

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning 10/01, 2009, and ending 09/30, 2010

Do not send to the IRS. Keep for your records. See instructions on back.

2009

Department of the Treasury Internal Revenue Service

Name of exempt organization

THE COPYRIGHT SOCIETY OF THE USA

Employer identification number

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, if any, from the return. 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.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance Due). Includes amounts like 465,023.

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 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

Officer's PIN: check one box only

[X] I authorize PKF LLP to enter my PIN 13615 as my signature

on the organization's tax year 2009 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 2009 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

COPY

Date 02/07/2011

Part III Certification and Authentication

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

13382113364 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 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

[Handwritten Signature]

Date

FEB 11 2011

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.

Short Form Return of Organization Exempt From Income Tax

2009

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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30/2010

<input type="checkbox"/>	Address change	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE COPYRIGHT SOCIETY OF THE USA		D Employer identification number 13-6159787
<input type="checkbox"/>	Name change		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 352 7TH AVENUE. SUITE 739		E Telephone number (212) 354-6401
<input type="checkbox"/>	Initial return		City or town, state or country, and ZIP + 4 NEW YORK, NY 10001-5012		F Group Exemption Number . . . ▶
<input type="checkbox"/>	Termination				
<input type="checkbox"/>	Amended return				
<input type="checkbox"/>	Application pending				

• 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) ▶

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

I Website: ▶

J Tax-exempt status (check only one) - 501(c) (3) (insert no.) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ **465,023.**

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

	Description		Amount		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1			
	2 Program service revenue including government fees and contracts	2		0.	
	3 Membership dues and assessments	3		268,736.	
	4 Investment income ATCH 2	4		3,433.	
	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) 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					
8 Other revenue (describe ▶ ATCH 3)	8		192,854.		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9		465,023.		
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		108,148.	
	13 Professional fees and other payments to independent contractors	13		23,540.	
	14 Occupancy, rent, utilities, and maintenance	14		28,092.	
	15 Printing, publications, postage, and shipping	15		31,181.	
	16 Other expenses (describe ▶ ATCH 4)	16		271,928.	
17 Total expenses. Add lines 10 through 16 ▶	17		462,889.		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18		2,134.	
	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		177,801.	
	20 Other changes in net assets or fund balances (attach explanation) ATCH 5	20		3,288.	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21		183,223.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	Description	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments ATCH 6	289,805.	22	298,285.
23	Land and buildings	701.	23	1,220.
24	Other assets (describe ▶ ATCH 7)	29,050.	24	12,072.
25	Total assets	319,556.	25	311,577.
26	Total liabilities (describe ▶ ATCH 8)	141,755.	26	128,354.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	177,801.	27	183,223.

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

		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? 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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		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 outstanding at the end 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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. 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 40e		X
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ THE COPYRIGHT SOCIETY OF US 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)? 42b		X
	If "Yes," enter the name of the foreign county: ▶ _____ 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.? 42c		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. ▶ <input type="checkbox"/> 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 44		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 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 Yes No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
- b If "Yes," was the related organization a section 527 organization? Yes No
- 50 Complete this table for the organization's 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."

(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
NONE				

f Total number of other employees paid over \$100,000 ▶ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d 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.

Sign Here

Signature of officer: *[Handwritten Signature]* Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *[Handwritten Signature]* Date: FEB 11 2011

Check if self-employed:

Preparer's identifying number (See instructions): P01341078

Firm's name (or yours if self-employed), address, and ZIP + 4: PKF LLP, 29 BROADWAY NEW YORK, NY 10006-3201

EIN: 27-1728945

Phone no.: 212-867-8000

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization THE COPYRIGHT SOCIETY OF THE USA	Employer identification number 13-6159787
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	219,569.	226,845.	288,930.	292,233.	268,736.	1,296,313.
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	227,192.	216,238.	279,191.	227,668.	192,854.	1,143,143.
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 through 5	446,761.	443,083.	568,121.	519,901.	461,590.	2,439,456.
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						2,439,456.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	446,761.	443,083.	568,121.	519,901.	461,590.	2,439,456.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	9,097.	10,373.	11,238.	7,351.	3,433.	41,492.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,097.	10,373.	11,238.	7,351.	3,433.	41,492.
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.) <u>ATCH 1</u>					192,854.	192,854.
13 Total support. (Add lines 9, 10c, 11, and 12.)	455,858.	453,456.	579,359.	527,252.	657,877.	2,673,802.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	15	91.24%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.26%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.55%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.74%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Attachment 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER REVENUE					192,854.	192,854.
TOTAL					<u>192,854.</u>	<u>192,854.</u>

Attachment 2

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIVIDEND INCOME	1,677.
INTEREST INCOME	53.
OTHER INVESTMENTS	1,703.
TOTAL	<u>3,433.</u>

FORM 990EZ, PART I - OTHER REVENUE

MID-WINTER MEETING	42,672.
ANNUAL MEETING	90,626.
LUNCHEONS	47,743.
DINNERS	5,181.
MISCELLANEOUS	5,197.
ROYALTY INCOME	1,435.
TOTALS	<u>192,854.</u>

Attachment 4FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	1,896.
DEPRECIATION	231.
ANNUAL MEETING	54,865.
MID-WINTER MEETING	44,578.
NEW YORK CHAPTER MEETINGS	47,754.
WEBSITE AND COMPUTER	8,515.
CREDIT CARD EXPENSE	6,423.
OUTSIDE SERVICES	69,764.
OFFICE EXPENSE	1,829.
OTHER MEETINGS	10,609.
INVESTMENT EXPENSES	879.
INSURANCE	3,770.
AWARDS	1,383.
MISCELLANEOUS	19,432.
TOTAL	<u>271,928.</u>

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

INCREASES IN FUND BALANCES

UNREALIZED GAINS ON INVESTMENT 3,288.

TOTAL 3,288.

Attachment 6FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	210,715.	213,404.
INVESTMENTS - SECURITIES	79,090.	84,881.
TOTALS	<u>289,805.</u>	<u>298,285.</u>

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
PREPAID EXPENSES OR DEFERRED CHARGES	25,850.	7,840.
SECURITY DEPOSIT	3,200.	4,232.
TOTALS	<u>29,050.</u>	<u>12,072.</u>

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	9,447.	8,450.
SUPPORT AND REVENUE FOR FUTURE PERIODS	132,308.	119,904.
TOTALS	<u>141,755.</u>	<u>128,354.</u>

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

Attachment 10

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 3.00	0.	0.	0.
GLORIA PHARES PATTERSON BELKNAP WEBB & TYLOR 1133 AVE. OF THE AMERICAS NEW YORK, NY 10036	TRUSTEE 3.00	0.	0.	0.
COREY FIELD BALLARD SPAHR ANDREWS & INGERSOLL, 2029 Century Park East, Suite 800 Los Angeles, CA 90067	VICE PRESIDENT 6.00	0.	0.	0.
MICHAEL KLIPPER MEYER, KLIPPER & MOHR, PLLC 923 15 ST NW WASHINGTON, DC 20005	EXECUTIVE COMMITTEE 3.00	0.	0.	0.
ROSE AUSLANDER CARTER LEDYARD & MILBURN LLP 2 WALL ST. NEW YORK, NY 10005	TRUSTEE 3.00	0.	0.	0.
NANCY E. WOLFF COWAN, DEBATES ABRAHAMS & SHEPPARD	ASSISTANT SECRETARY/TRUSTEE 3.00	0.	0.	0.

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

Attachment 10 (Cont'd)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
41 MADISON AVENUE 34TH FLOOR NY, NY 10010				
JUDITH FINELL JUDITH FINELL MUSICSERVICES INC. 81 PONDFIELD ROAD SUITE 246 BRONXVILLE, NY 10708	ASSISTANT TREASURER/EXEC COMM 3.00	0.	0.	0.
STEPHEN H BLOCK THE HARRY FOX AGENCY INC. 601 WEST 26TH STREET 5TH FLOOR NEW YORK, NY 10001	TRUSTEE 3.00	0.	0.	0.
JUNE BESEK KERNOCHAN CENTER FOR LAW, MEDIA 31 GRAMERCY AVE NEW YORK, NY 10002	TRUSTEE 3.00	0.	0.	0.
KATHLEEN BURSLEY 351 TERMINO AVENUE LONG BEACH, CA 90814	TRUSTEE 3.00	0.	0.	0.
TROY DOW THE WALT DISNEY COMPANY 1150 17TH STREET NW SUITE 400	TRUSTEE 3.00	0.	0.	0.

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

Attachment 10 (Cont'd)

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT. AND OTHER ALLOWANCES

NAME AND ADDRESS

COMPENSATION

WASHINGTON, DC 20036

ROBERT KASUNIC

Washington College of Law
14409 Brookmead Drive
Darnestown, MD 20874

TRUSTEE

3.00

0.

0.

0.

PAUL MITCHELL

TAYLOR WESSING CARMELITE
50 VICTORIA EMBANKMENT BLACKFRIARS
EC4Y 0DX
LONDON

TRUSTEE

3.00

0.

0.

0.

NONE

United Kingdom

ERIC J SCHWARTZ

MITCHELL SILBERBERG KNUPP LLP
1818 N Street, NW 18th Floor
WASHINGTON, DC 20036

TRUSTEE

3.00

0.

0.

0.

NOEL L SILVERMAN

LAW OFFICE OF NOEL L SILVERMAN
200 PARK AVE SUITE 1614
NY, NY 10003

TRUSTEE

3.00

0.

0.

0.

MARC D OSTROW

BOOSEY HAWKES INC

TRUSTEE

3.00

0.

0.

0.

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

Attachment 10 (Cont'd)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
35 E 21ST ST. NY, NY 10010				
ERIC M STAHL DAVIS WRIGHT TREMAINE LLP 1201 3RD AVE SUITE 2200 SEATTLE, WA 98101	TRUSTEE 3.00	0.	0.	0.
IAN SAFFER TOWNSEND TOWNSEND AND CREW LLP 1200 17TH ST. SUITE 1200 DENVER, CO 80202	TRUSTEE 3.00	0.	0.	0.
KATHERINE E WOODS SONY BMG NASHVILLE 1400 18TH AVE. SOUTH NASHVILLE, TN 37212	TRUSTEE 3.00	0.	0.	0.
DAVID GREEN Microsoft Corporation One Microsoft Way REDMOND, WA 98052	TRUSTEE 3.00	0.	0.	0.
ELEANOR LACKMAN Lovells LLP 590 Madison Avenue NEW YORK, NY 10022	EXECUTIVE COMMITTEE 3.00	0.	0.	0.

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

Attachment 10 (Cont'd)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JOSEPH SALVO Hit Entertainment 230 Park Avenue South, 13th FL NEW YORK, NY 10003	SECRETARY 3.00	0.	0.	0.
ROBERT BERNSTEIN L/O OF ROBERT J BERNSTEIN 488 MADISON AVE NEW YORK, NY 10022	HONORARY TRUSTEE 3.00	0.	0.	0.
RICHARD DANNAY COWAN LIEBOWITZ LATMAN 1133 AVE. OF AMERICAS NE WYORK, NY 10036	HONORARY TRUSTEE 3.00	0.	0.	0.
MARIA A DANZILLO JOHN WILEY & SONS, IN 111 RIVER ST. HOBOKEN, NJ 07030	HONORARY TRUSTEE 3.00	0.	0.	0.
EUGENE L GIRDEN 31 Soundview Road Westport, CT 06880	HONORARY TRUSTEE 3.00	0.	0.	0.
MORTON DAVID GOLDBERG COWAN LIEBOWITZ LATMAN PC 1133 AVE. OF AMERICAS, 36TH FL	HONORARY TRUSTEE 3.00	0.	0.	0.

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

Attachment 10. (Cont'd)

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

COMPENSATION

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

EXPENSE ACCT.
AND OTHER
ALLOWANCES

NAME AND ADDRESS

NEW YORK, NY 10036

ALAN HARTNICK

ABELMAN FRAYNE SCHWAB

666 3RD AVENUE, 10TH FL

10TH FLOOR

NEW YORK, NY 10017

HONORARY TRUSTEE

3.00

0.

0.

0.

BERNARD KORMAN

215 East 68th Street Apt 6-S

NEW YORK, NY 10021

HONORARY TRUSTEE

3.00

0.

0.

0.

E GABRIEL PERLE

Onlandt, Greenley, Ruggiero & Perle

2500 South Ocean Boulevard Apt 3

PALM BEACH, FL 33480

HONORARY TRUSTEE

3.00

0.

0.

0.

JUDITH SAFFER

BROADCAST MUSIC INC

320 W 57TH ST

NEW YORK, NY 10019

HONORARY TRUSTEE

3.00

0.

0.

0.

MICHAEL POLLACK

11 MOOREWOOD OAKS

PORT WASHINGTON, NY 11050

HONORARY TRUSTEE

3.00

0.

0.

0.

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

Attachment 10 (Cont'd)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
BARRY SLOTNICK LOEB & LOEB 345 PARK AVE NEW YORK, NY 10154	HONORARY TRUSTEE 3.00	0.	0.	0.
ROGER ZISSU FROSS ZELNICK LEHRMAN ZISSU 866 UN PLAZA 6TH FLR NEW YORK, NY 10017	HONORARY TRUSTEE 3.00	0.	0.	0.
JONATHAN PUROW GRAND ARMY ENTERTAINMENT 154 W. 14TH STREET 4TH FLOOR NEW YORK, NY 10011	EXECUTIVE COMMITTEE 3.00	0.	0.	0.
JAMES A TRIGG KILPATRICK & STOCKTON LLP 1100 PEACHTREE STREET SUITE 2800 ATLANTA, GA 30309	TRUSTEE 3.00	0.	0.	0.
HELENE BLUE Helen Blue Musique Ltd. 421 7th Ave. NEW YORK, NY 10001	HONORARY TRUSTEE 3.00	0.	0.	0.
NANCY J MERTZEL Gibbons PC	Treasurer 3.00	0.	0.	0.

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

Attachment 10 (Cont'd)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
One Pennsylvania Plaza, 37th FL NEW YORK, NY 10119				
TARA AARON Stites & Harbison Suntrust Plaza, 401 Commerce Street Suite 800 Nashville, TN 37206	TRUSTEE 3.00	0.	0.	0.
AXEL NORDEMANN Boehmert & Boehmert MEINEKESTRASSE 26 10719 BERLIN NONE Germany	TRUSTEE 3.00	0.	0.	0.
JAMES POOLEY Morrison & Foerster LLP 755 Page Mill Road Palo Alto, CA 94304	TRUSTEE 3.00	0.	0.	0.
GLENN FUDELKA Edwards Angell Palmer & Dodge LLP 111 Huntington Avenue Boston, MA 02199	TRUSTEE 3.00	0.	0.	0.
<u>GRAND TOTALS</u>		<u>0.</u>	<u>0.</u>	<u>0.</u>

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

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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2008 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 2010. 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 2009	17	156.
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		

Section B - Assets Placed in Service During 2009 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					
b 5-year property	Detail	750.	5.000	MQ	200DB	75.
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	

Section C - Assets Placed in Service During 2009 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 instructions	22	231.
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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)						
Type of property (list vehicles first)	Date placed in service	Business/investment use percentage	Cost or other basis	Basis for depreciation (business/investment use only)	Recovery period	Method/Convention	Depreciation deduction	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)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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)	(b)	(c)	(d)	(e)	(f)
Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
43 Amortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

