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

Inspection

3

A F	or th	e 202	1 calendar year, or tax year begin	ning		and endi	ng				
_			C Name of organization					D Employer ide	entification	number	
В с	neck if ap	plicable:	MECHANICAL LICENSING (COLLECTIVE							
	Addre		Doing Business As					84-2642	2688		
	7 '	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone n			
	Initial	return	333 11TH AVENUE SOUTH			200		(629)2	40-8300)	
	Termi		City or town, state or province, country, a	nd ZIP or foreign postal code				(02) /2			
	Amen	ded	NASHVILLE, TN 37203					G Gross receip	ts \$	33,337	486
	return Applie	cation	F Name and address of principal officer:	KRISTOPHER AH	DEND			H(a) Is this a grou		Yes	X No
	_ pendi	ng	333 11TH AVENUE SOUTH,			N 37203		subordinates H(b) Are all subord	?	Yes	No
_	Tav-ev	empt st			. <u>г.г.</u> 4947(a)(1)		7		ch a list. (see ir		
			WWW.THEMLC.COM	(Iliseit Ilo.)	4947 (a)(1)	01 32	. /	H(c) Group exem	,		
				Association Other		I Voor o	f formati	ion: 2019 M	•	-	
_	art I		mmary	Association Other		L real C	n ioiinati	IOII. 2019 IVI	State of Tega	ai domicile	: DE
Г				r maat alamifiaant aati iitiaa	A DMTN	TTOWED M	DOILY I	TTONT TTO			
4	1		y describe the organization's mission or						TNOE2		
Governance			PROCESS ROYALTIES FOR S								
rna			ICAL WORKS COPYRIGHT OWN								
ove				scontinued its operations					1 1		_
			er of voting members of the governing						3		14
စ္တ			er of independent voting members of the						4		14
Activities &			number of individuals employed in cale						5		85
Ė	6	Total	number of volunteers (estimate if necess	sary)					6		NONE
ď	7a	Total	unrelated business revenue from Part VI	II, column (C), line 12					7a		NONE
	b	Net u	nrelated business taxable income from I	orm 990-T, line 34					7b		NONE
								Prior Year	(Current Y	ear
Ф	8	Contri	ibutions and grants (Part VIII, line 1h)					N	ONE		NONE
ň			am service revenue (Part VIII, line 2g)			Y FOR		22,800,00	0.	28,500	,000.
Revenue			ment income (Part VIII, column (A), line		PUBLIC IN	NSPECTION		13,8	77.	2,529	,910.
œ			revenue (Part VIII, column (A), lines 5,						ONE		NONE
			revenue - add lines 8 through 11 (must					22,813,87	77.	31,029	,910.
			s and similar amounts paid (Part IX, colu						ONE	•	NONE
			its paid to or for members (Part IX, colui						ONE		NONE
"			es, other compensation, employee bene					3,003,38		8.181	,789.
ıse			ssional fundraising fees (Part IX, column		-				ONE	0,101	NONE
Expenses			fundraising expenses (Part IX, column (I					144	JIVE		110111
Ĕ			expenses (Part IX, column (A), lines 11					11,582,53	20 .	 18,290	587
			expenses. Add lines 13-17 (must equal					14,585,91		26,472	
			nue less expenses. Subtract line 18 from								7,534.
- S	19	Kevei	rue less expenses. Subtract line To Horr	Tillle 12			Regin	8 , 227 , 96 ning of Current \		End of Ye	
Net Assets or Fund Balances	20	Total	assets (Dart V. line 4C)				Degiiii				
\sse Bala	20					• • • • • •		16,582,56		40,209	
a t	21		liabilities (Part X, line 26)					3,831,86		24,812	
			ssets or fund balances. Subtract line 21	from line 20				12,750,70	12.	15,396	,4/0.
	rt II		gnature Block							da.a. a.a.d b	-11-6 16 1-
true	ier per e, corre	naities o ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	s return, including accompa officer) is based on all inform	nying schedu nation of whi	ules and state ch preparer ha	ments, a as any kn	nd to the best of rowledge.	my knowle	age and b	elief, it is
			MALA								
Sig	n		Signature of officer					11 / 1 Date	15/2022	2	
Hei			Signature of officer					Date			
	•		KRISTOPHER AHREND		CEC)					
			Type or print name and title			15.					
Paid	ı	Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN		
	arer	RIC	HARD RUVELSON	RICHARD RUVELS	ON	11/15	5/202	2 self-employ	ed P002	234075	
-	Only	Firm's	s name ► WITHUMSMITH+BROWN	N,PC				Firm's EIN	22-20	27092	
		Firm's	s address ► 4600 EAST WEST HWY 9	00 BETHESDA, MD 20814-	-3423			Phone no.	301-2	72-60	00
<u></u>			cuss this return with the preparer shown	· ,					X		No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Form 99	0 (2021)

Form 990 (2021) Page 2 Part III **Statement of Program Service Accomplishments**

	Check if	Schedule O contains a	response or note to any line in this F	Part III	<u> L</u>
1		e organization's missior			
	ADMINISTER N	MECHANICAL LICEN	SES AND PROCESS ROYALTIE	S FOR SONGWRITERS	
	AND MUSIC P	UBLISHERS, MAINT.	AIN MUSICAL WORKS COPYRI	GHT OWNERSHIP	
	DATABASE ANI	D EDUCATE THE PU	BLIC.		
2	Did the organizati	ion undertake any signi	ficant program services during the	year which were not listed on the	
					Yes X No
	If "Yes," describe t	hese new services on S	chedule O.		
3	Did the organiza	ition cease conducting	, or make significant changes ir	how it conducts, any program	
		hese changes on Scheo	Jule O.		Yes X No
4	expenses. Section	n 501(c)(3) and 501(c)		f its three largest program services, as eport the amount of grants and allocat	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	ADMINISTRAT:		ECHANICAL LICENSES TO DI	GITAL MUSIC	
	PROVIDERS (I	DMP'S); COLLECTI	ON, MATCHING AND DISTRIB	UTION OF	
	ROYALTIES R	ECEIVED FROM DMP	'S; CONTINUED PLANNING A	ND	
	IMPLEMENTAT:	ION FOR LICENSE .	AND ROYALTY ADMINISTRATI	ON OPERATIONS;	
	WORK ON REGI	ULATORY MEASURES	TO SUPPORT LICENSE AND	ROYALTY	
	ADMINISTRAT	ION OPERATIONS;	INDUSTRY SUPPORT AND COO	RDINATION.	
<u> </u>	(Codo:	\ /Evnances ¢	including grants of ¢	\/Payanua [©]	
4D	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	·				
	·				
٧٧	Other program co	rvices (Describe on Sch	edule O)		
-ru	(Expenses \$	including gra	•	nue \$	
	, ,		, (

4e Total program service expenses ▶

Form **990** (2021)

JSA 1E1020 1.000 5958QG T36Y Form 990 (2021)

Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
o	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	- 0		
9	- · · · · · · · · · · · · · · · · · · ·			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.5
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			i
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17		17		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		37
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
10.4	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
JSA 1E1021		Form	990	(2021)
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Form 990 (2021) Page 4

Part	Checklist of Required Schedules (continued)		V	
22	Did the executive report more than 05 000 of greate or other assistance to as for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			Λ_
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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?	256		
26	If "Yes," complete Schedule L, Part I	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			3.7
25.2	or IV, and Part V, line 1	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		A
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dow	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part	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
	Oneck if Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 1E1030				(2021)
	5958QG T36Y V21-7.6F 9079531/BSG		6	

Form 990 (2021) Page 5

Par	t 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?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		Х
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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	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			
	The organization of the second second plants of the second			
	Enter the amount of reserves on hand	14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	170		
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		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		Λ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			- 22
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			

Form **990** (2021)

JSA 1E1040 1.000 5958QG T36Y

84-2642688 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		3.7	
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76	Х	
_	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	0.5	- 1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40.		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	466		
Socti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed \(\bullet \) NONE Section 6104 requires an experimentary to make its Forms 1033 (1034 or 1034 A. if applicable) 000 and 000 T	1000	ion r	01/->
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	ion 5	01(C)
	X Own website X Upon request Other (explain on Schedule 0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	c L		
20	KRISTEN JOHNS 333 11TH AVENUE SOUTH, SUITE 200 NASHVILLE, TN 37203	J 🖊		

629-240-8300

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

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.s
- 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 (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than control Highest compensated employee	an	(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
						_				
(1) KRISTOPHER AHREND	40.00									
CEO	NONE			X				665,307.	NONE	26,615.
(2) ILENE WEINTRAUB	40.00									
CFO	NONE			X				432,593.	NONE	35,295.
(3) ELLEN TRULEY	40.00							241 504	17017	00 100
CHIEF MARKETING OFFICER	NONE				X			341,724.	NONE	28,100.
(4) KRISTEN JOHNS	40.00			3.7				220 506	NONE	11 004
CHIEF LEGAL OFFICER	NONE			X				330,506.	NONE	11,224.
(5) MAURICE RUSSELL	40.00				3,7			261 202	NONE	07 770
HEAD OF RIGHTS MANAGEMENT	NONE				X			261,202.	NONE	27,778.
(6) NATHAN OSHER ASST GEN COUN - PUB. RELATIONS	40.00 NONE					X		242 100	NONE	10 240
(7) MAKESSA BENJAMIN	40.00					Α.		243,109.	NONE	19,249.
HEAD OF FINANCE	NONE					x		223,938.	NONE	9,888.
(8) LEIGH MCCORKLE	40.00							223,730.	NONE	7,000.
CHIEF PEOPLE OFFICER	NONE				X			217,695.	NONE	14,220.
(9) ANDREW MITCHELL	40.00				21			217,000.	110111	11,220.
HEAD OF ANALYTICS & AUTOMATION	NONE				X			216,043.	NONE	12,799.
(10) DAETWAUN BOGAN	40.00							210,013.	1101112	12/1/00:
HEAD OF 3RD PARTY PARTNERSHIPS	NONE				X			201,005.	NONE	8,277.
(11) LINDSEY MAJOR	40.00							20270001	110112	0,2
HEAD OF CUSTOMER EXPERIENCE	NONE					X		201,123.	NONE	8,045.
(12) MARGARET EGGERS	40.00							,	-	
CONTROLLER	NONE					X		139,240.	NONE	6,745.
(13) JOYA CARMICHAEL	40.00									
HEAD OF OPERATIONS	NONE					X	L	141,235.	NONE	1,643.
(14) ALISA COLEMAN	10.00									
DIRECTOR/CHAIR OF THE BOARD	NONE	Х		Х				NONE	NONE	NONE
										Form 990 (2021)

Form 990 (2021) Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per	,	not ch	Pos neck		e than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)					is or/tru Highest compensated		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
15) KEVIN KADISH	2.00									
DIRECTOR/VICE CHAIR	NONE	X		Χ				NONE	NONE	NONE
(16) OAK FELDER	2.00									
DIRECTOR/SECRETARY	NONE	X		X				NONE	NONE	NONE
17) PAUL KAHN	2.00									
DIRECTOR/TREAS (THRU 1/2/2021)	NONE	X		X				NONE	NONE	NONE
(18) RELL LAFARGUE	2.00									
DIRECTOR/TREASURER	NONE	X		Χ				NONE	NONE	NONE
19) JEFF BRABEC	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
20) PETER BRODSKY	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
21) BOB BRUDERMAN	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(22) TIM COHAN	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
23) SCOTT CUTLER	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
24) KARA DIOGUARDI	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
25) DAVID KOKAKIS	2.00									
DIRECTOR	NONE	X						NONE		NONE
								3,614,720.	NONE	209,878.
c Total from continuation sheets to Part VII, S	_							NONE		NONE
d Total (add lines 1b and 1c)							<u> </u>	3,614,720.	NONE	209,878.
2 Total number of individuals (including but not		hose	liste	d al		<i>.</i> .	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n ▶					20				
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,00	00?	. If	"Yes	5,"	complete Schedu	le J for such	4

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated		1
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	ĺ

Section B. Independent Contractors

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

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 VII Section A. Officers, Directors, Tr	ustees. Ke	ev En	olan	ve	es.	and F	lial	hest Compensat	ed Employees (a	ontinued)	Page 8
(A)	(B)				C)		9	(D)	(E)	(F))
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, office or dire	unles	Pos heck ss pe	ition more erson	e than o is both cor/trustre employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estima amour othe compen from organiz and rel organiza	nt of er sation the ation ated
26) CLAIRE MCAULEY	2.00										
DIRECTOR	NONE	Х						NONE	NONE		NON
27) MIKE MOLINAR	2.00										
DIRECTOR	NONE	X						NONE	NONE		NON
28) CRAIG WISEMAN	2.00										
DIRECTOR	NONE	Х						NONE	NONE		NON
to Total from continuation sheets to Part VII, Section 1. Total (add lines 1b and 1c). Total number of individuals (including but not reportable compensation from the organization).	limited to t						re	eceived more than	\$100,000 of		
										Ye	s No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	reater than	1 \$15	50,0	00?	. If	"Yes	,"	complete Schedu	le J for such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "\)										5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest concompensation from the organization. Report year.											

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 14

84-2642688

Form 990 (2021) MEC

ıaı	t VIII	Check if Schedule O contains a respon	nse or note to ar	nv line in this Part V	7II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۾ ٽي ڪ ڳ	С	Fundraising events 1c					
ifts	d	Related organizations 1d					
פֻּׁיַּ	e	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
er (and similar amounts not included above . 1f					
듗	g	Noncash contributions included in					
a t	"		\$				
နှင့်	h	Total. Add lines 1a-1f		NONE			
			Business Code				
S	2a	ASSESSMENTS	900099	28,500,000.	28,500,000.		
Program Service Revenue	b						
Se							
am See	C						
200	d						
P.	e	All other program conting revenue					
	f g	All other program service revenue Total. Add lines 2a-2f	•	28,500,000.			
	3	Investment income (including dividends,		.,,			
	"	other similar amounts)	_	2,539,540.			2,539,540.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c NON.	E NONE				
	C C	Net rental income or (loss)		NONE			
	d 7a	Gross amount from (i) Securities	(ii) Other	NONE			
	'a	sales of assets	(, 5				
		other than inventory 7a 2,297,946					
a)	b	Less: cost or other basis					
evenue		and sales expenses 7b 2,307,576					
š	С	Gain or (loss) 7c -9,630					
	d	Net gain or (loss)		-9,630.			-9,630.
Other R		• ' '		7,5551			.,
ŏ	8a	Gross income from fundraising					
		events (not including \$ of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	C	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
	""	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory	. •	NONE			
<u>s</u>			Business Code				
eor Ie	11a						
lan ent	b						
ce S	С						
Miscellaneous Revenue	d	All other revenue					
_	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions	▶	31,029,910.	28,500,000.		2,529,910.

Form **990** (2021)

JSA 1E1051 1.000 5958QG T36Y V21-7.6F 9079531/BSG

84-2642688

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)		

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 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							
	Other salaries and wages	4,532,522.							
8	Pension plan accruals and contributions (include	58,501.							
	section 401(k) and 403(b) employer contributions)	240 540							
9	Other employee benefits	249,540.							
10	Payroll taxes	455,102.							
	Fees for services (nonemployees):	NONE							
	Management	1,415,225.							
	Legal	263,012.							
	Accounting	NONE							
	Lobbying Professional fundraising services. See Part IV, line 17	NONE							
	Investment management fees	43,228.							
	Other. (If line 11g amount exceeds 10% of line 25, column								
9	(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							
	Depreciation, depletion, and amortization	1,106,987.							
	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.)								
		720 617							
	ROYALTY INTEREST EXPENSE	728,617.							
	DUES & MEMBERSHIPS	17,075.							
q									
d									
	All other expenses Total functional expenses. Add lines 1 through 24e	26,472,376.							
	Joint costs. Complete this line only if the	20,172,370.							
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)								

Form 990 (2021) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X							
			(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing	12,615,473.	1	5,499,604.					
	2	Savings and temporary cash investments	30,615.	2	72,133,215.					
	3	Pledges and grants receivable, net	NONE	3	NONE					
	4	Accounts receivable, net	10,062.	4	238,044.					
	5	Loans and other receivables from any current or former officer, director,								
		trustee, key employee, creator or founder, substantial contributor, or 35%								
		controlled entity or family member of any of these persons	NONE	5	NONE					
	6	Loans and other receivables from other disqualified persons (as defined								
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). NONE 6								
ţ	7	Notes and loans receivable, net	NONE	7	NONE					
Assets	8	Inventories for sale or use	NONE		NONE					
As	9	Prepaid expenses and deferred charges	136,076.	9	148,378.					
		Land, buildings, and equipment: cost or other	20070701		210,070.					
		basis. Complete Part VI of Schedule D 10a 6,992,344.								
	h	Less: accumulated depreciation 10b 1,328,862.	288,461.	100	5,663,482.					
	11	Investments - publicly traded securities	NONE		656,426,580.					
	12	Investments - other securities. See Part IV, line 11	NONE		NONE					
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE					
	14									
		Intangible assets	NONE 3,501,875.		NONE					
	15	Other assets. See Part IV, line 11		15	99,999.					
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,582,562.	16	740,209,302.					
	17	Accounts payable and accrued expenses	3,831,860.	17	558,206.					
	18	Grants payable	NONE		NONE					
	19	Deferred revenue	NONE		4,621,511.					
	20	Tax-exempt bond liabilities	NONE		NONE					
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	NONE						
Liabilities	22	Loans and other payables to any current or former officer, director,								
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%								
jab		controlled entity or family member of any of these persons	NONE		NONE					
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE					
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE					
	25	Other liabilities (including federal income tax, payables to related third								
		parties, and other liabilities not included on lines 17-24). Complete Part X								
		of Schedule D	NONE	25	719,633,115.					
	26	Total liabilities. Add lines 17 through 25	3,831,860.	26	724,812,832.					
seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.								
<u>la</u>	27	Net assets without donor restrictions	12,750,702.	27	15,396,470.					
ä	28	Net assets with donor restrictions	NONE		NONE					
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.								
ō	29	Capital stock or trust principal, or current funds		29						
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30						
SS	31	Retained earnings, endowment, accumulated income, or other funds		31						
Net Assets or	32	Total net assets or fund balances	12,750,702.	32	15,396,470.					
ž	33	Total liabilities and net assets/fund balances	16,582,562.	33	740,209,302.					
	1 - 5		10,302,302,		Form 990 (2021)					

Form 990 (2021) Page **12**

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	3	1,0	29,	<u>910</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	6,4	72,	<u> 376</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>534</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	2,7	50,	<u>702</u>
5	Net unrealized gains (losses) on investments	5	_	1,9	<u>11,</u>	<u> 766</u>
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	1	5, 3	96,	<u>470</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Single Audit Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo 1	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such as			3b		

SCHEDULE D (Form 990)

Supplemental Financial Statements ► 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.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Nam	e of the organization	Employer identification number
ME	CHANICAL LICENSING COLLECTIVE	84-2642688
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	a donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	1 1 1
_	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
6	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	· · ·	
	conferring impermissible private benefit?	Tes No
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	Control of the Control of the Control
		f a historically important land area
		f a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation Held at the End of the Tax Year
	easement on the last day of the tax year.	
а		2a
b		2b
С	(-)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements.	0
Pä	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, o	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
~	art, historical treasures, or other similar assets held for public exhibition, education, or research	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2021

16

Sched	dule D (Form 990) 2021 MECH.	ANICAL	LICENS	SING COI	LLECTIV	Æ				84-2	642688	Pa	age 2
Pa	rt III Organizations Maintaining						s, or	Other	Similar A				
3	Using the organization's acquisition	, accession	on, and o	other recor	ds, checl	k any o	f the	follow	ing that n	nake sign	ificant us	se of	its
	collection items (check all that apply)):			_								
а	Public exhibition			d	Loan	or excha	ange	prograi	m				
b	Scholarly research			е	Other								
С	Preservation for future genera	itions											
4	Provide a description of the organization	zation's c	ollections	and explain	ain how t	they fur	rther	the or	ganization	s exempt	purpose	in l	Part
	XIII.												
5	During the year, did the organization										_		
	assets to be sold to raise funds rathe			ained as pa	art of the	organiza	ation'	s collec	ction?		Yes		No
Pa	rt IV Escrow and Custodial Arr	_				5 N /		•			– .		
	Complete if the organization 990, Part X, line 21.										t on For	m	
1a	Is the organization an agent, truste										_		
	included on Form 990, Part X?									L	Yes		No
b	If "Yes," explain the arrangement in	Part XIII a	and comp	plete the fo	llowing tal	ble:							
										Amount			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f	_		L :::4.	V	$\overline{}$	NI -
2a	Did the organization include an amount in									_	Yes	\vdash	No
	If "Yes," explain the arrangement in tV Endowment Funds.	Part XIII.	Check no	ere ii trie e	xpiariatior	nas be	en pr	ovided	on Part XII	' <u>.</u>		•	
Га	Complete if the organizati	ion answ	ered "Ye	es" on For	m 990 F	Part I\/	line	10					
	Complete ii the organizati	(a) Curre		(b) Pric		(c) Tw			(d) Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance	.,							, ,		, ,		
b	Contributions												
C	Net investment earnings, gains,												
·	and losses												
d	Grants or scholarships												
	Other expenditures for facilities												
f													
g	End of year balance												
2	Provide the estimated percentage of		ent year		e (line 1g,	, column	ı (a))	held as	:				
а	Board designated or quasi-endowme			_%									
b	Permanent endowment >	%											
С	Term endowment >%	•		4000/									
•	The percentages on lines 2a, 2b, an				. C O t			l a day!		0			
за	Are there endowment funds not in the	ne posses	sion of tr	ne organiza	ation that	are nei	a and	a admir	nistered for	tne	V	es	No
	organization by:										3a(i)	-	140
	(i) Unrelated organizations(ii) Related organizations										3a(ii)		
h	If "Yes" on line 3a(ii), are the related										3b		
4	Describe in Part XIII the intended us	Ū		•							35		
$\overline{}$	rt VI Land, Buildings, and Equi	pment.											
	Complete if the organizat	ion answ											
	Description of property			other basis tment)	(b) Cost (c)	or other ba other)	asis		cumulated eciation	(d)	Book valu	е	
1a	Land												
b	Buildings												
С	Leasehold improvements				1,3	367,83	31.		43,217.		1,324	,61	4.
d	Equipment					31,50			2,100.			,40	
e	Other	<u> </u>				93,01			83,545.		4,309		
Tota	I. Add lines 1a through 1e. (Column ('d) must e	qual Forr	n 990, Part	X, colum	n (B), lir	ne 10	c.)	▶		5,663	,48	2.

5,663,482. Schedule D (Form 990) 2021

Schedule D (Forn	n 990) 2021 MECHANICAL LIC	ENSING COLLECT	IVE	84-2642688 Pag
	nvestments - Other Securities.		_	
	Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11b. See Form 99	0, Part X, line 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financial o	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b	n) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
	nvestments - Program Related. Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)			, , , , , , , , , , , , , , , , , , , ,	
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n) must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	0 Part IV line 11d See Form 99	0 Part X line 15
	<u> </u>	scription	0,1 41(17, 1110 114. 000 10111 00	(b) Book value
(1)	(a) Do.	soription		(b) Book value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) li	no 15)		
	Other Liabilities.	ne 10.)		
C	Complete if the organization answered ne 25.	"Yes" on Form 990	0, Part IV, line 11e or 11f. See Fo	orm 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Federal	income taxes			
(2)UNMATCH	ED ROYALTIES			561,773,734
(3)FUNDS O	N ACCOUNT			109,611,436
	LIABILITIES			46,546,630
	D RENT/PARKING			1,701,315
(6)				
(7)				
(8)				

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

Schedule D (Form 990) 2021

5958QG T36Y

(9)

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	29,118,144.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-1,911,766.
3	Subtract line 2e from line 1	3	31,029,910.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,029,910.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	26,472,376.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments		
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	06 450 056
3	Subtract line 2e from line 1	3	26,472,376.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)		
С 5	Add lines 4a and 4b	4c 5	26 472 276
	XIII Supplemental Information.	3	26,472,376.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
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.

5958QG T36Y

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

MECH	HANICAL LICENSING COLL	ECTIVE			84-26	42688
Part	General Information o Form 990, Part IV, line 14th		Outside the	United States. Comple	ete if the organiza	tion answered "Yes" on
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	tion criteria used t	
	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its gran	ts and other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace 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 (a program service describe specific type service(s) in the regi	e of expenditures for and investments
(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					
С	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 IV, line 15, for any re	T .		1		· ·		(h) Decembring	(i) Mathad of
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)									

Part III

MECHANICAL LICENSING COLLECTIVE 84-2642688 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. (c) Number of (d) Amount of (e) Manner of (g) Description (a) Type of grant or assistance (b) Region (f) Amount of (h) Method of cash disbursement noncash assistance valuation (book, FMV, recipients cash grant of noncash assistance appraisal, other) (1) (2) (3) _(4) (5) (6) (7) (8) (9) (10)(11) (12) (13) (14)(15) (16) (17) (18)

rait	roleigh 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)	\	res [X	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)	\	Y es [X	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)	\	res [X	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 [X	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)	\	⁄es [X	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 [X	No

Schedule F (Form 990) 2021

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 F (Form 990) 2021

SCHEDULE J (Form 990)

Compensation InformationFor 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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MECHANICAL LICENSING COLLECTIVE 84-2642688 Part I Questions Regarding Compensation

			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	$\boxed{\mathtt{X}}$ Form 990 of other organizations $\boxed{\mathtt{X}}$ 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		
b	Any related organization?	5b		
	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:	C-		
a	The organization?	6a		
b	Any related organization?	6b		
_	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.	7		
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	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

26

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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KRISTOPHER AHREND	(i)	603,314.	61,993.	NONE	11,600.	15,615.	692,522.	NONE
1 CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ILENE WEINTRAUB	(i)	390,730.	41,863.	NONE	8,990.	26,905.	468,488.	NONE
2 CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELLEN TRULEY	(i)	308,904.	32,820.	NONE	11,600.	17,100.	370,424.	NONE
3 CHIEF MARKETING OFFIC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KRISTEN JOHNS	(i)	299,262.	31,244.	NONE	1,750.	9,974.	342,230.	NONE
4 CHIEF LEGAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MAURICE RUSSELL	(i)	235,610.	25,592.	NONE	10,270.	18,108.	289,580.	NONE
5 HEAD OF RIGHTS MANAGE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NATHAN OSHER	(i)	173,686.	69,423.	NONE	2,404.	17,395.	262,908.	NONE
6 ASST GEN COUN - PUB.	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MAKESSA BENJAMIN	(i)	202,445.	21,493.	NONE	2,001.	8,487.	234,426.	NONE
7 HEAD OF FINANCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LEIGH MCCORKLE	(i)	196,682.	21,013.	NONE	5,373.	9,447.	232,515.	NONE
8 CHIEF PEOPLE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW MITCHELL	(i)	181,493.	34,550.	NONE	2,492.	11,307.	229,842.	NONE
9 HEAD OF ANALYTICS & A	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAETWAUN BOGAN	(i)	181,561.	19,444.	NONE	NONE	8,877.	209,882.	NONE
10 HEAD OF 3RD PARTY PAR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LINDSEY MAJOR	(i)	181,930.	19,193.	NONE	8,045.	1,070.	210,238.	NONE
11 HEAD OF CUSTOMER EXPE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

84-2642688

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 84-2642688

MECHANICAL LICENSING COLLECTIVE

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.

28

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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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

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.