This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT \$ 8/20/2018 ALLOCATION NUMBER							
\$ \$	FOR COPYRIGHT OFFICE USE ONLY						
8/20/2018	DATE RECEIVED AMOUNT						
	8/20/2018	Υ					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		McKee TV Enterprises Inc PO Box 159 McKee KY 40447-0159
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 159
		(Number, street, rural route, apartment, or suite number)
		McKee, KY 40447 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2018/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	McKee TV Enterprises Inc PO Box 159 McKee KY 40447-0159	543
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile here.	mmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Waneta	KY
Community	McKee	KY
	Gray Hawk	KY
Add Rows as Necessary	Unincorporated areas of Jackson & Owsley Counties	KY

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

McKee TV Enterprises Inc PO Box 159 McKee KY 40447-0159

543

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	< 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	3,268	19.50			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
	Г	T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	10.00	Motel, hotel			
 Pay cable—add'l channel 	10.00	Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	25.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

McKee TV Enterprises Inc PO Box 159 McKee KY 40447-0159

543

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WLEX-TV** 18 Ν Lexington KY WKYT-TV 27 Ν Lexington KY WTVQ-TV 36 Ν Lexington KY 46 Ε Lexington KY WKLE Ν WYMT-TV 57 **Hazard KY** 65 WLJC-TV I **Beattyville KY WDKY-TV** 56 Ν **Danville KY** 67 Ν **WUPX-TV** Morehead KY **WBKI-TV** 34 Ν Campbellsville KY Ν WKYT/UPN 132 Lexington KY

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

McKee TV Enterprises Inc PO Box 159 McKee KY 40447-0159

543

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WWAG	FM		McKee KY				
	 		Mortoo Ki				
	<u> </u>						
	<u> </u>						
	<u> </u>						
	<u> </u>						
	 						
	 						
	I						

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	McKee TV Enterprises			Kee KY 40447-0159				SYSTEM ID# 543
Substitute Carriage:	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every non ccounting pe ing that mus	nnetwork televis eriod, under spe st be included in	sion program, broadcast be ecific present and former F this log, see page (v) of the	y a <i>distant</i> sta CC rules, regu	ılations, or a	uthorizations.	For a further
Special Statement and Program Log	• During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTI	tion?	rest of this pag				YES	NO
	In General: List each subsiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	ce, please a of every no distant stati gulations, o ies like "mo Bulls." In was broad sign of the sadcast static atth and day /e "5/7." es when the Example: a er "R" if the and regulation in that y	am on a separa add additional renetwork televition and that your authorizations vies" or "basked deast live, enterstation broadca on's location (thous, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the get tball." List specific program "Yes." Otherwise enter string the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for progring the accounting period	e program") the ed for the proneral instruction titles, for extending the station is lice a station is lice a station is ide a program. Us reable system :15 p.m. to 6: ramming that id; enter the less that program is the station is the system is the system in the syste	at, during the gramming of the	e accounting f another stater information ove Lucy" or e FCC or, in with the mornes accurate should be a was require e listed progr	tion n. nth
	, s	SUBSTITUT	TE PROGRAM	1	1 1	EN SUBST		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	DELETION
		 						

Accounting Period:	: 2018/1 FORM	1 SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	McKee TV Enterprises Inc PO Box 159 McKee KY 40447-0159	543
K Gross Receipts		vice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mor accounting period is \$52.00 Line 1. Royalty fee for accounting period	.th
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	_
	7. Multiply line 6 by .005 (enter figure here)	_
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	<u>;</u>
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	_)
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	3,005.56
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>i</u>
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u> </u>
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	3,025.56
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copy See page i of the general instructions in the paper SA1-2 form for more information.	rights!

LEGAL NAME OF CHINED OF CARLE OVOTEN	SYSTEM IC
Name LEGAL NAME OF OWNER OF CABLE SYSTEM: McKee TV Enterprises Inc PO Box 159	
to its subscribers, and (2) the cable system's 1. Enter the total number of channels on wh system carried television broadcast station 2. Enter the total number of activated chann on which the cable system carried television	s
N INDIVIDUAL TO BE CONTACTED IF FURTHER we can contact about this statement of account and the statemen	THER INFORMATION IS NEEDED (Identify an individual to whom unt.)
for Further Name Ellisa McWhorter Information	Telephone 606-287-5404
Address 1080 Main Street So (Number, street, rural route, ap-	
McKee, KY 40447 (City, town, state, zip)	
Email lisa.mcwhorte	r@prtc.org Fax (optional) 606-287-8302
CERTIFICATION (This statement of account	nust be certified and signed in accordance with Copyright Office regulations)
Certification • I, the undersigned, hereby certify that (Check	one, but only one, of the boxes.)
(Owner other than corporation or	partnership) I am the owner of the cable system as identified in line 1 of space B; or
	ration or partnership) I am the duly authorized agent of the owner of the cable system as identified owner is not a corporation or partnership; or
	(if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system
	d hereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith.
	X Ellisa McWhorter
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or print	ed name: Ellisa McWhorter
Title:	Accountant of official position held in corporation or partnership)
Date:	8/20/18

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Accounting Period: 2018/1 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 543 McKee TV Enterprises Inc PO Box 159 McKee KY 40447-0159 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-P lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please

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list below the owner, address, first community served, ID number, and accounting period as given in the original filing.

Owner Address

ID number

First community served Accounting period