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OMP No. 1545 0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service A For the 2010 calendar year, or tax year beginning 10/01, 2010, and ending 09/30, 20 11 D Employer identification number C Name of organization B Check if applicable: THE COPYRIGHT SOCIETY OF THE USA 13-6159787 Address Doing Business As change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 352 7TH AVENUE 739 (212) 354-6401 Initial return City or town, state or country, and ZIP + 4 Terminated Amended NEW YORK, NY 10001-5012 G Gross receipts \$ 533,542. return Application pending F Name and address of principal officer: H(a) Is this a group return for Yes XNo affiliates' H(b) Are all affiliates included? Yes X | 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) (4947(a)(1) or 527) 🗲 (insert no.) Website:
WWW.CSUSA.ORG J H(c) Group exemption number L Year of formation: 1953 M State of legal domicile: Form of organization: X Corporation Other 🕨 κ Trust Association Summarv Part I 1 Briefly describe the organization's mission or most significant activities: ADVANCING THE STUDY OF COPYRIGHT LAW AND RELATED RIGHTS IN LITERATURE, & Governance MUSIC, ART, THEATER, MOTION PICTURES, TELEVISION, COMPUTER SOFTEARE, ARCHITECTURE AND OTHER OF AUTHORSHIP. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 Activities Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a **b** Net unrelated business taxable income from Form 990-T, line 34 7 b Prior Year Current Year Contributions and grants (Part VIII, line 1h) 0 8 Revenue Program service revenue (Part VIII, line 2g) 268,736 280,860. 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,433 3,104. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 192,854 249,578. 465,023 533,542. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 13 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 108,148 100,371. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶_____ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 354,741 375,411. 17 462,889 475,782. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,134 57,760. 19 Revenue less expenses. Subtract line 18 from line 12 <u>و</u>م Beginning of Current Year End of Year Assets (Balanci 311,577. 395,673. **20** Total assets (Part X, line 16) Total liabilities (Part X, line 26) 128,354 156,362. 21 183,223 239,311. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Part II

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			Date		
	Type or print name and title					
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN P01341078	
Preparer Use Only	Firm's name FKF O'CONNOR DA		Firm's EIN > 27-1728945			
USE Only	Firm's address ▶ 29 BROADWAY NEW YORK, NY 10006-3201 Ph				-867-8000	
May the I	RS discuss this return with the preparer show	vn above? (see instructions)			X Yes No	
For Paper JSA 1010 1.000	work Reduction Act Notice, see the separa	te instructions.			Form 990 (2010)	

rm 990 (20		f Program Consi	ce Accomplishments	13	-6159787		Р
art III	Check if Sch	edule O contains	s a response to any ques	tion in this Part III			X
Briefly ATT	describe the o ACHMENT	rganization's mis 1	sion:				
the pric If "Yes,	or Form 990 o ," describe thes	r 990-EZ? se new services o					X
service	s?		ng, or make significant c			Yes	X
Descrit Section	be the exempt n 501(c)(3) and	d 501(c)(4) orgai	chedule O. ements for each of the or nizations and section 494 es, and revenue, if any, fo	47(a)(1) trusts are requi	red to report the amoun		
			82,067. including gi) (Revenue \$	21,198.)
			SETING EXPENSES				
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	90 (2010) 13-6159787		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
J	candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			.,
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
5	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9		Х
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		<u></u>
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
2 u	complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · ·	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			v
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
•	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form	200		
U	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990	

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Pari	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	040		
	to defease any tax-exempt bonds?	24c		
d 05 o	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
-•	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
•	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		x
32	Part I	31		
32	complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
• ·	<i>IV, and V, line 1</i>	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		х	
	19? Note. All Form 990 filers are required to complete Schedule O.	38		(2010)

Form 990 (2010)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	- No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	163	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b	5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
ę	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	3		
b l	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
I	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
	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			x
		4a		
	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
í	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
יט	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
12 0	Is the organization licensed to issue qualified health plans in more than one state?	13a		
al	Note. See the instructions for additional information the organization must report on Schedule O.			
a I	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
a I I b I	Enter the amount of reserves the organization is required to maintain by the states in which			
al I bl				
al bl t cl	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14a		X
a b t c 14a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	14a 14b		X

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7	b bel	эw, a	ano
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o Schedule O. See instructions.	r cha	ange	s ir
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
<i>'</i> a	of the governing body?	7a	Х	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
		10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	х	
a	The governing body?	8b		
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		х	
Pooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
becu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coue	.) Yes	N
		10	X	
	Does the organization have local chapters, branches, or affiliates?	10a	<u>л</u>	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		v	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	166		
Soct	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed >_ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request	s only)		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	reet		
	policy, and financial statements available to the public.	001		
20		0		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE COPYRIGHT SOCIETY OF USA 352 SEVENTH AVENUE NEW YORK, NY 100 (212) 354-6401	001		
SA		Form	990	(20
2 1.00	U			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average	Posit	ion (C) kall	that app	olv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual tru or director	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1)GLORIA PHARES										
TRUSTEE		X								
(2) COREY FIELD										
PRESIDENT		X		Х						
(3) NANCY E WOLFF										
SECRETARY		Х		Х						
(4) STEPHEN H BLOCK										
TRUSTEE		Х								
(5) JUNE BESEK										
TRUSTEE		Х								
(6) ERIC J SCHWARTZ										
TREASURER		Х		Х						
(7) JOSEPH SALVO VICE PRESIDENT		x		х						
(8) JON PUROW TRUSTEE		x								
(9) JASON MAZZONE										
TRUSTEE		x								
(10)DAVID O. CARSON TRUSTEE		x								
(11)HENRY HORBACZEWSKI TRUSTEE		x								
(12)ELEANOR LACKMAN ASSISTANT SECRETARY/TRUSTEE				x						
(13)RICHARD GARZA ASSISTANT TREASURER				x						
(15)										
(16)										

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Form	990 (2010)								13-6159787				Page 8
Pa	t VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employ	ees (co	ontinued)	
	(A)	(B)			(Ŭ	(D)	(E)		(F	
	Name and title	Average hours per week	-	tio Institutional	chec	k all	that app Highe	bly) Former	Reportable compensation from	Reportal compensa from rela	ation	Estim amou oth	ated nt of er
		(describe hours for related organizations in Schedule O)	Individual trustee or director	utional e	ər	Key employee	Highest compensated employee	ər	the organization (W-2/1099-MISC)	organizati (W-2/1099-		comper from organi and re organiz	the zation elated
(17)		-											
(18)													
(19)		-											
(20)													
(21)		-											
(22)		-											
(23)													
(24)													
(25)		-											
(26)		-											
(27)		-											
(28)													
1b	Sub-total							•					
С	Total from continuation sheets to Part VII, Sont Total (add lines 1b and 1c)	_											
2	Total number of individuals (including but not reportable compensation from the organization	limited to th	nose					o re	ceived more than	\$100,000 in	1		
3	Did the organization list any former offic	or direct	or or	tru	into	<u> </u>		mn	loves or highest		atod	Y	es No
	employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	lividi	ual	•••	• • •	•••		• • • • • • •		3	X
4	For any individual listed on line 1a, is the the organization and related organizations	greater th	an \$	150	,00	0?	If "Y	es,"	complete Sched	pensation fi ule J for s	rom such		x
	individual. Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	from	n any	uni	related organizatio			4	
Sec	for services rendered to the organization? If "Yestion B. Independent Contractors											5	X
	Complete this table for your five highest compensation from the organization.	compensat	ed in	ndep	enc	lent	cont	rac	tors that received	d more tha	n \$100	0,000 o	f
	(A) Name and business add	ress							(B) Description of ser	vices	Co	(C) ompensat	ion
								-					
	Total number of independent contractors (ir				niteo	d to	thos	e li	sted above) who	received			
ISA	more than \$100,000 in compensation from th	e organizat	ion 🕨	>			0					Form 99	90 (2010)

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Page **9**

Par	t VII	Statement of Revenue					~
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants,					
ontribu nd oth€	g	and similar amounts not included above . If Noncash contributions included in lines 1a-1f: \$					
	ĥ	Total. Add lines 1a-1f	<u> </u>	0.			
nue			Business Code				
Program Service Revenue	2a b	MEMBERSHIP INCOME	900099	280,860.	280,860.		
vice	c						
Ser	d						
am	е						
ogr	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u> </u>	280,860.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts) ATTACHMENT	£ . ►	3,104.			3,104
	4	Income from investment of tax-exempt bond pro-		0.			
	5	Royalties	(ii) Personal	6,196.			6,196
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	(ii) Other	0.			
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	•••••	0.			
Other Revenue	8a	Gross income from fundraising events (not including \$					
Be		of contributions reported on line 1c).					
er		See Part IV, line 18					
the		Less: direct expenses b Net income or (loss) from fundraising events		0.			
0	с 9а	Gross income from gaming activities.	· · · · · · · · · · · · · · · · · · ·	0.			
	ь	See Part IV, line 19 a Less: direct expenses b					
		Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code				
	11a	MID-WINTER MEETING	900099	55,784.	55,784.		
	b	ANNUAL MEETING	900099	96,346.	96,346.		
	с	LUNCHEONS	900099	21,198.	21,198.		
	d	All other revenue	900099	70,054.	70,054.		
	е	Total. Add lines 11a-11d		243,382.			
	12	Total revenue. See instructions	<u> </u>	533,542.	524,242.		9,300

Form **990** (2010)

Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and	0.			
	organizations in the U.S. See Part IV, line 21	0.			
	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
	Grants and other assistance to governments,				
	organizations, and individuals outside the	0			
	U.S. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	0.			
i	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
,	Other salaries and wages	90,354.	13,553.	76,801.	
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
	Other employee benefits	2,275.	341.	1,934.	
)	Payroll taxes	7,742.	1,161.	6,581.	
	Fees for services (non-employees):				
а	Management	0.			
b	Legal	865.	130.	735.	
с	Accounting	24,837.	3,726.	21,111.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	100,273.	100,273.		
2	Advertising and promotion	0.			
3	Office expenses	12,947.	1,942.	11,005.	
Ļ	Information technology	13,966.	2,095.	11,871.	
5	Royalties	0.			
;	Occupancy	28,212.	4,232.	23,980.	
,	Travel	80.	12.	68.	
}	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
)	Conferences, conventions, and meetings	163,532.	163,532.		
)	Interest	913.	137.	776.	
	Payments to affiliates	0.			
2	Depreciation, depletion, and amortization	306.	46.	260.	
;	Insurance ATCH 5	5,190.	779.	4,411.	
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
a	OUTSIDE SERVICES	2,995.	449.	2,546.	
	CREDIT CARD EXPENSE	7,745.	1,162.	6,583.	
-	AWARDS	1,456.	1,456.		
-	MISCELLANEOUS	12,094.	1,815.	10,279.	
u .		, • • • • •	_, •=••		
e 4	All other expenses				
	All other expenses	475,782.	296,841.	178,941.	
	Total functional expenses. Add lines 1 through 24f	1/5//02.	230,071.	1,0, 711.	
,	Joint Costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column				

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		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	213,404.	1	279,702.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets 8 2	Notes and loans receivable, net		7	
8 Ass	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	7,840.	9	24,824.
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 3,166.			
k	D Less: accumulated depreciation	1,220.	10c	914.
11	Investments - publicly traded securities	84,881.	11	86,001.
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,232.	15	4,232.
16	Total assets. Add lines 1 through 15 (must equal line 34)	311 , 577.	16	395,673.
17	Accounts payable and accrued expenses	8,450.	17	5 , 912.
18	Grants payable		18	
19	Deferred revenue ATCH. 4	119,904.	19	150,450.
20	Tax-exempt bond liabilities		20	
ഴ്ല 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ē 22	Payables to current and former officers, directors, trustees, key			
Liabilities	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	128,354.	26	156,362.
(0)	Organizations that follow SFAS 117, check here \blacktriangleright X and complete			
Fund Balances 65 65 65 65	lines 27 through 29, and lines 33 and 34.	100.000		
<u>u</u> 27	Unrestricted net assets	183,223.	27	239,311.
28 Ba	Temporarily restricted net assets		28	
밑 29	Permanently restricted net assets		29	
or Fu	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
st 30	Capital stock or trust principal, or current funds		30	
Assets or 30 31 35	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
33 Set	Total net assets or fund balances	183,223.	33	239,311.
34	Total liabilities and net assets/fund balances	311,577.	34	395,673.

Form 990 (2010)

Forr	n 990 (2010) 13-6159787			Pa	ge 12
-	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		 	X	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	33,	542.
2	Total expenses (must equal Part IX, column (A), line 25).	2	4	75,	782.
3	Revenue less expenses. Subtract line 2 from line 1	3		57 , '	760.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	83,2	223.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,6	672.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	39,3	311.
Pa	Int XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		 	Yes	
1 2a b	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?		 2a 2b	X	No X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.		 2c	x	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Depa	rtment	t of the Treasury	• .	4947(a)(1) nonexemp								Open to		
Inter	nal Rev	enue Service	Attac	h to Form 990 or Form 990-	EZ.	See s	separate	instruct					ection	
		he organization							Emplo	yer ident			ber	
			OCIETY OF THE U									9787		
Pa				IS (All organizations mu				,		uctions				
	orga		•	cause it is: (For lines 1 th	•		•		'					
1				association of churches		bed in s	section	170(b)((1)(A)(i)).				
2				(1)(A)(ii). (Attach Schedu			470/1		<i></i>					
3	\vdash	-		service organization descr			-					\/:::\		م ما ا
4				perated in conjunction w	ith a r	iospita	a descr	ibed in	Sectio	a)071 n)(1)(<i>F</i>	.)(III).	Enter	the
-		•	ne, city, and state:											
5		•	•	enefit of a college or univ	ersity	owned	a or ope	erated I	by a go	vernme	ntai u	nit des	scribe	ain
6		-	b)(1)(A)(iv). (Complete		oribod	in eee	tion 17()/h\/4\/	A)(),)					
6 7	\square		-	t or governmental unit des ves a substantial part of it						ait or fro	m th		rol nu	ublia
'		-	ection 170(b)(1)(A)(vi)		is supp		ni a yu	vennin	entar ur			e gene	iai pu	JUIIC
8				ion 170(b)(1)(A)(vi). (Con	noloto F	Part II)								
9	X			res: (1) more than 331/39	•			contrik	outions	membe	archin	fees	and a	rnee
Ŭ		-		s exempt functions - sub							-		-	
		-		ome and unrelated busi	-			-						
			-	ne 30, 1975. See section				-						
10			-	ated exclusively to test for	-		-		-	l).				
11		-		erated exclusively for the	-	-				-	or to	carry	v out	the
		-		upported organizations de			-					-		
		509(a)(3). Ch	eck the box that descri	bes the type of supporting	ı organ	izatior	n and co	mplete	lines 1	1e throu	igh 11	h.		
		a Type	I b Туре	ell c Type	e III - Fi	unctior	hally inte	grated		d	Туре	e III - O	ther	
е		By checking	this box, I certify that	t the organization is not	contr	olled	directly	or ind	irectly	by one	or m	ore di	squal	ified
		persons other	r than foundation mana	agers and other than one	or mo	re put	olicly su	pported	d orgar	izations	desc	ribed i	n sec	ction
		509(a)(1) or s	ection 509(a)(2).											
f		If the organiz	ation received a writte	en determination from th	ie IRS	that it	is a T	ype I, ⊺	Гуре II,	or Type	e III s	upport	ing	
		-	check this box										L	
g		-		anization accepted any gif	t or co	ntribut	ion from	n any of	f the					
		following pers												
		• •	•	ectly controls, either alor		•	er with	persor	is desc	ribed in	(ii)		Yes	No
				dy of the supported organ	nization	?						11g(i)		X
			member of a person de									11g(ii)		<u>X</u>
				son described in (i) or (ii) a								11g(iii)		X
h	() N			but the supported organiz					(N					
		ame of supported organization	d (ii) EIN	(iii) Type of organization (described on lines 1-9		Is the zation in		you notify anization		Is the zation in	(v	ii) Amo suppo		
		J		above or IRC section	col. (i) your g	listed in overning	in co	l. (i) of	col. (i) c	organized		1- 1	-	
				(see instructions))	docu	ment?	your si	upport?	In the	U.S.? No				
					Yes	NO	Tes	No	Tes	NO				
(A)														
(B)														
(C)														
					1									
(D)														
(E)					1	1	1	1	1					

Total For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A	(Form	990	or 990	-EZ)	2010
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

13-6159787

Sec	tion A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2010 (li		• •			14	%
15	Public support percentage from 2009					15	%
16a	331/3% support test - 2010. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2009. If the c						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2 or more, and if the organization me	eets the "facts	-and-circumstan	ces" test, cheo	ck this box and	d stop here. E	xplain in
	Part IV how the organization meets t			•	•		
	organization						
D	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part IV how the organzation	anization meets on meets the "	s the "facts-and facts-and-circun	d-circumstances nstances" test.	" test, check t The organizatio	his box and st on qualifies as a	op here.
18	supported organization Private foundation. If the organization	on did not chec	ck a box on line	ə 13, 16a, 16b	o, 17a, or 17b,	check this box	
	instructions	<u></u>		<u></u>			<u> </u>

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

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Page 3

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.)

	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 (Gifts, grants, contributions, and membership fees						
r	received. (Do not include any "unusual grants.")	226,845.	288,930.	292,233.	268,736.	280,860.	1,357,604
	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
C	organization's tax-exempt purpose	216,238.	279,191.	227,668.	192,854.	245,578.	1,161,529.
3 (Gross receipts from activities that are not an						
ι	unrelated trade or business under section 513						
	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 5	443,083.	568,121.	519,901.	461,590.	526,438.	2 510 122
		443,083.	508,121.	519,901.	401,590.	520,430.	2,519,133.
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
h /	Amounts included on lines 2 and 3						
r	received from other than disgualified						
1074	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
	Public support (Subtract line 7c from						
I	ine 6.)						2,519,133.
	on B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	443,083.	568,121.	519,901.	461,590.	526,438.	2,519,133.
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	10,373.	11,238.	7,351.	3,433.	3,104.	35,499.
	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	10,373.	11,238.	7,351.	3,433.	3,104.	35,499.
	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 or or other income income income income of capital assets of the sale of capital assets of the sale o						
	(Explain in Part IV.) ATCH 1				192,854.		192,854.
	Total support. (Add lines 9, 10c, 11,				192,004.		1,2,004.
	and 12.)	453,456.	579,359.	527,252.	657,877.	529,542.	2,747,486.
	First five years. If the Form 990 is for						
	organization, check this box and stop here .	-					
	on C. Computation of Public Sup						
	Public support percentage for 2010 (line 8,	•		nn (f))		15	91.69%
	Public support percentage from 2009 Sche					16	91.24%
	ion D. Computation of Investmen					10	0 _ 0 _ 70
	Investment income percentage for 2010 (lir			3 column (f))		17	1.29%
	Investment income percentage from 2009 S					18	1.55%
	331/3% support tests - 2010. If the org						
	17 is not more than 331/3%, check thi						
	331/3% support tests - 2009. If the orga						
	line 18 is not more than 331/3%, check						
	-		•				
0 F	Private foundation. If the organization of						

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

				A	TTACHMENT	1
SCHEDULE A, PART III	- OTHER INCO	OME				
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER REVENUE				192,854.		192,854.
TOTAL				192,854.		192,854.

Schedule A (Form 990 or 990-EZ) 2010

	IEDULE D	Suppleme	ntal Financial St	atements		OMB No. 1545-0047
(Fo	rm 990)		organization answered "		D,	2010
Depa	artment of the Treasury		t IV, line 6, 7, 8, 9, 10, 11,			Open to Public
Inter	nal Revenue Service	Attach to	Form 990. ► See separat	e instructions.		Inspection
	e of the organization				Employer identifica	
_		OCIETY OF THE USA tions Maintaining Donor Adv	iaad Euroda ar Othar Sir	nilor Eurodo or /	13-61597	
Pa	organizat	ion answered "Yes" to Form 9	990, Part IV, line 6.			-
			(a) Donor advised f	unds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		utions to (during year)				
3		from (during year)				
4		at end of year				
5	-	on inform all donors and donor a	-			Yes No
6	-	anization's property, subject to th on inform all grantees, donors, a	-	-		
Ū		itable purposes and not for the t				
		g impermissible private benefit?				Yes No
Pa	rt II Conserva	ition Easements. Complete if	the organization answe	red "Yes" to For	m 990, Part IV,	line 7.
1	Purpose(s) of con	servation easements held by the	e organization (check all that	apply).		
	Preservation	of land for public use (e.g., recr	eation or education)	Preservation of	an historically im	portant land area
	Protection of	f natural habitat		Preservation of	a certified histori	c structure
		n of open space				
2		through 2d if the organization h	eld a qualified conservation	n contribution in t	he form of a cons	servation
	easement on the I	last day of the tax year.			Held at the I	End of the Tax Year
_	Total number of a	opeorization opeomonte			2a	
a b		onservation easements tricted by conservation easements			2b	
c		vation easements on a certified			2c	
d		rvation easements included in (c)				
-		isted in the National Register			2d	
3		vation easements modified, tran			ed by the organiz	ation during the
	-					
4		where property subject to conse				
5		ation have a written policy regard				
~		forcement of the conservation ea				
6		er hours devoted to monitoring, in	ispecting, and enforcing co	onservation ease	ments during the y	/ear
7	Amount of expense		cting, and enforcing conser	vation easement	s during the year	
'	►\$	0 , 1	sting, and emotoling conser	valion casement	s during the year	
8		rvation easement reported on lin	e 2(d) above satisfy the re	quirements of sec	tion 170(h)(4)(B)	
		;)(ii)?				Yes No
9	In Part XIV, descri	ibe how the organization reports	conservation easements i	n its revenue and	expense statemer	
		d include, if applicable, the text of		nization's financia	I statements that	describes the
Do		counting for conservation easeme				
Pa		tions Maintaining Collections e if the organization answered			Similar Assets.	
1a	If the organization works of art, hist public service, pro	n elected, as permitted under S torical treasures, or other simila vide, in Part XIV, the text of the f	FAS 116 (ASC 958), not t ar assets held for public ootnote to its financial state	o report in its re exhibition, educa ements that desc	venue statement ation, or researc ribes these items	and balance sheet h in furtherance of
b	If the organization works of art, hist	n elected, as permitted under a torical treasures, or other simila wide the following amounts relat	SFAS 116 (ASC 958), to ar assets held for public	report in its rev	venue statement	and balance sheet
		uded in Form 990, Part VIII, line			►\$	
		ed in Form 990, Part X				
2	• •	n received or held works of a				
	•	s required to be reported under S				
а	Revenues include	d in Form 990, Part VIII, line 1		-	▶\$	
<u>b</u>		Form 990, Part X			<u>···· ▶ \$</u>	
For I JSA	Paperwork Reduction	n Act Notice, see the Instructions fo	r ⊢orm 990.		Schedu	lle D (Form 990) 2010

Schee	dule D (Form 990) 2010		1	3-615	9787			Page 2
Par	t III Organizations Maintaining Colle	ections of Art, His	torical Treasure	s, or Ot	her Similar A	ssets (col	ntinue	d)
3	Using the organization's acquisition, acces collection items (check all that apply):	ssion, and other rec	ords, check any o	of the fo	llowing that a	re a signifi	cant u	se of its
а	Public exhibition	d	Loan or ex	change p	orograms			
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's XIV.	collections and exp	plain how they fu	rther the	organization's	s exempt p	urpose	e in Part
5	During the year, did the organization solicit							
	assets to be sold to raise funds rather than t						Yes	No
Par	t IV Escrow and Custodial Arrangen line 9, or reported an amount or			n answe	red "Yes" to F	orm 990,	Part I	V,
1a	Is the organization an agent, trustee, custod			ions or o	ther assets not	:	1	
	included on Form 990, Part X?			• • • • •		•••	Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing table:		•			
	De site de state en				Ar	mount		
C	Beginning balance							
a	Additions during the year							
e	Distributions during the year							
1	Ending balance						Yes	Ne
	Did the organization include an amount on I If "Yes," explain the arrangement in Part XIV					•••	res	No
Par			warad "Vaa" ta E	orm 000	Dort IV/ line	10		
Par		rent year (b) Prior			(d) Three yea		a) Equit	ears back
1a	Beginning of year balance			ars Dack	(u) Three yea	IS DACK (ears Dack
h	Contributions							
c	Net investment earnings, gains,							
Ŭ	and losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
Ũ	and programs							
f	Administrative expenses							
a	End of year balance							
2	Provide the estimated percentage of the year	ar end halance held a						
a	Board designated or quasi-endowment							
b	Permanent endowment	/0						
c	Term endowment ► %							
	Are there endowment funds not in the poss	ession of the organi	zation that are he	ld and ac	Iministered for t	the		
	organization by:						Y	es No
	(i) unrelated organizations					[3a(i)	
	(ii) related organizations					H	Ba(ii)	
b	If "Yes" to 3a(ii), are the related organization						3b	
4	Describe in Part XIV the intended uses of th					· · · · L		
-	t VI Land, Buildings, and Equipment	-						
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other b (other)		Accumulated depreciation	(d) E	Book valu	e
1a	Land							
b	Buildings							
~ C	Leasehold improvements							
d	Equipment		3,1	66.	2,252.			914.
	Other				, •			
	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Pa	rt X. column (B). lii	ne 10(c).)				914.
			,	- (-/-/			- /-	

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010		13-6159787	Page
Part VII Investments - Other Securities. See	Form 990, Part X, lin	e 12.	
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation Cost or end-of-year market	: <i>v</i> alue
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)	_		
(E)			
(F)			
(<u>G)</u>			
<u>(I)</u>			
	•		
Part VIII Investments - Program Related. See		ue 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation	:
		Cost or end-of-year market	, value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶ line 1E		
Part IX Other Assets. See Form 990, Part X	(a) Description		(b) Book value
(1)			(b) DOOK value
$\frac{(1)}{(2)}$			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X Other Liabilities. See Form 990, Par			
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes			
$\frac{(2)}{(2)}$			
<u>(3)</u> (4)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.) 🕨		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedu	e D (Form 990) 2010 13-6159787			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		533,542.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		475,782.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		57,760.
4	Net unrealized gains (losses) on investments	4		-1,672.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		-1,672.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		56,088.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret			
1	Total revenue, gains, and other support per audited financial statements	. L	1	531,870.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a -1,67	2.		
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d	. L	2e	-1,672.
3	Subtract line 2e from line 1	•	3	533 , 542.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b	•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	533,542.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		n	
1	Total expenses and losses per audited financial statements	• -	1	475,782.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	_		
b	Prior year adjustments 2b	_		
С	Other losses 2c	_		
d	Other (Describe in Part XIV.) 2d	_		
е	Add lines 2a through 2d		2e	475 700
3	Subtract line 2e from line 1	• -	3	475,782.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_		
b	Other (Describe in Part XIV.)	_		
_ C	Add lines 4a and 4b	• H	4c	475,782.
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	•	5	4/5,102.
	XIV Supplemental Information			
Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp ditional information.			
PART	XI, LINE 9 AND PART XII, LINE 2A			
UNRE	ALIZED LOSS			

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

Page 5

Schedule D (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Internal Revenue Service Name of the organization

THE COPYRIGHT SOCIETY OF THE USA

PART VI, SECTION A, LINE 7A

ELECTION OF GOVERNING BODY:

OUR MEMBERS ELECT THE TRUSTEES AND OFFICERS AND APPROVE THE APPOINTED

EXECUTIVE COMMITTEE.

PART VI, SECTION A, LINE 7B

DECISION SUBJECT TO APPROVAL:

EXECUTIVE COMMITTEE MAKES THE DECISION AND REPORTS THEM ANNUALLY TO THE MEMBERS AT THE ANNUAL MEETING OF MEMBERS IN JUNE FOR APPROVAL.

PART VI, SECTION B, LINE 11B

FORM 990 REVIEW PROCESS:

AUDIT FINANCIAL STATEMENTS, WHICH IS BASIS FOR FORM 990, IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BEFORE IT IS FINALIZED. FORM 990 DRAFT IS RVIEWED BY THE DIRECTOR OF OPERATIONS, THEN FOWARDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING.

PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST: THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES ALL WRITTEN POLICIES.

PART VI, SECTION B, LINE 15

COMPENSATION REVIEW POLICY:

NO COMPENSATION IS PAID TO THE OFFICERS OF THE ORGANIZATION.

Employer identification number 13-6159787

Page 2

FORM 990, PAGE 12, PART XI, LINE 5 UNREALIZED LOSSS

PAGE 6, SECTION C, LINE 19

DISCLOSURE:

GOVERNING DOCUMENTS, CONFLIC OF INTEREST POLICIES AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990 IS POSTED ON

WWW.GUIDESTAR.COM (IRS WEBSITE).

ATTACHMENT 1

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE COPYRIGHT SOCIETY OF THE USA (CSUSA) IS DEDICATED TO ADVANCING THE STUDY OF COPYRIGHT LAW AND RELATED RIGHTS IN LITERATURE, MUSIC, ART, THEATER, MOTION PICTURES, TELEVISION, COMPUTER SOFTWARE, ARCHITECTURE, AND OTHER WORKS OF AUTHORSHIP, DISTRIBUTED VIA BOTH TRADITIONAL AND NEW MEDIA.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND INCOME	1,79	8.		1,798.
INTEREST INCOME	5	2.		52.
CAPITAL GAIN DISTRIBUTION	1,25	4.		1,254.
TOTALS	3,10	<u>4.</u>		3,104.

chedule O (Form 990 or 990-EZ) 2010	Page
lame of the organization	Employer identification number
THE COPYRIGHT SOCIETY OF THE USA	13-6159787
	ATTACHMENT 3
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	
· · · ·	
	ENDING
DESCRIPTION	BOOK VALUE
NACHOVIA INVESTMENTS	86,001.
TOTALS	86,001.
	ATTACHMENT 4
FORM 990, PART X - DEFERRED REVENUE	
	ENDING
DESCRIPTION	BOOK VALUE
DEFERRED REVENUE	150,450.

Schedule O (Form 990 or 990-EZ) 2010

13-6159787

2010

Description of Property

ATTACHMENT 5

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	M A CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER EQUIPMENT	05/31/2004		100.000			1,637.	1,637.	1,637.	SL	HY	5.000		5		
COMPUTER EQUIPMENT	05/11/2009		100.000			779.	234.	390.			5.000				156
COMPUTER EQUIPMENT	09/03/2010		100.000			750.	75.	225.			5.000				150
Less Datized Assets									I						
Less: Retired Assets		3,166.	-			3,166.	1,946.	2,252.	1						30
<u>Subtotals</u> Listed Property		3,100.				5,100.	1,940.	2,252.							30
									I	I					
Less: Retired Assets			-					-	1					[]	
Subtotals		2.166	-			2.166	1.046	0.050	-						
TOTALS		3,166.				3,166.	1,946.	2,252.							306
AMORTIZATION	Date	Cost						Ending							
	placed in	or					Accumulated	Ending Accumulated amortization							Current-year
Asset description	service	basis	-				amortization	amortization	Code	Life	<u>}</u>			-	amortization
			-								_			-	
			-								_			_	
			-								_			_	
			-								_			-	
			-												
TOTALS							1	1							

V 10-8.3

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated	Ending Accumulated depreciation	Me-	Conv	Life	ACRS	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER EQUIPMENT	05/31/2004		/° 100.000	III Dasis	neulolion	1,637.	1,637.	1,637.	st.	HY	5.000	Ciass	5	expense	depreciation
COMPUTER EQUIPMENT	05/11/2009		100.000			779.	234.	390.			5.000				156
COMPUTER EQUIPMENT	09/03/2010		100.000			750.	75.	225.			5.000				150
COMPUTER EQUIPMENT	09/03/2010	,30.	100.000			/30.	,3.	225.	51		3.000				150
Less: Retired Assets									-						
Subtotals		3,166.				3,166.	1,946.	2,252.							306
Listed Property															
Less: Retired Assets															
Subtotals]						
TOTALS		3,166.				3,166.	1,946.	2,252.							306
AMORTIZATION								•							
	Date	Cost						Ending Accumulated amortization							Current-year
Asset description	placed in service	or basis					amortization	Accumulated	Code	Life	-				amortization
p														-	
														-	
														-	
										L				-	
TOTALS															

2010

V 10-8.3