

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MECHANICAL LICENSING COLLECTIVE			D Employer identification number 84-2642688	
	Doing Business As			E Telephone number (629) 240-8300	
	Number and street (or P.O. box if mail is not delivered to street address) 333 11TH AVENUE SOUTH		Room/suite 200		
	City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37203				
F Name and address of principal officer: KRISTOPHER AHREND 333 11TH AVENUE SOUTH, STE 200, NASHVILLE, TN 37203					
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.THEMLC.COM			G Gross receipts \$ 33,337,486.
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
L Year of formation: 2019				M State of legal domicile: DE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ADMINISTER MECHANICAL LICENSES AND PROCESS ROYALTIES FOR SONGWRITERS AND MUSIC PUBLISHERS, MAINTAIN MUSICAL WORKS COPYRIGHT OWNERSHIP DATABASE AND EDUCATE THE PUBLIC.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3 14		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14		
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 85		
	6 Total number of volunteers (estimate if necessary)	6 NONE		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a NONE		
7b Net unrelated business taxable income from Form 990-T, line 34	7b NONE			
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		NONE	NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,800,000.	28,500,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,877.	2,529,910.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		NONE	NONE
			22,813,877.	31,029,910.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NONE	NONE
	14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,003,381.	8,181,789.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25)			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,582,530.	18,290,587.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,585,911.	26,472,376.
19 Revenue less expenses. Subtract line 18 from line 12		8,227,966.	4,557,534.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		16,582,562.	740,209,302.
	22 Net assets or fund balances. Subtract line 21 from line 20.		3,831,860.	724,812,832.
		12,750,702.	15,396,470.	

Part II Signature Block

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	11/15/2022 Date
	KRISTOPHER AHREND Type or print name and title	CEO

Paid Preparer Use Only	Print/Type preparer's name RICHARD RUVELSON	Preparer's signature RICHARD RUVELSON	Date 11/15/2022	Check <input type="checkbox"/> if self-employed	PTIN P00234075
	Firm's name ▶ WITHUMSMITH+BROWN, PC			Firm's EIN ▶ 22-2027092	
	Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814-3423			Phone no. 301-272-6000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

ADMINISTER MECHANICAL LICENSES AND PROCESS ROYALTIES FOR SONGWRITERS AND MUSIC PUBLISHERS, MAINTAIN MUSICAL WORKS COPYRIGHT OWNERSHIP DATABASE AND EDUCATE THE PUBLIC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

ADMINISTRATION OF BLANKET MECHANICAL LICENSES TO DIGITAL MUSIC PROVIDERS (DMP'S); COLLECTION, MATCHING AND DISTRIBUTION OF ROYALTIES RECEIVED FROM DMP'S; CONTINUED PLANNING AND IMPLEMENTATION FOR LICENSE AND ROYALTY ADMINISTRATION OPERATIONS; WORK ON REGULATORY MEASURES TO SUPPORT LICENSE AND ROYALTY ADMINISTRATION OPERATIONS; INDUSTRY SUPPORT AND COORDINATION.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 85		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	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
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

KRISTEN JOHNS 333 11TH AVENUE SOUTH, SUITE 200 NASHVILLE, TN 37203

629-240-8300
JSA
1E1042 1.000
5958QG T36Y

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTOPHER AHREND CEO	40.00 NONE			X				665,307.	NONE	26,615.
(2) ILENE WEINTRAUB CFO	40.00 NONE			X				432,593.	NONE	35,295.
(3) ELLEN TRULEY CHIEF MARKETING OFFICER	40.00 NONE				X			341,724.	NONE	28,100.
(4) KRISTEN JOHNS CHIEF LEGAL OFFICER	40.00 NONE			X				330,506.	NONE	11,224.
(5) MAURICE RUSSELL HEAD OF RIGHTS MANAGEMENT	40.00 NONE				X			261,202.	NONE	27,778.
(6) NATHAN OSHER ASST GEN COUN - PUB. RELATIONS	40.00 NONE					X		243,109.	NONE	19,249.
(7) MAKESSA BENJAMIN HEAD OF FINANCE	40.00 NONE					X		223,938.	NONE	9,888.
(8) LEIGH MCCORKLE CHIEF PEOPLE OFFICER	40.00 NONE				X			217,695.	NONE	14,220.
(9) ANDREW MITCHELL HEAD OF ANALYTICS & AUTOMATION	40.00 NONE				X			216,043.	NONE	12,799.
(10) DAETWAUN BOGAN HEAD OF 3RD PARTY PARTNERSHIPS	40.00 NONE				X			201,005.	NONE	8,277.
(11) LINDSEY MAJOR HEAD OF CUSTOMER EXPERIENCE	40.00 NONE					X		201,123.	NONE	8,045.
(12) MARGARET EGGERS CONTROLLER	40.00 NONE					X		139,240.	NONE	6,745.
(13) JOYA CARMICHAEL HEAD OF OPERATIONS	40.00 NONE					X		141,235.	NONE	1,643.
(14) ALISA COLEMAN DIRECTOR/CHAIR OF THE BOARD	10.00 NONE	X		X				NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KEVIN KADISH DIRECTOR/VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(16) OAK FELDER DIRECTOR/SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE
(17) PAUL KAHN DIRECTOR/TREAS (THRU 1/2/2021)	2.00 NONE	X		X				NONE	NONE	NONE
(18) RELL LAFARGUE DIRECTOR/TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
(19) JEFF BRABEC DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(20) PETER BRODSKY DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(21) BOB BRUDERMAN DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(22) TIM COHAN DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(23) SCOTT CUTLER DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(24) KARA DIOGUARDI DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(25) DAVID KOKAKIS DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total								3,614,720.	NONE	209,878.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								3,614,720.	NONE	209,878.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 20

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,886,124.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	4,532,522.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,501.			
9 Other employee benefits	249,540.			
10 Payroll taxes	455,102.			
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	1,415,225.			
c Accounting	263,012.			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	43,228.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,414,415.			
12 Advertising and promotion	404,499.			
13 Office expenses	827,149.			
14 Information technology	9,968,723.			
15 Royalties	NONE			
16 Occupancy	653,370.			
17 Travel	18,900.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,106,987.			
23 Insurance	429,387.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ROYALTY INTEREST EXPENSE	728,617.			
b DUES & MEMBERSHIPS	17,075.			
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	26,472,376.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,029,910.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,472,376.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,557,534.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,750,702.
5	Net unrealized gains (losses) on investments	5	-1,911,766.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,396,470.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2021)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

MECHANICAL LICENSING COLLECTIVE

84-2642688

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____%
 - b Permanent endowment ▶ _____%
 - c Term endowment ▶ _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,367,831.	43,217.	1,324,614.
d Equipment		31,501.	2,100.	29,401.
e Other		5,593,012.	1,283,545.	4,309,467.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,663,482.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNMATCHED ROYALTIES	561,773,734.
(3) FUNDS ON ACCOUNT	109,611,436.
(4) ROYALTY LIABILITIES	46,546,630.
(5) DEFERRED RENT/PARKING	1,701,315.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	719,633,115.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 31,029,910.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 26,472,376.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE COMPANY IS ORGANIZED AS A DELAWARE NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (THE "IRS") AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE (THE "IRC") SECTION 501(A) AS AN ORGANIZATION DESCRIBED UNDER IRC SECTION 501(C)(6). THE COMPANY IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE COMPANY IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. MANAGEMENT HAS DETERMINED THAT THE COMPANY IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS TAKEN AND CONCLUDED THAT FOR THE YEAR ENDED DECEMBER 31, 2021 AND FOR THE PERIOD MARCH 5, 2019 (INCEPTION) THROUGH DECEMBER 31, 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. THE COMPANY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS. IN ADDITION, THERE HAVE BEEN NO TAX RELATED INTEREST OR PENALTIES FOR THE YEAR ENDED DECEMBER 31, 2021 AND FOR THE PERIOD MARCH 5, 2019 (INCEPTION) THROUGH DECEMBER 31, 2020 PRESENTED IN THESE FINANCIAL STATEMENTS. SHOULD SUCH PENALTIES AND INTEREST BE INCURRED, MANAGEMENT'S POLICY WOULD BE TO RECOGNIZE THEM AS OTHER OPERATING EXPENSES ON THE STATEMENT OF ACTIVITIES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

MECHANICAL LICENSING COLLECTIVE

84-2642688

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	NONE	1	PROGRAM SERVICES		1,075,265.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	1.			1,075,265.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	1.			1,075,265.

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

Schedule F (Form 990) 2021

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 3(1) - PROGRAM SERVICES UNDERTAKEN IN REGION

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

MECHANICAL LICENSING COLLECTIVE

Employer identification number

84-2642688

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KRISTOPHER AHREND CEO	(i)	603,314.	61,993.	NONE	11,600.	15,615.	692,522.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 ILENE WEINTRAUB CFO	(i)	390,730.	41,863.	NONE	8,990.	26,905.	468,488.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ELLEN TRULEY CHIEF MARKETING OFFIC	(i)	308,904.	32,820.	NONE	11,600.	17,100.	370,424.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 KRISTEN JOHNS CHIEF LEGAL OFFICER	(i)	299,262.	31,244.	NONE	1,750.	9,974.	342,230.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 MAURICE RUSSELL HEAD OF RIGHTS MANAGE	(i)	235,610.	25,592.	NONE	10,270.	18,108.	289,580.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 NATHAN OSHER ASST GEN COUN - PUB.	(i)	173,686.	69,423.	NONE	2,404.	17,395.	262,908.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 MAKESSA BENJAMIN HEAD OF FINANCE	(i)	202,445.	21,493.	NONE	2,001.	8,487.	234,426.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 LEIGH MCCORKLE CHIEF PEOPLE OFFICER	(i)	196,682.	21,013.	NONE	5,373.	9,447.	232,515.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 ANDREW MITCHELL HEAD OF ANALYTICS & A	(i)	181,493.	34,550.	NONE	2,492.	11,307.	229,842.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 DAETWAUN BOGAN HEAD OF 3RD PARTY PAR	(i)	181,561.	19,444.	NONE	NONE	8,877.	209,882.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 LINDSEY MAJOR HEAD OF CUSTOMER EXPE	(i)	181,930.	19,193.	NONE	8,045.	1,070.	210,238.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MECHANICAL LICENSING COLLECTIVE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

84-2642688

PART V, LINE 2A/2B AND PART VII - EMPLOYEES OF THE ORGANIZATION

MECHANICAL LICENSING COLLECTIVE EMPLOYEES ARE REPORTED FOR TAX PAYROLL FILINGS BY A PROFESSIONAL EMPLOYER ORGANIZATION ENGAGED BY MLC AND THE PEO FILES ALL PAYROLL TAX RETURNS AND W-2'S FOR MLC'S EMPLOYEES UNDER THE PEO'S AND FEDERAL IDENTIFICATION NUMBER. FORM 990 INSTRUCTIONS STATE THAT MLC SHALL TREAT THE EMPLOYEES OF THE PEO AS THEIR OWN EMPLOYEES AS COMMON LAW EMPLOYEES UNDER STATE LAW. THE COMPENSATED EMPLOYEES THAT ARE OFFICERS, KEY EMPLOYEES AND CONSTITUTE THE TOP FIVE HIGHLY COMPENSATED EMPLOYEES OVER \$100,000 ARE REPORTED ON PART VII AND SCHEDULE J, AS APPLICABLE, OF MLC'S AND COMPENSATION AND BENEFITS FOR THE EMPLOYEES ARE REFLECTED ON PART XI LINES 5 - 10 ON MLC'S FORM 990.

PART VI, SECTION A, LINE 6 - CLASSES OF MEMBERS

THERE SHALL BE THREE CLASSES OF MEMBERS:

1. CLASS A MEMBERS - SONGWRITER DIRECTORS OF THE BOARD.
2. CLASS B MEMBERS - ANY PUBLISHER WITH A LICENSOR MARKET SHARE OF AT LEAST FIVE ONE-THOUSANDTHS OF ONE PERCENT.
3. CLASS C MEMBERS - EACH OF THE FIVE PUBLISHERS WITH THE FIVE RESPECTIVE GREATEST LICENSOR MARKET SHARES AMONG ALL PUBLISHERS.

PART VI, SECTION A, LINE 7A - SELECTION OF DIRECTORS

THE LIBRARIAN OF CONGRESS HAS THE POWER TO APPOINT VOTING DIRECTORS

PART VI, SECTION B, LINE 7B - GOVERNANCE DECISIONS RESERVED TO MEMBERS

DELAWARE LAW REQUIRES MEMBER APPROVAL FOR CERTAIN MAJOR CORPORATE ACTIONS, SUCH AS MERGER, DISSOLUTION, OR AMENDING THE CERTIFICATE OF INCORPORATION. THE BYLAWS REQUIRE MEMBER APPROVAL TO CHANGE CERTAIN SECTIONS OF THE BYLAWS THEMSELVES.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

PART VI, SECTION B, LINE 11B - REVIEW PROCESS OF FORM 990

A DRAFT COPY OF THE FORM 990 IS SUPPLIED BY THE CERTIFIED PUBLIC ACCOUNTING FIRM ("CPA FIRM"), ENGAGED TO PREPARE THE RETURN, AND FORWARDED TO THE CEO, CFO, AND LEGAL TEAM FOR THEIR JOINT REVIEW. UPON REVIEW, ANY PROPOSED CHANGES ARE RELAYED BACK TO THE CPA FIRM AND UPON APPROVAL OF THE FINAL VERSION FROM THE CEO, CFO, AND LEGAL TEAM, THE RETURN IS FILED BY THE CPA FIRM ON BEHALF OF MLC.

PART VI, SECTION B, LINE 12C - CONFLICTS OF INTEREST POLICY

THE CONFLICT OF INTEREST POLICY ("POLICY") APPLIES TO ALL DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND EMPLOYEES (EACH A "RESPONSIBLE PERSON") OF MECHANICAL LICENSING COLLECTIVE (THE "COLLECTIVE"). THIS POLICY ESTABLISHES GUIDELINES FOR APPROPRIATELY MANAGING ACTUAL, POTENTIAL OR PERCEIVED CONFLICTS OF INTEREST IN ACCORDANCE WITH LEGAL REQUIREMENTS AND THE COLLECTIVE'S GOALS OF ACCOUNTABILITY AND TRANSPARENCY. THE CHAIR OF THE BOARD SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE MARKET AND ALTERNATIVES TO THE TRANSACTION, AND PRESENT SUCH INFORMATION TO THE DISINTERESTED DIRECTORS, WHO SHALL DETERMINE WHETHER A MORE ADVANTAGEOUS ALTERNATIVE TRANSACTION THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST CAN BE ARRANGED WITH REASONABLE EFFORT.

THE COLLECTIVE IS COMMITTED TO CONDUCTING ITS OPERATIONS IN ACCORDANCE WITH THE HIGHEST STANDARDS OF ETHICS AND INTEGRITY. THIS POLICY PROTECTS THE INTERESTS OF THE COLLECTIVE WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT OR APPEAR TO BENEFIT THE PRIVATE INTEREST OF ANY RESPONSIBLE PERSON, OR INDIRECTLY BENEFIT A

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

RELATED PARTY.

EACH DIRECTOR AND OFFICER SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS

SUCH PERSON:

(A) HAS RECEIVED A COPY OF THE POLICY;

(B) HAS READ AND UNDERSTANDS THE POLICY,

(C) HAS AGREED TO COMPLY WITH THE POLICY, AND

(D) EITHER HAS NO ACTUAL OR POTENTIAL CONFLICT TO DISCLOSE OR DISCLOSES

ALL RELEVANT FACTS PURSUANT TO THE POLICY TO ALLOW THE BOARD TO DETERMINE

IF A CONFLICT OF INTEREST EXISTS.

ALL RELEVANT FACTS PURSUANT TO THE POLICY TO ALLOW THE BOARD TO DETERMINE

IF A CONFLICT OF INTEREST EXISTS.

PART VI, SECTION B, LINE 14, DOCUMENT RETENTION

THE MLC HAS A STATUTORY OBLIGATION UNDER 17 USC 115(D)(3)(M)(I) TO

MAINTAIN CERTAIN RECORDS FOR A PERIOD OF NOT LESS THAN SEVEN YEARS AFTER

THE DATE OF CREATION OR RECEIPT, WHICHEVER OCCURS LATER.

PART VI, SECTION C, LINE 19 - AVAILABILITY OF GOVERNING DOCUMENTS

THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

Employer identification number

MECHANICAL LICENSING COLLECTIVE**84-2642688**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HFA 152 WEST 57TH STREET 57TH FLOOR NEW YORK, NY 10019	CONSULTING	14,276,651.
PRYOR CASHMAN LLP 7 TIMES SQUARE NEW YORK, NY 10036	LEGAL FEES	1,439,642.
THOMAS CONSTRUCTION, LLC 4711 TROUSDALE DR. SUITE 202 NASHVILLE, TN 37220	CONTRACTOR	1,191,661.
VACO LLC 5501 VIRGINIA WAY SUITE 400 BRENTWOOD, TN 37027	TEMP. STAFF/RECRUIT	596,044.
SCHROMPSON CONSULTING LTD 11 RED HOUSE LANE WALTON ON THAMES SURREY UNITED KINGDOM KT12 1EF	CONSULTING	481,247.