

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning 10/01, 2008, and ending 09/30, 2009

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2008

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

THE COPYRIGHT SOCIETY OF THE USA

13-6159787

Name and title of officer

KAREN FRANK, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	<u>527,252.</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PKE, CPA'S PC to enter my PIN 1 3 6 1 5 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 12/15/2009

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

1 3 3 8 2 1 1 3 3 6 4
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

DEC 22 2009

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2008)

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 09/30/2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>THE COPYRIGHT SOCIETY OF THE USA</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>352 7TH AVENUE, SUITE 739</u> City or town, state or country, and ZIP + 4 <u>NEW YORK, NY 10001-5012</u>	D Employer identification number <u>13-6159787</u> E Telephone number <u>(212) 354-6401</u> F Group Exemption Number . . . ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶

J Organization type (check only one) - 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 527,252.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	3,072.
	3 Membership dues and assessments	3	292,233.
	4 Investment income STMT 1.	4	2,808.
	5 a Gross amount from sale of assets other than inventory 5a		
	b Less: cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1) 6a		
	b Less: direct expenses other than fundraising expenses 6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c			
7 a Gross sales of inventory, less returns and allowances 7a			
b Less: cost of goods sold 7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		1,471.	
8 Other revenue (describe ▶ _____ STMT 2) 8		227,668.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9		527,252.	
Expenses	10 Grants and similar amounts paid (attach schedule) 10		
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits 12		100,877.
	13 Professional fees and other payments to independent contractors 13		21,548.
	14 Occupancy, rent, utilities, and maintenance 14		28,726.
	15 Printing, publications, postage, and shipping 15		31,386.
	16 Other expenses (describe ▶ _____ STMT 3) 16		279,360.
17 Total expenses. Add lines 10 through 16 17		461,897.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		65,355.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		111,153.
	20 Other changes in net assets or fund balances (attach explanation) STMT 4. 20		1,293.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21		177,801.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments . . . STMT 5	256,952.	22	289,805.	
23	Land and buildings	164.	23	701.	
24	Other assets (describe ▶ _____ STMT 6)	13,222.	24	29,050.	
25	Total assets	270,338.	25	319,556.	
26	Total liabilities (describe ▶ _____ STMT 7)	159,185.	26	141,755.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	111,153.	27	177,801.	

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? STMT 8 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Table with 5 columns: Line number, Description, Amount, and Expense amount. Includes rows 28-31a and 32 with descriptions like 'CONTRIBUTIONS TO LOCAL COPYRIGHT SOCIETY CHAPTERS' and 'COST OF MAILING, PRINTING AND EDITING OF THE COPYRIGHT LAW JOURNAL'.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Includes entry 'SEE STATEMENT 9'.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b 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 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ _____		
42 a The books are in care of ▶ THE COPYRIGHT SOCIETY OF USA Telephone no. ▶ (212) 354-6401 Located at ▶ 352 SEVENTH AVENUE NEW YORK, NY ZIP + 4 ▶ 10001		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here, and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **Yes** **No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **X**
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **47** **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **48** **X**
- 49b If "Yes," was the related organization(s) a section 527 organization? **49a** **X**
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

46	<input type="checkbox"/>	X
47	<input type="checkbox"/>	X
48	<input type="checkbox"/>	X
49a	<input type="checkbox"/>	X
49b	<input type="checkbox"/>	<input type="checkbox"/>

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 17				
Total number of other employees paid over \$100,000 ▶	NONE			

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶	NONE	

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.

COPY

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date **DEC 22 2009** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **PKF, CPAs PC** EIN **13-3643244**

29 BROADWAY NEW YORK, NY 10006-3201 Phone no. **212-867-8000**

Preparer's Identifying Number (See instructions) **P00232254**

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	206,143.	219,569.	226,845.	288,930.	292,233.	1,233,720.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	241,971.	227,192.	216,238.	279,191.	227,668.	1,192,260.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	448,114.	446,761.	443,083.	568,121.	519,901.	2,425,980.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						2,425,980.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	448,114.	446,761.	443,083.	568,121.	519,901.	2,425,980.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,987.	9,097.	10,373.	11,238.	7,351.	43,046.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,987.	9,097.	10,373.	11,238.	7,351.	43,046.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						2,469,026.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.26%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.39%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.74%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.61%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Dashed lines for supplemental information.

FORM 990EZ, PART I - INVESTMENT INCOME
=====

DESCRIPTION

AMOUNT

DIVIDEND INCOME

2,808.

TOTAL

2,808.
=====

FORM 990EZ, PART I - OTHER REVENUE

=====

MID-WINTER MEETING	54,756.
ANNUAL MEETING	86,594.
LUNCHEONS	76,724.
DINNERS	5,608.
MISCELLANEOUS	3,986.

TOTALS	227,668.
	=====

FORM 990EZ, PART I - OTHER EXPENSES
=====

SUPPLIES	2,132.
DEPRECIATION	242.
ANNUAL MEETING	57,250.
MID-WINTER MEETING	48,106.
LUNCHEONS	77,178.
WEBSITE AND COMPUTER	8,298.
CREDIT CARD EXPENSE	5,489.
OUTSIDE SERVICES	46,012.
OFFICE EXPENSE	1,045.
OTHER MEETINGS	2,891.
INVESTMENT EXPENSES	776.
INSURANCE	3,051.
AWARDS	7,914.
MISCELLANEOUS	18,976.

TOTAL	279,360.
	=====

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES
=====

INCREASES IN FUND BALANCES

UNREALIZED GAINS ON INVESTMENT

1,293.

TOTAL

1,293.
=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	182,142.	210,715.
INVESTMENTS - SECURITIES	74,810.	79,090.
TOTALS	----- 256,952. =====	----- 289,805. =====

FORM 990EZ, PART II - OTHER ASSETS
 =====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS RECEIVABLE	10,022.	NONE
PREPAID EXPENSES OR DEFERRED CHARGES	NONE	25,850.
SECURITY DEPOSIT	3,200.	3,200.
TOTALS	----- 13,222. =====	----- 29,050. =====

FORM 990EZ, PART II - TOTAL LIABILITIES
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	1,737.	9,447.
SUPPORT AND REVENUE FOR FUTURE PERIODS	157,448.	132,308.
TOTALS	----- 159,185. =====	----- 141,755. =====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

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 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
KAREN FRANK COBLENT PATCH DUFFY & BASS ONE FERRY BUILDING, SUITE 200 SAN FRANCISCO, CA 94111	PRESIDENT	NONE	NONE	NONE
GLORIA PHARES PATTERSON BELKNAP WEBB & TYLOR 1133 AVE. OF THE AMERICAS NEW YORK, NY 10036	TRUSTEE	NONE	NONE	NONE
COREY FIELD BALLARD SPAHR ANDREWS & INGERSOLL, 1735 MARKET ST. 51ST FL PHILADELPHIA, PA 19103	VICE PRESIDENT	NONE	NONE	NONE
MICHAEL KLIPPER MEYER, KLIPPER & MOHR, PLLC 923 15 ST NW WASHINGTON, DC 20005	EXECUTIVE COMMITTEE	NONE	NONE	NONE
ROSE AUSLANDER CARTER LEDYARD & MILBURN LLP 2 WALL ST. NEW YORK, NY 10005	TRUSTEE	NONE	NONE	NONE
NANCY E WOLFF COWAN, DEBATES ABRAHAMS & SHEPPARD 41 MADISON AVENUE 34TH FLOOR NY, NY 10010	ASSISTANT SECRETARY	NONE	NONE	NONE
JUDITH FINELL	ASSISTANT TREASURER	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JUDITH FINELL MUSICSERVICES INC. 81 PONDFIELD ROAD SUITE 246 BRONXVILLE, NY 10708				
ROBERT A GORMAN UNIV OF PENNA LAW SCHOOL 507 CYPRESS ST. PHILADELPHIA, PA 19106	TRUSTEE	NONE	NONE	NONE
NAOMI JANE GRAY PAUL HASTINGS JANOFSKY WALKER LLP 55 2ND ST 24TH FL SAN FRANCISCO, CA 94105	TRUSTEE	NONE	NONE	NONE
STEPHEN H BLOCK THE HARRY FOX AGENCY INC. 601 WEST 26TH STREET 5TH FLOOR NEW YORK, NY 10001	TRUSTEE	NONE	NONE	NONE
JUNE BESEK KERNOCHAN CENTER FOR LAW, MEDIA 31 GRAMERCY AVE NEW YORK, NY 10002	TRUSTEE	NONE	NONE	NONE
KATHLEEN BURSLEY 351 TERMINO AVENUE LONG BEACH, CA 90814	TRUSTEE	NONE	NONE	NONE
TROY DOW THE WALT DISNEY COMPANY 1150 17TH STREET NW	TRUSTEE	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
SUITE 400 WASHINGTON, DC 20036				
ROBERT KASUNIC UNIVERSITY OF PA LAW SCHOOL 3400 CHESTNUT STREET PHILADELPHIA, PA 19104	TRUSTEE	NONE	NONE	NONE
PAUL MITCHELL TAYLOR WESSING CARMELITE 50 VICTORIA EMBANKMENT BLACKFRIARS EC4Y 0DX LONDON UNITED KINGDOM	TRUSTEE	NONE	NONE	NONE
MICHELENA HALLIE MTV NETWORKS 1515 BROADWAY 34TH FLOOR NY, NY 10036	TRUSTEE	NONE	NONE	NONE
KENNETH M KAUFMAN MANATT, PHELPS & PHILLIPS, LLP 700 12TH STREET, N.W. SUITE 1100 WASHINGTON, DC 20005	TRUSTEE	NONE	NONE	NONE
ERIC J SCHWARTZ MITCHELL SILBERBERG KNUPP LLP 1818 N STREET, NW 18TH FLOOR WASHINGTON, DC 20036	TRUSTEE	NONE	NONE	NONE
NANCY J MERTZEL	TRUSTEE	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
THELEN REID BROWN RAYSMAN STEINER 875 THIRD AVENUE NEW YORK, NY 10022				
NOEL L SILVERMAN LAW OFFICE OF NOEL L SILVERMAN 200 PARK AVE SUITE 1614 NY, NY 10003	TRUSTEE	NONE	NONE	NONE
MARC D OSTROW BOOSEY HAWKES INC 35 E 21ST ST. NY, NY 10010	TRUSTEE	NONE	NONE	NONE
BERNARD R SORKINS 10 COLVIN RD. SCARSDALE, NY 10583	TRUSTEE	NONE	NONE	NONE
ERIC M STAHL DAVIS WRIGHT TREMAINE LLP 1201 3RD AVE SUITE 2200 SEATTLE, WA 98101	TRUSTEE	NONE	NONE	NONE
IAN SAFFER TOWNSEND TOWNSEND AND CREW LLP 1200 17TH ST. SUITE 1200 DENVER, CO 80202	EXECUTIVE COMMITTEE/TRUSTEE	NONE	NONE	NONE
LOIS WASOFF 258 SUDBURY RD. CONCORD, MA 01742	TRUSTEE	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
KATHERINE E WOODS SONY BMG NASHVILLE 1400 18TH AVE. SOUTH NASHVILLE, TN 37212	TRUSTEE	NONE	NONE	NONE
DAVID GREEN COBRIS CORP 710 2ND AVENUE, SUITE 200 SEATTLE, WA 98104	EXECUTIVE COMMITTEE	NONE	NONE	NONE
ELEANOR LACKMAN ARNOLD PORTER LLP 399 PARK AVE NEW YORK, NY 10022	EXECUTIVE COMMITTEE	NONE	NONE	NONE
JOSEPH SALVO WEIL GOTSHAL MANGES 767 5TH AVE. NEW YORK, NY 10153	SECRETARY	NONE	NONE	NONE
ROBERT BERNSTEIN L/O OF ROBERT J BERNSTEIN 488 MADISON AVE NEW YORK, NY 10022	HONORARY TRUSTEE	NONE	NONE	NONE
RICHARD DANNAY COWAN LIEBOWITZ LATMAN 1133 AVE. OF AMERICAS NE WYORK, NY 10036	HONORARY TRUSTEE	NONE	NONE	NONE
MARIA A DANZILLO	HONORARY TRUSTEE	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JOHN WILEY & SONS, IN 111 RIVER ST. HOBOKEN, NJ 07030	HONORARY TRUSTEE	NONE	NONE	NONE
EUGENE L GIRDEN 31 SOUNDVIEW ROAD WESTPORT, CT 06880	HONORARY TRUSTEE	NONE	NONE	NONE
MORTON DAVID GOLDBERG COWAN LIEBOWITZ LATMAN PC 1133 AVE. OF AMERICAS, 36TH FL NEW YORK, NY 10036	HONORARY TRUSTEE	NONE	NONE	NONE
ALAN HARTNICK ABELMAN FRAYNE SCHWAB 666 3RD AVENUE, 10TH FL 10TH FLOOR NEW YORK, NY 10017	HONORARY TRUSTEE	NONE	NONE	NONE
BERNARD KORMAN 215 EAST 68TH STREET APT 6-S NEW YORK, NY 10021	HONORARY TRUSTEE	NONE	NONE	NONE
E GABRIEL PERLE ONLANDT, GREENLEY, RUGGIERO & PERLE 2500 SOUTH OCEAN BOULEVARD APT 3 PALM BEACH, FL 33480	HONORARY TRUSTEE	NONE	NONE	NONE
JUDITH SAFFER BROADCAST MUSIC INC 320 W 57TH ST NEW YORK, NY 10019	HONORARY TRUSTEE	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MICHAEL POLLACK 11 MOOREWOOD OAKS PORT WASHINGTON, NY 11050	HONORARY TRUSTEE	NONE	NONE	NONE
BARRY SLOTNICK LOEB & LOEB 345 PARK AVE NEW YORK, NY 10154	HONORARY TRUSTEE	NONE	NONE	NONE
ROGER ZISSU FROSS ZELNICK LEHRMAN ZISSU 866 UN PLAZA 6TH FLR NEW YORK, NY 10017	HONORARY TRUSTEE	NONE	NONE	NONE
JONATHAN PUROW GRAND ARMY ENTERTAINMENT 154 W. 14TH STREET 4TH FLOOR NEW YORK, NY 10011	EXECUTIVE COMMITTEE	NONE	NONE	NONE
E LEONARD RUBIN REED SMITH LLP 10 S. WACKER DRIVE 40TH FLOOR CHICAGO, IL 60606-7507	EXECUTIVE COMMITTEE	NONE	NONE	NONE
JAMES A TRIGG KILPATRICK & STOCKTON LLP 1100 PEACHTREE STREET SUITE 2800 ATLANTA, GA 30309-4530	EXECUTIVE COMMITTEE	NONE	NONE	NONE
DAVID A DONAHUE	TRUSTEE	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
FROSS ZELNICK LEHRMAN & ZISSU 866 UNITED NATIONS PLAZA NEW YORK, NY 10017				
HELEN BLUE HELEN BLUE MUSIQUE LTD. 421 7TH AVE. NEW YORK, NY 10001	HONORARY TRUSTEE	NONE	NONE	NONE
NANCY J MERTZEL THELEN REID BROWN RAYSMAN & STEINER 875 THIRD AVENUE NEW YORK, NY 10022	TREASURER	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

990EZ, PART VI - FIVE HIGHEST COMPENSATED EMPLOYEES
=====

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

NAME AND ADDRESS

AMY NICKERSON GOLDSTEIN
121 GARRISON AVENUE, 402
JERSEY CITY, NJ 07036

ADMINISTRA

TOTAL COMPENSATION

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return THE COPYRIGHT SOCIETY OF THE USA	Identifying number 13-6159787
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Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1																												
2 Total cost of section 179 property placed in service (see instructions)	2																												
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3																												
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4																												
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">(a) Description of property</th> <th style="width:25%;">(b) Cost (business use only)</th> <th style="width:25%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property. Enter the amount from line 29</td> <td align="center">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7</td> <td></td> <td align="center">8</td> </tr> <tr> <td>9 Tentative deduction. Enter the smaller of line 5 or line 8</td> <td></td> <td align="center">9</td> </tr> <tr> <td>10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562</td> <td></td> <td align="center">10</td> </tr> <tr> <td>11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)</td> <td></td> <td align="center">11</td> </tr> <tr> <td>12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11</td> <td></td> <td align="center">12</td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶</td> <td align="center">13</td> <td></td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6			7 Listed property. Enter the amount from line 29	7		8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	9 Tentative deduction. Enter the smaller of line 5 or line 8		9	10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562		10	11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12	13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13	
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10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562		10																											
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11																											
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12																											
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13																												

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	164.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	SEE DETAIL					
b 5-year property		779.	5.000	HY	200DB	78.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life						S/L
b 12-year			12 yrs.			S/L
c 40-year			40 yrs.	MM		S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	242.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	<input checked="" type="checkbox"/>	No	24b If "Yes," is the evidence written?	Yes	<input checked="" type="checkbox"/>	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

