# **PUBLIC INSPECTION COPY**

Form **990** 

(Rev. January 2020)

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.

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

Open to Public

pen to Public Inspection

OMB No. 1545-0047

A F	For th	e 2019	calendar year, or tax year beginning	03/05, 2019,	and ending				<b>, 20</b> 19		
D			C Name of organization			D	Employer identi	fication r	umber		
R		pplicable:	MECHANICAL LICENSING C	OLLECTIVE			84-26426	888			
	Addr		Doing business as								
	Name	e change	Number and street (or P.O. box if mail is no	Telephone numb	er						
X	Initia	l return	4322 HARDING PIKE		417	(	818) 288-	-5317			
		return/ inated	City or town, state or province, country, an	nd ZIP or foreign postal code	The second secon						
	Amer	nded	NASHVILLE, TN 37205-26	64		G	Gross receipts \$		10,701	,023.	
		cation	F Name and address of principal officer:	KRIS AHREND		H(	a) Is this a group	return for	Yes	X No	
	pend	iig	4322 HARDING PIKE, STE	417, NASHVILLE, TN 3	7205-2664	н	subordinates?  b) Are all subordinates.	tes included?	Yes	No	
ī	Tax-ex	empt st		) <b>(</b> insert no.) 4947(a)(1) o			If "No," attacl			·	
-			WWW.THEMLC.COM	, ()	, 1021	Н(	c) Group exemption				
			T.T. T. T. T. T. T.	ssociation Other	L Year of fo		2019 M Sta			DE	
NAME AND ADDRESS OF	art I		mmary	Other P		mation.		ato or log	ai dominione.		
	1		describe the organization's mission or	most significant activities: TSSUE	AND ADMIN	ITSTE	R MECHAN	CAL	LICENS	ES	
m			PROCESS ROYALTIES FOR SO								
ŭ		-	ICAL WORKS COPYRIGHT OWNE					***************************************			
J.	2								<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
Governance	2			scontinued its operations or dispose			1	. 1		13.	
യ	1		er of voting members of the governing b							13.	
Activities &	4		er of independent voting members of the					-		0.	
V.iti	5		number of individuals employed in calen								
cti	6		number of volunteers (estimate if necessa							0.	
٩	1		unrelated business revenue from Part VIII					0.			
	b	Net ur	related business taxable income from Fo	orm 990-T, line 39	<del> </del>					-	
					_	P	rior Year		Current \		
Revenue	8	Contri	butions and grants (Part VIII, line 1h)				0			0.	
	9	Progra	am service revenue (Part VIII, line 2g)				0		10,700		
	10	Invest	ment income (Part VIII, column (A), lines	3, 4, and 7d)			0		1	,023.	
-	11						0			0.	
	12	Total	evenue - add lines 8 through 11 (must e	equal Part VIII, column (A), line 12).			0	. 1	10,701	,023.	
	13	Grants	s and similar amounts paid (Part IX, colun	mn (A), lines 1-3)	nes 1-3)					0.	
	14	Benef	its paid to or for members (Part IX, colum	nn (A), line 4)			0.				
ø	15	Salari	es, other compensation, employee benefi	its (Part IX, column (A), lines 5-10).			0.				
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (	(A), line 11e)			0			0.	
db	b		fundraising expenses (Part IX, column (D)								
ш	17		expenses (Part IX, column (A), lines 11a-				0		6,178	,287.	
	18		expenses. Add lines 13-17 (must equal F				0		6,178	,287.	
	19		ue less expenses. Subtract line 18 from				0		4,522	,736.	
or es	1.0	110101	are rece expensed. Capaciti me re nom			eginning	g of Current Yea	ır	End of Ye		
ets	20	Total:	assets (Part X, line 16)				0		5,941	,990.	
Ass	21	Total	iabilities (Part X, line 26)				0		1,419		
Net As Fund B	22		sets or fund balances. Subtract line 21 f	from line 20			0	_	4,522		
	rt II		nature Block	nom line 20	• • • • • • • • • • • • • • • • • • • •						
Secretary and the		-	f perjury, I declare that I have examined this	return including accompanying schedu	les and statemer	nts and	to the best of m	v knowle	dge and b	elief. it is	
true	e, corre	ect, and	complete. Declaration of preparer (other than o	officer) is based on all information of which	h preparer has a	ny know	ledge.	,			
			ATIMA				11/16	/202	0		
Sig	ın	Ī	ignature of officer				Date				
He			KRIS AHREND	CEO							
		-	ype or print name and title	010					<del>*************************************</del>		
				Preparer's signature	Date		Charle	PTIN			
Paic	d	1		RICHARD L RUVELSON	11/16/2	020	Check if self-employed		02340	75	
Pre	parer	-	- FITTHINGMETHI - DDOGM		111/10/2		m's EIN ▶ 22	1			
Use	Only						20		-6000		
B.4 -	. 41		address ▶4600 EAST WEST HWY 900 BET						T	П.	
			scuss this return with the preparer		<del></del>			X		No	
For	Pape	rwork	Reduction Act Notice, see the separate	instructions.					Form 99	J (2019)	

MECHANICAL LICENSING COLLECTIVE 84-2642688 Form 990 (2019) Page 2 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: MLC WILL ISSUE AND 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? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 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 \$ 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 ▶

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	le the consciention described in costing FOA(A)(A) as AOA7(A)(A) (a) by the consciention of the constitution of the constituti		Yes No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		X
	complete Schedule A	2	X
	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	X
	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	
	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
	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	X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		
	complete Schedule D, Part III	8	X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		
	VII, VIII, IX, or X as applicable.		
	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
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
1	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	^
ſ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	^
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII.	12a	х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa	21
J	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144	
	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	X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.2	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
	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	X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х
	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	Х
ı	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		
		1 1	X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1 2

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Part IV Checklist of Required Schedules (continued) Page 4

Fart	Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	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		X
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		
	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?	051		
20	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer director trustee key employee creator or founder substantial contributor or 35%			
	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 "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	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 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			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		
0.7	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with 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 in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forme W 20 moladed in the fat. Enter of in het applicable [1,1,1,1,1]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form	990	(2010)
9E1030	2.000 5958QG T36Y 9079531/BSG	, UIIII		(2019) AGE -
	50,7551, BBC			

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Par	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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
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).			
	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		
	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			
	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?	<b>7</b> f		
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			
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:			
	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.)	40		
	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.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
D	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			
•	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
_	If "Yes," complete Form 4720, Schedule O.			

Page 6 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

Soot	ion A. Coverning Redy and Management			21
Seci	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the toy year.		162	NO
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	_		
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 13			
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		Х
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			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
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? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?	45.		v
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Δ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		160		Х
_	with a taxable entity during the year?	16a		
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 organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed   Section 6104 requires an erganization to make its Forms 1033 (4034 or 1034 A. if applicable) 900, and 900 T	. (6	tion T	:01/2\
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.  X Own website X Upon request Other (explain on Schedule O)	(Sec	tion 5	01(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	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 record KRIS AHREND 4322 HARDING PIKE STE 417 PMB 77 NASHVILLE, TN 37205 818-288-5317	s 🕨		

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#### 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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

X 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	box,	unles	Pos heck ss pe	erson	e than one is both an tor/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)ALISA COLEMAN	10.00									
DIRECTOR/CHAIR OF THE BOARD	0.	Х		Х				0.	0.	0.
(2)KEVIN KADISH	2.00									
DIRECTOR/VICE CHAIR	0.	Х		Х				0.	0.	0.
(3)OAK FELDER	2.00									
DIRECTOR/SECRETARY	0.	Х		Х				0.	0.	0.
(4) PAUL KAHN	2.00									
DIRECTOR/TREASURER	0.	Х		Х				0.	0.	0.
(5) BOB BRUDERMAN	2.00									
DIRECTOR	0.	X						0.	0.	0.
(6)DAVID KOKAKIS	2.00									
DIRECTOR	0.	X						0.	0.	0.
(7) EVELYN PAGLINAWAN	2.00									
DIRECTOR	0.	X						0.	0.	0.
(8) JEFF BRABEC	2.00									
DIRECTOR	0.	X						0.	0.	0.
(9)KARA DIOGUARDI	2.00									
DIRECTOR	0.	X						0.	0.	0.
(10) MIKE MOLINAR	2.00									
DIRECTOR	0.	X						0.	0.	0.
(11) PETER BRODSKY	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) SCOTT CUTLER	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) TIM COHAN	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)										

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	1 990 (2019)	4 17		_						<u> </u>			age <b>o</b>
Pa	rt VII Section A. Officers, Directors, Tru		y Em	pic			and F	ııgı			continue		
	(A) Name and title	Average hours per week (list any hours for	box,	unle er an	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensatio		f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatio d related anization	d
1b	Sub-total							<b>&gt;</b>	0.	0.			0.
	Total from continuation sheets to Part VII, S	-						<b>&gt;</b>	0.	0.			0.
	Total (add lines 1b and 1c)	limited to t		liste			e) who	o re					
	Toportuble compensation from the organization		<u> </u>	•								Yes	No
3	Did the organization list any <b>former</b> office employee on line 1a? If "Yes," complete Schedu										3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual.	sum of repeater than	ortab \$15	le (	com 100?	pen	sation	n aı s,"	nd other compens	sation from the	4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on	fron	n any	un			5		X
Se	ction B. Independent Contractors	os, comple	10 001	ioul	<i>110</i> 0	, 101	Sutil	μσι	3011		_ J		
1	Complete this table for your five highest com compensation from the organization. Report c year.												
								1					

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ► 4

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# Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Y,G	С	Fundraising events 1c					
iifts ar /	d	Related organizations 1d					
s, G mil	е	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants,					
outi her		and similar amounts not included above   1f					
ğ	g	Noncash contributions included in					
Son		lines 1a-1f					
	h	Total. Add lines 1a-1f	tusinasa Cada	0.			
Ð			Business Code	10,700,000.	10,700,000.		
· <i< td=""><td>2a</td><td>ASSESSMENTS</td><td>900099</td><td>10,700,000.</td><td>10,700,000.</td><td></td><td></td></i<>	2a	ASSESSMENTS	900099	10,700,000.	10,700,000.		
Ser	b						
Program Service Revenue	C						
Re	d						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	10,700,000.			
	3	Investment income (including dividends, inte					
		other similar amounts)		1,023.			1,023.
	4	Income from investment of tax-exempt bond pro		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
ø.	h	other than inventory 7a					
Revenue	b	Less: cost or other basis and sales expenses   7b					
eve	_	Gain or (loss) 7c					
	d	Net gain or (loss)	▶	0.			
Other	8a	Gross income from fundraising					
ō	- Ou	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events	▶	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b c	Less: direct expenses	0.	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory	▶	0.			
ns		В	Business Code				
Miscellaneous Revenue	11a						
llar ⁄en	b						
sce Re	C						
Ë	d	All other revenue		0.			
	<u>е</u> 12	Total. Add lines 11a-11d		10,701,023.	10,700,000.		1,023.
JSA				10,,01,023.	10,,00,000.		Form <b>990</b> (2019)
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# Part IX Statement of Functional Expenses

Section 5	01(c)(3) and 501(c)(4) organizations	must complete all columns.	All other organizations must co	mplete column (A).

	Check if Schedule O contains a respe	onse or note to any line	e in this Part IX		X
	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	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (nonemployees):				
а	ı Management	0.			
	Legal	2,926,137.			
C	Accounting	4,075.			
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	2 770 004			
	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	2,779,094.			
	Advertising and promotion	0.			
13	Office expenses	2,366.			
14	Information technology	385,131.			
15	Royalties	0.			
	Occupancy	1,553.			
	Travel	1,333.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
40		0.			
	Conferences, conventions, and meetings	49,905.			
	Interest Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	28,976.			
	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.)				
а	DUES & MEMBERSHIPS	1,050.			
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,178,287.			
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 if following SOP 98-2 (ASC 958-720)	0.			

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0.	1	5,474,747.
	2	Savings and temporary cash investments	0.	2	30,542.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	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	0.	5	0.
	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).	0.	6	0.
S	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	-	Prepaid expenses and deferred charges	0.	9	21,329.
	9		· ·	9	21/325.
	IUa	Land, buildings, and equipment: cost or other			
	L .	basis. Complete Part VI of Schedule D 10a	0	40-	0.
		Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	
	12	Investments - other securities. See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	415,372.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0.	16	5,941,990.
	17	Accounts payable and accrued expenses	0.	17	1,419,254.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.	26	1,419,254.
es		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
<b>Fund Balances</b>	27	Net assets without donor restrictions		27	
Ва	28	Net assets with donor restrictions.		28	
pq		Organizations that do not follow FASB ASC 958, check here ► X			
Ē		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds	0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
Assets	31	Retained earnings, endowment, accumulated income, or other funds.	0.	31	4,522,736.
Net	32	Total net assets or fund balances	0.	32	4,522,736.
Z	33	Total liabilities and net assets/fund balances	0.	33	5,941,990.
_		<u>'</u>			Form <b>990</b> (2019)

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> ,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			01,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2				287.	
3	Revenue less expenses. Subtract line 2 from line 1	3	3 4,		4,522,736.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		0.			
5	unrealized gains (losses) on investments				0.		
6	Donated services and use of facilities	6		0.			
7	Investment expenses	7			0.		
8	Prior period adjustments	8		0.			
9	Other changes in net assets or fund balances (explain on Schedule O)			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	s or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		4,5	22,7	736.	
Part	·						
	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," explain in						
	Schedule O.			2a		X	
2a	a 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			2b		X	
b	<b>b</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						
С	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, ex	крlain	on				
	Schedule O.						
3a	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					37	
	Single Audit Act and OMB Circular A-133?					X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		_			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b	000		

### 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.

2019
Open to Public Inspection

84-2642688

Department of the Treasury Internal Revenue Service

MECHANICAL LICENSING COLLECTIVE

Name of the organization

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

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 8B - OTHER COMMITTEES WITH AUTHORITY

NO OTHER COMMITTEES EXIST WITH AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY.

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 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

Name of the organization Employer identification number MECHANICAL LICENSING COLLECTIVE 84-2642688

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 C, LINE 19 - AVAILABILITY OF GOVERNING DOCUMENTS

THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

ATTACHMENT 1

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PRYOR CASHMAN, LLP 7 TIMES SQUARE NEW YORK, NY 10036	LEGAL	2,594,858.
PROPHET BRAND STRATEGIES PO BOX 675279 DETROIT, MI 48267	CONSULTING	1,484,092.
SCHROMPSON CONSULTING LTD 11 RED HOUSE LANE WALTON-ON-THAMES SURREY UNITED KINGDOM KT12 IEF	CONSULTING	513,320.
SPENCER STUART SSI INC. PO BOX 98991 CHICAGO, IL 60693	RECRUITING	291,298.

ATTACHMENT 2

### FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES

CONSULTING 2,483,464.

RECRUITING 295,630. Name of the organization Employer identification number 84-2642688 MECHANICAL LICENSING COLLECTIVE ATTACHMENT 2 (CONT'D)

FORM 990, PART IX - OTHER FEES

(A) (B) (C) (D) TOTAL PROGRAM MANAGEMENT FUNDRAISING DESCRIPTION FEES SERVICE EXP. AND GENERAL EXPENSES

TOTALS 2,779,094.