001	and on conclude of statement of					

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		V	
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	Yes	No
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		~
b c	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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 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 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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		~
c d	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			
е	40c reimbursed by the organization	40e		~
41	List the states with which a copy of this return is filed NY	400		v
42a	The organization's books are in care of ▶ Paul Soukup Telephone no. ► 4 Located at ▶ Communication Dept Santa Clara U 500 El Camino Real, Santa Clara, CA 95	108-55	4-402 053	2
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)? 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).	42b		~
с	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	If "Yes," enter the name of the foreign country: ► 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		. 1	
44a	Did the exception maintain any denor advised funds during the year? If "Vee," Form 000 must be		Yes	No
-	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		V
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 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-EZ (see instructions)	45b		~

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						Yes	No
46	Did the organization engage, directly or in						
	to candidates for public office? If "Yes," of		, Part I		· 46		~
Part	All section 501(c)(3) organization 50 and 51.	s must answer que		•			es
	Check if the organization used Sc	hedule O to respond	to any question in t	nis Part VI			
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par			n in effect during the			~
48	Is the organization a school as described i						V
49a	Did the organization make any transfers t						V
b	If "Yes," was the related organization a se	•	•				
50	Complete this table for the organization's employees) who each received more than			nization. If there is none			d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		int of
				compensation			ion
None				compensation			ion
None				compensation			ion
None				compensation			ion
None							ion

f Total number of other employees paid over \$100,000 \ldots .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$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	(c) Compensation
None		_	
		_	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? Note. All se completed Schedule A		
Undor n	populties of parium. I declare that I have examined this return, including accompan	ving schodulos and statements, and to the	best of my knowledge and belief it is

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Paul Soukup, Treasurer			Date		
	Type or print name and title					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN
Use Only	Firm's name 🕨			Firm's	s EIN 🕨	
	Firm's address ►			Phon	e no.	
May the IRS	discuss this return with the prepare	shown above? See instructions			🕨 [🗌 Yes 🗌 No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ----

Open to Public

OMB No. 1545-0047

2014

Internal Revenue Service	► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www	/w.irs.gov/form990.	Inspection
Name of the organization		Employer identificati	on number

. . .

Name	of the organization					Employer identification	n number
MEDI	A ECOLOGY ASSOCIATION INC					13-41	71251
Par	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructic	ons.
The c	rganization is not a private founda		· •		-	,	
1	A church, convention of church			bed in se	ection 17	0(b)(1)(A)(i).	
2	A school described in section						
3	A hospital or a cooperative hospital or a co						
4	A medical research organization hospital's name, city, and state	ə:					
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in
6 7	 A federal, state, or local govern An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its sup				n the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions-subject to unrelated business	o certain taxable ii	exception ncome (le	ns, and (2) no more ess section 511 ta	e than 331/3% of its
10	An organization organized and	operated exclus	sively to test for public	c safety. S	See secti	on 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 110	operated exclusi l organizations d	vely for the benefit of, escribed in section 5 6	to perfor 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See sect	i on 509(a)(3). Check
а	Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele				
b	Type II. A supporting organize control or management of the organization(s). You must control	e supporting org	anization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
d	Type III non-functionally integration that is not functionally integrative requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported of	organizations .					
g	Provide the following information	-					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							

(B)

(C)

(D)

(E)

Total

0

Schedu	le A (Form 990 or 990-EZ) 2014						Page 2
Part	Support Schedule for Organiza	ations Descr	ribed in Sect	ions 170(b)(1)(A)(iv) and ⁻	170(b)(1)(A)(v	i)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
-	on A. Public Support		1	I	1	1	
	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the	•					
	organization, check this box and stop he						🕨 📋
	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6		-			14	<u>%</u>
15 16a	Public support percentage from 2013 Sch 33 ¹ / ₃ % support test-2014. If the organize					15	%
IVa	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test—2013. If the organ check this box and stop here. The organ	nization did no	ot check a box	x on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test-20	014. If the orga	anization did n	ot check a box	on line 13, 16		line 14 is
	10% or more, and if the organization me Part VI how the organization meets the "f organization			st. The organiz			
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m	tion meets the	e "facts-and-c	ircumstances"	test, check th	his box and st	op here.
18	supported organization		 box on line 13		 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 9 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						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(6) 2011	(0) 2012	(0) 2010	(6) 2014	(i) iotai
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities	13,145	11,860	19,120	14,645	19,600	78,370
3	furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an	0	2,750	8,765	6,545	10,498	28,558
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	13,145	14,610	27,885	21,190	30,098	106,928
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support(Subtract line 7c fromline 6.).						106,928
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	13,145	14,610	27,885	21,190	30,098	106,928
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents, royalties and income from similar sources .	52	36	54	25	2,700	2,867
	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses						· · · ·
b	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
b	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses						0 2,867
b c	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	0 52 0	0 36 0	0 54 0	0 25 0	0 2,700 0	0 2,867 0
b c 11	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	0 52 0	0 36 0	0 54 0	0 25 0	0 2,700 0 0	0 2,867 0
b c 11 12	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	0 52 0 13,197 ne organization	0 36 0 0 14,646 s first, second	0 54 0 27,939 I, third, fourth,	0 25 0 0 21,215 , or fifth tax ye	0 2,700 0 0 32,798 ear as a sectior	0 2,867 0 0 109,795 1 501(c)(3)
b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for th organization, check this box and stop he	0 52 0 13,197 ne organization re	0 36 0 0 14,646 's first, second	0 54 0 27,939 I, third, fourth,	0 25 0 0 21,215 , or fifth tax ye	0 2,700 0 32,798	0 2,867 0 0 109,795 1 501(c)(3)
b c 11 12 13 14 <u>Secti</u>	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	0 52 0 13,197 ne organization re t Percentage	0 36 0 14,646 's first, second	0 54 0 27,939 I, third, fourth, 	0 25 0 0 21,215 , or fifth tax ye	0 2,700 0 32,798 ear as a sectior	0 2,867 0 0 109,795 1 501(c)(3) ►□
b c 11 12 13 14 <u>Secti</u> 15	payments received on securities loans, rents, royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Suppor Public support percentage for 2014 (line 8	0 52 0 13,197 ne organization re t Percentage 3, column (f) div	0 36 0 14,646 's first, second ; ided by line 13	0 54 0 27,939 1, third, fourth, 3, column (f))	0 25 0 0 21,215 , or fifth tax ye 	0 2,700 0 32,798 ear as a section 	0 2,867 0 0 109,795 1 501(c)(3) ► □ 97.39 %
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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below*.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Schedu	le A (Form 990 or 990-EZ) 2014		F	Page 5
Part	IV 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		
b	A family member of a person described in (a) above?	11b		
С	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			
			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? <i>If</i> "Yes," <i>explain in</i> 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? <i>If</i> " <i>No</i> ," <i>explain in</i> Part VI <i>how the organization maintained a close and continuous working relationship with the supported organization</i> (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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c
 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a 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.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. *Answer (a) and (b) 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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-functionally-integrated Type III supporting organization (see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)			
	ion D - Distributions	<u>, 11 0 0</u>		Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe		orted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive			
Ū	(provide details in Part VI). See instructions.	in the organization le rec	ponerro			
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:					
а						
b						
с						
d						
e	From 2013					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2014 distributable amount					
i	Carryover from 2009 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2014 from Section					
4	D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2014 distributions of phot years					
c	Remainder. Subtract lines 4a and 4b from 4.					
<u> </u>	Remaining underdistributions for years prior to 2014, if					
5	any. Subtract lines 3g and 4a from line 2 (if amount					
5	greater than zero, see instructions).					
6						
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see					
	instructions).					
7						
7	Excess distributions carryover to 2015. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a						
b						
С						
d	Excess from 2013					
е	Excess from 2014					

Part VI

Part III, line 12. Also complete this part for any additional information. (See instructions.) _____ _____ _____ _____ _____ _____

SCHE	DUL	E ()	
(Form	990	or	990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 13-4171251

Other Expenses Structured Explanation

Description	Amount
convention facilities banquet speaker travel lodging etc	12,810
board meeting travel lodging	7,824
organization affiliation charge	250
bank charges	642
NY State tax	25
Total:	21,551

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.

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name Title	Brett Lunceford Board member	1	0	0	0
		0.5		0	0
Name Title	Vincent Casaregola Board member	0.5	0	0	0
Name Title	Barry Liss Board member	0.5	0	0	0
Name Title	Thomas Gencarelli Past President	1	0	0	0