Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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.

OMB No. 1545-0047	
2020	
Open to Public	
Inspection	

A F	or th	e 2020	calendar year, or tax year beginning	, 2020	, and ending				, 20	
_			C Name of organization			D	Employer ide	ntifica	tion numb	er
ВС	heck if a	pplicable:	MECHANICAL LICENSING (COLLECTIVE			84-2642	2688	3	
X	Addre	ess ge	Doing business as							
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E	Telephone nu	mber		
	Initia	return	333 11TH AVENUE SOUTH		200	(629) 24	0 – 8	300	
		return/ nated	City or town, state or province, country, a	nd ZIP or foreign postal code	•					
	Amer	nded	NASHVILLE, TN 37203			G	G Gross receipts \$ 22,813,8			
		cation	F Name and address of principal officer:	KRISTOPHER AHREND		Н	(a) Is this a grou		rn for	Yes X No
	_ pena	iiig	333 11TH AVENUE SOUTH	STE 200, NASHVILLE,	TN 37203	н	subordinates (b) Are all subord		icluded?	Yes No
ī	Tax-ex	empt st	atus: 501(c)(3) X 501(c) (6	(insert no.) 4947(a)(1)	or 527	7	If "No," at	tach a	list. See instr	ructions
J	Websi	ite: ►	WWW.THEMLC.COM			н	(c) Group exemp	otion n	umber >	
ĸ	Form	of organ	ization: X Corporation Trust	Association Other ►	L Year of		n: 2019 M			micile: DE
	art I		mmary						3	
	1		describe the organization's mission or	most significant activities: ADMIN	ISTER ME	CHANIC	CAL LICE	NSE	S	
Ф			PROCESS ROYALTIES FOR S							
Governance			ICAL WORKS COPYRIGHT OWN							
ern	2			scontinued its operations or dispos						
Š	3		er of voting members of the governing	·				3		12.
<u>«</u>	4		er of independent voting members of the					4		12.
Activities &	5		number of individuals employed in cale					5		37.
Ξ	6		number of volunteers (estimate if necess					6		0.
Act	_		unrelated business revenue from Part VI					7a		0.
			nrelated business taxable income from F					7b		
		ivet ui	Trelated business taxable income from i	omi 990-1, raiti, iiie 11			Prior Year	7.5	Curr	ent Year
	8	Contri	butions and grants (Part VIII, line 1h)				i iioi icai	0.	Ouri	0.
Revenue	9		am service revenue (Part VIII, line 2g)			1	0,700,00		22.	800,000.
Ver	10		ment income (Part VIII, column (A), line				1,02			13,877.
å	11		revenue (Part VIII, column (A), lines 5,				1,02	0.		0.
	12		revenue - add lines 8 through 11 (must			1	0,701,02		22.	813,877.
	13		s and similar amounts paid (Part IX, colu				0,,01,02	0.		0.
	14		its paid to or for members (Part IX, colu					0.		0.
	4.5		es, other compensation, employee bene					0.	3	003,381.
Expenses	160		es, other compensation, employee bene ssional fundraising fees (Part IX, column					0.	3 /	0.
ben	h			_)			-		
Ä	17		fundraising expenses (Part IX, column (E expenses (Part IX, column (A), lines 11:				6,178,28	7	11	582,530.
			expenses. Add lines 13-17 (must equal				6,178,28			$\frac{502,930.}{585,911.}$
			nue less expenses. Subtract line 18 from				4,522,73			227,966.
- S	19	Kevei	rue less expenses. Subtract line To Horr	Tille 12			ng of Current Y	_		of Year
Net Assets or Fund Balances	20	Total	pagets (Part V. line 16)				5,941,99			582,562.
Asse	21		assets (Part X, line 16)				1,419,25			831,860.
ig d	22		liabilities (Part X, line 26) ssets or fund balances. Subtract line 21				4,522,73	$\overline{}$		750,702.
	rt II		anature Block	Hom line 20			1,322,73	٠. ا		73077021
_			of perjury, I declare that I have examined this	s return, including accompanying sched	lules and statem	nents and	to the hest of	mv k	nowledge	and helief it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has	s any knov	wledge.	,	owiougo	
			/ It hand				11/1	5/2	021	
Sig	n	5	Signature of officer				Date			
Hei	re		KRISTOPHER AHREND	CEO						
		_	ype or print name and title							
			Type preparer's name	Preparer's signature	Date		Ohaali	., F	PTIN	
Paic	i		**	RICHARD RUVELSON	11/15	/2021	Check self-employe	"		34075
Pre	parer		. LITELITACATERI . DD OUAT		++/+3/		irm's EIN ▶ 2			
Use	Only		, manie	•			1		272-60	
Max	, the		address ►4600 EAST WEST HWY 900 BE iscuss this return with the preparer		١					
_				·	<i>)</i>			• •		
ror	rape	ı work	Reduction Act Notice, see the separate	e msu uctions.					Forn	n 990 (2020)

MECHANICAL LICENSING COLLECTIVE 84-2642688 Form 990 (2020) 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: 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 \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe on Schedule O.)

4e Total program service expenses ▶

including grants of \$

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) (Revenue \$

JSA 0E1020 1.000

(Expenses \$

Part	IV 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	_		37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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,	_		Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	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 "Yes," 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,"			
	complete Schedule D, Part III	8		X
9	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
10	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
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446		Х
•	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
ď	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	Х	
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		X
13	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	Х	
b	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	146		Х
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		21
13	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	15		
. •	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			
	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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
b	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	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	NO
	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		- V	
24 2	employees? If "Yes," complete Schedule J	23	X	-
24 a	\$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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
ZJa	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?			
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
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% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>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	20		
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
30	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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
b	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		
37	related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				X
	Check if Schedule O contains a response or 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 in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(22 = = =
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	V 20 7.01		1.2	

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 37			
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
	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		X
b	If "Yes," enter the name of the foreign country ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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?	7 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		
	Note: 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		X
	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 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

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 1a 12			
	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			
	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	_		37
	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			37
	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	Λ	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		Х	
	one or more members of the governing body?	7a	Λ	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			x
	stockholders, or persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		X	
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
Coati	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Codo	. 1	Λ
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10a	103	X
	Did the organization have local chapters, branches, or affiliates?	Tua		21
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	_
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120		
С	describe in Schedule O how this was done	12c	Х	
12	Did the organization have a written whistleblower policy?	13		X
13	Did the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1	(Sec	tion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,		(-)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est r	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 KRISTOPHER AHREND 333 11TH AVENUE SOUTH, SUITE 200 NASHVILLE, TN 37203 629-240-8300	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.

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	(C) Position (do not check more than one box, unless person is both an officer and a director/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) KRISTOPHER AHREND	40.00									
CEO	0.			Χ				624,962.	0.	20,514.
(2) ELLEN TRULEY	40.00									
CHIEF MARKETING OFFICER	0.				Х			265,127.	0.	10,063.
(3)MAURICE RUSSELL	40.00									
HEAD OF RIGHTS MANAGEMENT	0.				Х			259,688.	0.	9,754.
(4) MAKESSA BENJAMIN	40.00									
HEAD OF FINANCE	0.					X		145,732.	0.	3,750.
(5) LEAH MCCORKLE	40.00									
CHIEF PEOPLE OFFICER	0.					X		143,394.	0.	5,959.
(6) DAETWAUN BOGAN	40.00									
HEAD OF 3RD PARTY PARTNERSHIPS	0.					X		142,088.	0.	4,776.
(7)LINDSEY MAJOR	40.00									
HEAD OF CUSTOMER EXPERIENCE	0.					X		103,954.	0.	1,204.
(8) ILENE WEINTRAUB	40.00									
CFO	0.			Χ				99,846.	0.	0.
(9) ALISA COLEMAN	10.00									
DIRECTOR/CHAIR OF THE BOARD	0.	Х		X				0.	0.	0.
(10) KEVIN KADISH	2.00							_	_	_
DIRECTOR/VICE CHAIR	0.	X		X				0.	0.	0.
(11) OAK FELDER	2.00							_	_	_
DIRECTOR/SECRETARY	0.	Х		X				0.	0.	0.
(12) PAUL KAHN	2.00								_	
DIRECTOR/TREASURER	0.	Х		X				0.	0.	0.
(13) JEFF BRABEC	2.00							_	_	_
DIRECTOR	0.	Х						0.	0.	0.
(14) PETER BRODSKY	2.00								•	
DIRECTOR	0.	X						0.	0.	Form 990 (2020)

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(A)	(B)	ĺ		(0		and H		(D)	/E\			
(A) Name and title	(B)			Posi	-			Reportable	(E) Reportable	E	(F)	
Name and title	Average hours per	(do i	not ch			e than or	ne	compensation	compensation from		stimated nount of	
	week (list any	box,	unles	s pei	rson	is both	an	from	related		other	
	hours for	office				or/truste		the	organizations		pensation	อท
	related	ndi or d	nst	Officer	œy	emp	Forme	organization	(W-2/1099-MISC)		om the	n
	organizations below dotted	/idu	t tic	ĕ	emp	est	ner	(W-2/1099-MISC)		_	anization d related	
	line)	Individual trustee or director	Institutional trustee		Key employee	e com					anizatior	
		Jste	trus		ě	per						
		Ф	tee			Highest compensated employee						
15) BOB BRUDERMAN	2.00					ā						
DIRECTOR	0.	Х						0	0.			(
16) TIM COHAN	2.00											
DIRECTOR	0.	Х						0	0.			(
17) SCOTT CUTLER	2.00											
DIRECTOR		Х						0	0.			(
18) KARA DIOGUARDI	2.00											
DIRECTOR	0.	Х						0	0.			(
19) RELL LAFARGUE	2.00											
DIRECTOR		Х						0	0.			(
20) MIKE MOLINAR	2.00											
DIRECTOR		Х						0	0.			(
21) EVELYN PAGLINAWAN	2.00											
DIRECTOR (THRU 6/30/2020)		X						0	0.			(
		1										
1h Sub-total								1,784,791.	0.		56,0	020
1b Sub-total c Total from continuation sheets to Part VII,	Section A		• • •		• •			0.	0.			0
d Total (add lines 1b and 1c)								1,784,791.	0.		56,0	020
2 Total number of individuals (including but no							re		\$100,000 of			
reportable compensation from the organizat			7			,			ψ. σσ,σσσ σ.			
											Yes	No
3 Did the organization list any former of	ficer directo	ır or	tru	ista	Δ	kev e	mn	Jovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations of												
individual										4	Х	
5 Did any person listed on line 1a receive of										-		
for services rendered to the organization? If										5		Х
Section B. Independent Contractors	,									<u> </u>		
1 Complete this table for your five highest co	mnensated i	ndene	nde	nt c	con.	tractor	rs tl	hat received more	than \$100 000 of	:		
I Complete this table for your live monest co												

(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 ► 10

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Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to ar	y line in this Part \	/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					
ğ,	С	Fundraising events 1c					
ifts ar /	d	Related organizations 1d					
nii.G	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
utic		and similar amounts not included above . 1f					
Ęź	g	Noncash contributions included in					
d C			\$				
a C	h	Total. Add lines 1a-1f		0.			
			Business Code				
မွ	2a	ASSESSMENTS	900099	22,800,000.	22,800,000.		
Program Service Revenue	b						
Se							
an eve	C						
gra	d						
٥٠	e						
_	f	All other program service revenue		22,800,000.			
	g	Total. Add lines 2a-2f		22,800,000.			
	3	Investment income (including dividends,		12 077			12.077
		other similar amounts)		13,877.			13,877
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	(ii) Personal	0.			
			(II) Feisonai				
	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					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Re/	С	Gain or (loss)					
_	d	Net gain or (loss)	<u> </u>	0.			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	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	Less: direct expenses 9b	0.				
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold 10b	0.				
	C	Net income or (loss) from sales of inventory		0.			
w		. ,	Business Code				
Miscellaneous Revenue	11~						
nue	11a	-					
ela Vel	b						+
Sce	C C	All other revenue					
Ξ	a	All other revenue		0.			
	<u>е</u> 12	Total. Add lines 11a-11d		22,813,877.	22,800,000.		13,877.
JSA				22,013,8//.	22,000,000.		Form 990 (2020)
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Part IX Statement of Functional Expenses

) (' F04/-)/0) F04/-)/4)	organizations must complete all colun	 I - (I / A)

	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	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	1,191,754.							
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	1,585,917.							
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	2,870.							
9	Other employee benefits	54,109.							
10	Payroll taxes	168,731.							
11	Fees for services (nonemployees):	_							
а	Management	0.							
b	Legal	2,033,494.							
C	Accounting	102,567.							
d	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17.	0.							
1	Investment management fees	0.							
9	Other. (If line 11g amount exceeds 10% of line 25, column	0 611 000							
	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	2,611,889.							
12	Advertising and promotion	266,964. 25,708.							
13	Office expenses	6,225,034.							
14	Information technology	0,225,034.							
15	Royalties	0.							
16	Occupancy	11,124.							
17	Travel	11,121.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.							
40		1,150.							
	Conferences, conventions, and meetings	0.							
	Interest Payments to affiliates	0.							
21 22		221,875.							
	Insurance	71,306.							
24									
	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	9,130.							
b	BUSINESS LICENSES	2,289.							
c									
d									
	All other expenses								
	Total functional expenses. Add lines 1 through 24e	14,585,911.							
	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.							
				1					

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Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,474,747.	1	12,615,473.
	2	Savings and temporary cash investments	30,542.	2	30,615.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	10,062.
	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.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ĕ	9	Prepaid expenses and deferred charges	21,329.	9	136,076.
Ì	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 288, 461.			
	b	Less: accumulated depreciation	0.	10c	288,461.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	415,372.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	3,501,875.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,941,990.	16	16,582,562.
	17	Accounts payable and accrued expenses	1,419,254.	17	3,831,860.
	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.
G	22	Loans and other payables to any current or former officer, director,	•	Z 1	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		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		27	
	23	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	1,419,254.	26	3,831,860.
	20	Organizations that follow FASB ASC 958, check here ► X	1,115,251.	20	3703170001
Ses		and complete lines 27, 28, 32, and 33.			
<u>a</u> n	27	Net assets without donor restrictions	4,522,736.	27	12,750,702.
Ba	28	Net assets with donor restrictions.	0.	28	0.
Fund Balances	20	Organizations that do not follow FASB ASC 958, check here ▶	<u> </u>	20	<u> </u>
		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	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
	32	Total net assets or fund balances	4,522,736.	31	12,750,702.
Net	33	<u>-</u>	5,941,990.		16,582,562.
	JJ	Total liabilities and net assets/fund balances	3,941,990.	33	Form 990 (2020)

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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							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			13,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2			85,9			
3	Revenue less expenses. Subtract line 2 from line 1					8,227,966.		
4						4,522,736.		
5	Net unrealized gains (losses) on investments	5				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)	9				0.		
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	2,7	50,7	02.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
			_		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," e	xplain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		Li	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?		L:	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud							
	separate basis, consolidated basis, or both:							
	Separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of					
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?	L:	2c		X		
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the					
	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	dergo	the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b				

SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number MECHANICAL LICENSING COLLECTIVE 84-2642688 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and

organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
 - provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under FASB ASC 958 relating to these items: ▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020 Schedule D (Form 990) 2020 Page 2

Pa	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	, or Other	Similar Assets (continued)	
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	c any of	the follow	ring that make sigi	nificant use of	fits
	collection items (check all that app	ly):			_					
а	Public exhibition			d	Loan	or excha	nge progra	m		
b	Scholarly research			е	Other					
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's	collections	s and expla	ain how t	hey furt	her the or	ganization's exemp	t purpose in F	Part
	XIII.									
5	During the year, did the organization							_		
	assets to be sold to raise funds rath			ained as pa	rt of the	organiza	tion's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	_		es" on For	m 990, F	Part IV, I	ine 9, or r	eported an amou	nt on Form	
1a	Is the organization an agent, trus	tee, custo	odian or o	ther intern	nediary fo	or contri	butions or	other assets not		
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i							_		
						Γ		Amount		
С	Beginning balance					[1c			
d	Additions during the year						1d			
е	Distributions during the year					[1e			
f	Ending balance					_	1f			
	Did the organization include an am								Yes	No
	If "Yes," explain the arrangement i	n Part XII	I. Check h	ere if the e	xplanation	has bee	n provided	on Part XIII	<u> </u>	
Pa	rt V Endowment Funds.				000 5) 1\	li 40			
	Complete if the organiza									
		(a) Cur	rent year	(b) Pric	or year	(c) Iwo	years back	(d) Three years back	(e) Four years b	ack ——
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage Board designated or quasi-endown				e (line 1g,	column	(a)) held as	:		
a		Ment ►		_%						
	Permanent endowment ► Term endowment ►	% %								
C	The percentages on lines 2a, 2b, a	- ' -	ا ادریما مالید	100%						
3a	Are there endowment funds not in		-		ation that	are held	and admir	nistered for the		
• •	organization by:	ino poode	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no organiza	ation that	a. 0 1.0.a	and danni		Yes	No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended u	Ū		•						
Pa	rt VI Land, Buildings, and Equ	uipment.						2 5 000 5		
	Complete if the organize Description of property	ation ans				Part IV, or other bas				
	Description of property			r other basis stment)		ther)		cumulated (deciation	l) Book value	
1 a	Land									
b	Buildings	-								
С	Leasehold improvements				2	288,46	1.		288,4	61.
d	Equipment									
	Other									
Tota	I. Add lines 1a through 1e. (Column	ı (d) must	equal Forr	m 990, Part	X, columi	n (B), line	e 10c.)	▶	288,4	61.

Schedule D (Form 990) 2020

3

Schedule D (I	-orm 990) 2020			Page
Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 99	90, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financi	al derivatives			
. ,	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	Yes" on Form 99	90, Part IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
			Cost of end-of-year marke	value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 99	90, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1) DEPO				100,000
(2) SOFT	WARE DEVELOPMENT, NET			3,401,875
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) l	ine 15)		3,501,875
Part X	Other Liabilities. Complete if the organization answered line 25.			
1.		tion of liability		(b) Book value
	ral income taxes	alon or nability		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	o the organization's financial statements that	at 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

Page 4 Schedule D (Form 990) 2020

Part	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	33,514,900.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
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	10,701,023.
3	Subtract line 2e from line 1	3	22,813,877.
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	- 1	
b	Other (Describe in Part XIII.)	4c	
С 5	Add lines 4a and 4b	5	22,813,877.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		20 764 100
1	Total expenses and losses per audited financial statements	1	20,764,198.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	- 1	
b	Prior year adjustments	-	
C	Other losses 2c Other (Describe in Part XIII.) 2d 6,178,287.	-	
d	Other (Describe in Lart Ain.)	2e	6,178,287.
e	Add lines 2a through 2d	3	14,585,911.
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	1	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.).	5	14,585,911.
	XIII Supplemental Information.		
2; Part	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		

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 PERIOD ENDED 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 PERIODS PRESENTED IN THESE FINANCIAL STATEMENTS. SHOULD SUCH PENALTIES AND INTEREST BE INCURRED, MANAGEMENT'S POLICY WOULD BE TO RECOGNIZE THEM AS OTHER OPERATING EXPENSES ON THE STATEMENT OF ACTIVITIES.

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

\$10,701,023 PRIOR YEAR REVENUES INCLUDED IN FINANCIAL STATEMENT

SCHEDULE D, PART XII, LINE 2D

\$6,178,287 PRIOR YEAR EXPENSES INCLUDED IN FINANCIAL STATEMENT

Schedule D (Form 990) 2020

JSA

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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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MECHANICAL LICENSING COLLECTIVE

84-2642688

Employer identification number

Part	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 Housing allowance or residence for personal use			
	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	1b		
2	explain	ID		
2	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	_		
3	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			
	X Form 990 of other organizations 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		X
	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			
Ū	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:			
а	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			
c	in Part III	8		
9	Regulations section 53.4958-6(c)?	9		
	100gaiationo 000tion 00.7000 0(0): 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1

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

Schedule J (Form 990) 2020

MECHANICAL LICENSING COLLECTIVE 84-2642688

Schedule J (Form 990) 2020 Page 2

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-MI	SC 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)	566,997.	57,938.	27.	7,662.	12,852.	645,476.	0.
1 ^{CEO}	(ii)	0.	0.	0.	0.	0.	0.	0.
ELLEN TRULEY	(i)	240,761.	24,339.	27.	4,350.	5,713.	275,190.	0.
2 ^{CHIEF} MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MAURICE RUSSELL	(i)	236,916.	22,745.	27.	0.	9,754.	269,442.	0.
3HEAD OF RIGHTS MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

MECHANICAL LICENSING COLLECTIVE 84-2642688

Schedule J (Form 990) 2020

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

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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

Ombox 2020

Open to Public Inspection

Employer identification number

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.

MECHANICAL LICENSING COLLECTIVE

84-2642688

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 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

 IF A CONFLICT OF INTEREST EXISTS.

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.

PART VI, SECTION C, LINE 19 - AVAILABILITY OF GOVERNING DOCUMENTS
THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

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.

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HFA 40 WALL STREET, 6TH FLOOR NEW YORK, NY 10005	CONSULTING	7,767,360.
PRYOR CASHMAN, LLP 7 TIMES SQUARE NEW YORK, NY 10036	LEGAL	2,037,658.
PROPHET BRAND STRATEGIES PO BOX 675279 DETROIT, MI 48267	CONSULTING	1,106,228.
ANKURA CONSULTING GROUP LLC 2000 K STREET NW 12TH FLOOR WASHINGTON, DC 20006	CONSULTING	850,743.
SCHROMPSON CONSULTING LTD 11 RED HOUSE LANE WALTON-ON-THAMES SURREY UNITED KINGDOM KT12 IEF	CONSULTING	455,645.

ATTACHMENT 2

Name of the organization			Employer identific	ation number	
MECHANICAL LICENSING COLLECTIVE			84-2642688		
			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	
CONSULTING	2,221,347.				
RECRUITING	352,071.				
PAYROLL SERVICES	38,471.				
TOTALS	2,611,889.				