

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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 10/01, 2007, and ending 09/30/2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization THE COPYRIGHT SOCIETY OF THE USA
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
352 7TH AVENUE, SUITE 739
City or town, state or country, and ZIP + 4
NEW YORK, NY 10001-5012

D Employer identification number 13-6159787
E Telephone number (212) 354-6401
F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: N/A

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

K Check here if the organization is not a 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.

I Group Exemption Number
M Check X if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 579,359.

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

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a, b, c, d), and Amount. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21).

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A				
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	85,609.	12,841.	72,768.	
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27	5,318.	798.	4,520.	
29	Payroll taxes	6,836.	1,025.	5,811.	
30	Professional fundraising fees				
31	Accounting fees	17,056.	2,558.	14,498.	
32	Legal fees	91.	14.	77.	
33	Supplies	2,932.	440.	2,492.	
34	Telephone	1,531.	230.	1,301.	
35	Postage and shipping	4,950.	742.	4,208.	
36	Occupancy	26,830.	4,025.	22,805.	
37	Equipment rental and maintenance	1,546.	232.	1,314.	
38	Printing and publications	35,163.	35,163.		
39	Travel				
40	Conferences, conventions, and meetings	186,275.	186,275.		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	327.	49.	278.	
43	Other expenses not covered above (itemize):				
43a	a STMT 3	151,915.	128,992.	22,923.	
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	526,379.	373,384.	152,995.	

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 4	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a CONTRIBUTIONS TO LOCAL COPYRIGHT SOCIETY CHAPTERS FOR SET UP COST AND EXCESS MEETING EXPENSES ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	8,207.
b COST OF MAILING, PRINTING AND EDITING OF THE COPYRIGHT LAW JOURNAL ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	77,663.
c THE COST OF MEETINGS WHICH EDUCATES KEY PEOPLE COPYRIGHT LAWS AND RIGHTS IN VARIOUS FORMS OF INTELLECTUAL PROPERTY. ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	260,513.
d DESIGN AND MAINTENANCE OF WEBSITE TO FACILITATE MEMBERS ACCESS TO COPYRIGHT, MEETING, AND MEMBERSHIP INFORMATION. ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,345.
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	25,656.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	373,384.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	111,393.	45	182,142.
	46 Savings and temporary cash investments	6,039.	46	NONE
	47a Accounts receivable	47a 10,022.		
	b Less: allowance for doubtful accounts	47b	11,525.	47c 10,022.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54a Investments - publicly-traded securities <input checked="" type="checkbox"/> STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		72,335.	54a 74,810.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a 1,637.		
b Less: accumulated depreciation (attach schedule)	57b 1,473.	493.	57c 164.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> <u>STMT 6</u>)		3,200.	58 3,200.	
59 Total assets (must equal line 74). Add lines 45 through 58		204,985.	59 270,338.	
Liabilities	60 Accounts payable and accrued expenses	7,595.	60	1,737.
	61 Grants payable		61	
	62 Deferred revenue	132,458.	62	157,448.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		NONE	65 NONE
66 Total liabilities. Add lines 60 through 65		140,053.	66 159,185.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	64,932.	67	111,153.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		64,932.	73 111,153.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		204,985.	74 270,338.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (15), 75b (X), 75c (X), and 75d (X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Includes a row with -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76 (X), 77 (X), 78a (X), 78b (N/A), 79 (X), 80a (X), 81a, and 81b (X).

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82 b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85 b	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
85 c	N/A		
d	Section 162(e) lobbying and political expenditures		
85 d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85 h	N/A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86 a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86 b	N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87 a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87 b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88 b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction		X
89 b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	▶ N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89 g			
90 a	List the states with which a copy of this return is filed ▶		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		2
90 b			
91 a	The books are in care of ▶ THE COPYRIGHT SOCIETY OF USA Telephone no. ▶ (212) 354-6401		
	Located at ▶ 352 SEVENTH AVE., 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
91 b			
	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.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ROYALTY INCOME					5,139.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					288,930.
95 Interest on savings and temporary cash investments			14	2,134.	
96 Dividends and interest from securities			14	2,876.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,089.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MEETING INCOME					272,790.
c MISCELLANEOUS					6,401.
d					
e					
104 Subtotal (add columns (B), (D), and (E))				6,099.	573,260.
105 Total (add line 104, columns (B), (D), and (E))					579,359.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

Please Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

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

Firm's name (or yours if self-employed), address, and ZIP + 4: **PKE, CPA'S PC**
29 BROADWAY
NEW YORK, NY 10006-3201

Preparer's SSN or PTIN (See Gen. Inst. X): **P00232254**
EIN: **13-3643244**
Phone no.: **212-867-8000**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

Employer identification number

THE COPYRIGHT SOCIETY OF THE USA

13-6159787

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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 \$50,000 . . . ▶ NONE

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation... 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a Did the organization make grants for scholarships, fellowships, student loans, etc.? 3b Did the organization have a section 403(b) annuity plan for its employees? 3c Did the organization receive or hold an easement for conservation purposes... 3d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 4a Did the organization maintain any donor advised funds? 4b Did the organization make any taxable distributions under section 4966? 4c Did the organization make a distribution to a donor, donor advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

Part IV Reason for Non-Private Foundation Status. (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NQT, APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 NONE 16 873,569, 17 928,256, 20 _____ 21 _____; d Add: Line 27a total _____ and line 27b total _____; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows include lines 45-50 for nontaxable amounts, ceilings, and total lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table for reporting lobbying activity. Columns: Yes, No, Amount. Rows list activities a-i: Volunteers, Paid staff, Media advertisements, Mailings, Publications, Grants, Direct contact, Rallies, Total lobbying expenditures.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990, PART I - MEMBERSHIP DUES AND ASSESSMENTS

=====

DESCRIPTION

AMOUNT

MEMBERSHIP DUES

288,930.

TOTAL

288,930.

=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENT

6,759.

TOTAL

6,759.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
OFFICE EXPENSE	1,674.	251.	1,423.
INSURANCE	5,511.	827.	4,684.
WEBSITE AND COMPUTER	8,967.	1,345.	7,622.
CREDIT CARD FEES	6,148.	922.	5,226.
AWARDS	1,325.	1,325.	
DUES AND SUBSCRIPTIONS	114.	17.	97.
JOURNAL EDITORIAL SERVICES	42,500.	42,500.	
INVESTMENT EXPENSES	827.	124.	703.
CONTRIBUTIONS TO LOCAL CHAPTER	8,207.	8,207.	
MISCELLANEOUS	3,726.	558.	3,168.
CHAPTER MEETINGS	72,916.	72,916.	
TOTALS	151,915.	128,992.	22,923.

FORM 990, 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 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
WACHOVIA INVESTMENTS	74,810.
TOTALS	74,810.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
RENT DEPOSIT	3,200.
TOTALS	----- 3,200. =====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION

ENDING
BOOK VALUE

TOTALS

157,448.
=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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KAREN FRANK COBLENT PATCH DUFFY & BASS ONE FERRY BUILDING, SUITE 200 SAN FRANCISCO, CA 94111	PRESIDENT			
---	-----------	--	--	--

GLORIA PHARES PATTERSON BELKNAP WEBB & TYLOR 1133 AVE. OF THE AMERICAS	VICE PRESIDENT			
--	----------------	--	--	--

COREY FIELD BALLARD SPAHR ANDREWS & INGERSOLL, 1735 MARKET ST. 51ST FL PHILADELPHIA, PA 19103	TRUSTEE			
--	---------	--	--	--

MICHAEL KLIPPER MEYER, KLIPPER & MOHR, PLLC 923 15 ST NW WASHINGTON, DC 20005	EXECUTIVE COMMITTEE			
--	---------------------	--	--	--

ROSE AUSLANDER CARTER LEDYARD & MILBURN LLP 2 WALL ST. NEW YORK, NY 10005	TRUSTEE			
--	---------	--	--	--

NANCY E. WOLFF COWAN, DEBATES ABRAHAMS & SHEPPARD 41 MADISON AVENUE 34TH FLOOR NY, NY 10010	ASSISTANT SECRETARY			
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JUDITH FINELL JUDITH FINELL MUSICSERVICES INC.	ASSISTANT TREASURER			
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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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81 PONDFIELD ROAD SUITE 246 BRONXVILLE, NY 10708				
---	--	--	--	--

ROBERT A. GORMAN UNIV. OF PENNA LAW SCHOOL 507 CYPRESS ST. PHILADELPHIA, PA 19106	TRUSTEE			
--	---------	--	--	--

NAOMI JANE GRAY PAUL HASTINGS JANOFSKY WALKER LLP 55 2ND ST 24TH FL SAN FRANCISCO, CA 94105	TRUSTEE			
--	---------	--	--	--

STEPHEN H. BLOCK THE HARRY FOX AGENCY INC. 601 WEST 26TH STREET 5TH FLOOR NEW YORK, NY 10001	TRUSTEE			
--	---------	--	--	--

JUNE BESEK KERNOCHAN CENTER FOR LAW, MEDIA 31 GRAMERCY AVE NEW YORK, NY 10002	TRUSTEE			
--	---------	--	--	--

KATHLEEN BURSLEY 351 TERMINO AVENUE LONG BEACH, CA 90814	TRUSTEE			
--	---------	--	--	--

JANET A. KOBRIN WARNER BROS. 4000 WARNER BLVD., BLDG. 156 NORTH BURBANK, CA 91522	TRUSTEE			
--	---------	--	--	--

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
TROY DOW THE WALT DISNEY COMPANY 1150 17TH STREET NW SUITE 400 WASHINGTON, DC 20036	TRUSTEE			
ROBERT KASUNIC WASHINGTON COLLEGE OF LAW 14409 BROOKMEAD DRIVE DARNESTOWN, MD 20874	TRUSTEE			
PAUL MITCHELL TAYLOR WESSING CARMELITE 50 VICTORIA EMBANKMENT BLACKFRIARS EC4Y 0DX LONDON UNITED KINGDOM	TRUSTEE			
MICHELENA HALLIE MTV NETWORKS 1515 BROADWAY 34TH FLOOR NY, NY 10036	TRUSTEE			
KENNETH M KAUFMAN SKADDEN ARPS SLATE MEAGHER FLOM LLP 1440 NY AVE NW WASHINGTON, DC 20005	TRUSTEE			
ERIC J SCHWARTZ MITCHELL SILBERBERG KNUPP LLP	TRUSTEE			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2300 M STREET SUITE 800 WASHINGTON, DC 20037				
NANCY J MERTZEL	TRUSTEE			
THELEN REID BROWN RAYSMAN STEINER 9003RD AVE NY, NY 10022				
NOEL L SILVERMAN	TRUSTEE			
LAW OFFICE OF NOEL L SILVERMAN 200 PARK AVE SUITE 1614 NY, NY 10003				
MARC D OSTROW	TRUSTEE			
BOOSEY HAWKES INC 35 E 21ST ST. NY, NY 10010				
BERNARD R. SORKINS	TRUSTEE			
10 COLVIN RD. SCARSDALE, NY 10583				
ERIC M STAHL	TRUSTEE			
DAVIS WRIGHT TREMAINE LLP 1201 3RD AVE SUITE 2200 SEATTLE, WA 98101				
IAN SAFFER	EXECUTIVE COMMITTEE			
TOWNSEND TOWNSEND AND CREW LLP 1200 17TH ST. SUITE 1200 DENVER, CO 80202				

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LOIS WASOFF 258 SUDBURY RD. CONCORD, MA 01742	TRUSTEE			
KATHERINE E WOODS SONY BMG NASHVILLE 1400 18TH AVE. SOUTH NASHVILLE, TN 37212	TRUSTEE			
DAVID GREEN COBRIS CORP 710 2ND AVE. SUITE 200 SEATTLE, WA 98104	EXECUTIVE COMMITTEE			
ELEANOR LACKMAN ARNOLD PORTER LLP 399 PARK AVE NY, NY 10022	EXECUTIVE COMMITTEE			
JOSEPH SALVO WEIL GOTSHAL MANGES 767 5TH AVE. NY, NY 10153	SECRETARY			
ROBERT BERNSTEIN L/O OF ROBERT J BERNSTEIN 488 MADISON AVE NY, NY 10022	HONORARY TRUSTEE			
RICHARD DANNAY	HONORARY TRUSTEE			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
EXPENSE ACCT AND OTHER ALLOWANCES

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

COWAN LIEBOWITZ LATMAN
1133 AVE. OF AMERICAS
NY, NY 10036

HONORARY TRUSTEE

MARIA A DANZILLO
JOHN WILEY & SONS
111 RIVER ST.
HOBOKEN, NJ 07030

HONORARY TRUSTEE

EUGENE GIRDEN
76 BROOKDALE DR
STANFORD, CT 06903

HONORARY TRUSTEE

MORTON DAVID GOLDBERG
COWAN LIEBOWITZ LATMAN PC
1133 AVE. OF AMERICAS
NY, NY 10036

HONORARY TRUSTEE

ALAN HARTNICK
ABELMAN FRAYNE SCHWAB
666 3RD AVE
10TH FLOOR
NY, NY 10017

HONORARY TRUSTEE

BERNARD KORMAN
215 E 68TH ST.
NY, NY 10021

HONORARY TRUSTEE

E GABRIEL PERLE
2500 S OCEAN BLVD. APT 3
PALM BEACH, FL 33480

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JUDITH SAFFER BROADCAST MUSIC INC 320 W 57TH ST NY, NY 10019	HONORARY TRUSTEE			
MICHAEL POLLACK 11 MOOREWOOD OAKS PORT WASHINGTON, NY 11050	HONORARY TRUSTEE			
BARRY SLOTNICK LOEB & LOEB 345 PARK AVE NY, NY 10154	HONORARY TRUSTEE			
ROGER ZISSU FROSS ZELNICK LEHRMAN ZISSU 866 UN PLAZA 6TH FLR NY, NY 10017	HONORARY TRUSTEE			
JONATHAN PUROW GRAND ARMY ENTERTAINMENT 154 W. 14TH STREET 4TH FLOOR NEW YORK, NY 10011	EXECUTIVE COMMITTEE			
E. LEONARD RUBIN REED SMITH LLP 10 S. WACKER DRIVE 40TH FLOOR CHICAGO, IL 60606-7507	EXECUTIVE COMMITTEE			
JAMES A. TRIGG	EXECUTIVE COMMITTEE			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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KILPATRICK & STOCKTON LLP 1100 PEACHTREE STREET SUITE 2800 ATLANTA, GA 30309-4530				
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DAVID A. DONAHUE FROSS ZELNICK LEHRMAN & ZISSU 866 UNITED NATIONS PLAZA NEW YORK, NY 10017	TRUSTEE			
---	---------	--	--	--

HELEN BLUE HELEN BLUE MUSIQUE LTD. 421 7TH AVE. NEW YORK, NY 10001	HONORARY TRUSTEE			
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GRAND TOTALS

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----

93E	FUNDS CONTRIBUTED TO PUBLICATION OF LAW JOURNAL USED TO ADVANCE THE STUDY OF COPYRIGHT LAW. EACH MEMBER RECEIVES A COPY OF THE JOURNAL. DEFRAYS COST OF MONTHLY MEETINGS AT WHICH THE SOCIETY PRESENTS EXPERT SPEAKERS AND REVIEWS OF COPYRIGHT LAW.
94E	
103E	

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID 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