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						
02/27/2019	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

Α	ACCO	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
		Smithville Media LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1600 W. Temperance St. (Number, street, rural route, apartment, or suite number)
		Ellettsville, IN 47429 (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG  SYSTEM
Name	Smithville Media LLC	631
	Instructions: List each separate community served by the cable system. A "commur	
<b>D</b>	"a separate and distinct community or municipal entity (including unincorporated or	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Ellettsville	IN
Community	Bloomington	IN
•	Clear Creek	IN
dd Dawe as Nassassau.	Kirby Road	IN
dd Rows as Necessary	Lizton	IN
	French Lick	IN IN
	Columbus	IN
	Lawrence	IN
	Nashville	<u>IN</u>
	Orange	IN
	Tipton	IN
	Jasper	IN
	Morgan	IN
	Hendricks	IN IN
	Jamestown	IN
	Monroe	IN
	North Salem	IN
	Owen	IN
	Sharpsville	<u>IN</u>
	Griffin	IN
		ann ann an

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Smithville Media LLC** 

SYSTEM ID# 63174

## E

#### 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:								
<ul> <li>Service to first set</li> </ul>	1,345	20.00	Streaming	1,344	20.00			
<ul> <li>Service to additional set(s)</li> </ul>	1	5.95	Basic	1	80.00			
<ul> <li>FM radio (if separate rate)</li> </ul>			Classic	-	15.00			
Motel, hotel			Whole Home HD	1	9.95			
Commercial			All DVR	1	5.00			
Converter			HD DVR	1	-			
Residential								
Non-residential								
		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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel		НВО	18.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Cinemax	14.95
Fire protection		• Pay cable		Showtime	15.95
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Starz	13.95
Installation: Residential		Fire protection			
First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 63174

#### Smithville Media LLC

# 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WFYI-DT	21	E	INDIANAPOLIS, IN
WHMB-DT	16	l	INDIANAPOLIS, IN
WIPX-TV	27	l	BLOOMINGTON, IN
WRTV-DT	25	N	INDIANAPOLIS, IN
WRTV-HD	25.1	N-M	INDIANAPOLIS, IN
WTHR-DT	13	N	INDIANAPOLIS, IN
WTHR-HD	13.1	N-M	INDIANAPOLIS, IN
WTIU-DT	14	E	BLOOMINGTON, IN
WTIU-WORLD	14.1	E-M	BLOOMINGTON, IN
WTIU-FAMILY	14.2	E-M	BLOOMINGTON, IN
WTIU-ESPANOL	14.3	E-M	BLOOMINGTON, IN
WTIU-HD	14.4	E-M	BLOOMINGTON, IN
WTTV-DT	48	l	BLOOMINGTON, IN
WXIN-DT	45	l	INDIANAPOLIS, IN
WXIN-HD	45.1	I-M	INDIANAPOLIS, IN
WAVE-DT	47	N	LOUISVILLE, KY
WAVE-HD	47.1	N-M	LOUISVILLE, KY
WHAS-DT	11	N	LOUISVILLE, KY
WHAS-HD	11.1	N-M	LOUISVILLE, KY
WLKY-DT	28	N	LOUISVILLE, KY
WLKY-32	28.2	N-M	LOUISVILLE, KY
WMYO-DT	51	l	SALEM, IN
WDRB-DT	49	l .	LOUISVILLE, KY

Accounting	Period:	2018/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Smithville Media LLC** 

63174

#### 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
	<b></b>	<del> </del>					
	<b>_</b>	<b></b>					
	<del> </del>	<del> </del>					
	<del> </del>	<del> </del>					
	<del> </del>	<del> </del>					
	<del> </del>	<del> </del>					
	<b></b>						
	<b>†</b>						
	<del> </del>	<del> </del>					<del> </del>
	<del> </del>	<del> </del>					
	<b></b>	<b></b>					<b> </b>
	<b>_</b>	ļ					
	<b>†</b>						
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Accounting Perio							FOR	M SA1-2E. PAGE 5.		
Name	Smithville Media LLC	CABLE SYST	ГЕМ:					SYSTEM ID# 63174		
Substitute	Substitute  Substitute  Bushamie  Substitute  Substitu									
	Column 7: Enter the letter to delete under FCC rules as was substituted for program effect on October 19, 1976.	nd regulation ming that y	ons in effect du our system wa	ring the accounting perions permitted to delete und	od; enter the le	tter "P" if the and regulation	e listed progr ons in	am		
	1. TITLE OF PROGRAM		E PROGRAM  3. STATION'S  CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. FROM	TIMES  TO	7. REASON FOR DELETION		

Accounting Period:	2018/2			A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Smithville Media LLC			63174						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)									
	during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.		\$ 23 (Amount of gr	0,706.00 ross receipts)						
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less  See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600 ion.	263,800							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00  Line 1. Royalty fee for accounting period			0.00						
				_						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but									
	1. Base amount under statutory formula	263,800.00	•							
	Enter amount of gross receipts from space K	•	-							
	3. Subtract line 2 from line 1	•	-							
	Enter the amount of gross receipts from space K		- 230,706.00							
	5. Enter the amount from line 3		33,094.00							
	6. Subtract line 5 from line 4	\$	197,612.00							
	7. Multiply line 6 by .005 (enter figure here)		\$	988.06						
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00						
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.		\$	988.06						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$527	,600)							
	Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula	263,800.00	<del>-</del> _							
	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		0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	6	·							
	FILING FEE AND TOTAL REMITTANCE DUE									
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	988.06							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,008.06						
	EFT Trace # or TRANSACTION ID #	26fn1te5								
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form and the Excel in									

Accounting Period:	2018/2													FC	RM SA1-2E. P	AGE 7
Name	LEGAL NAME OF OWNER OF Smithville Media LLC	CABLE SYSTEM:													SYSTE	M ID#
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) to the subscribers, and (2) to the subscribers of the subscrib	ne cable system's to f channels on which broadcast stations. f activated channels n carried television b	the cable	ole	of activated	d channels	during th	ne acc	counting pe	eriod.	t stations			26 413		
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			ORM	MATION IS	NEEDED	Identify a	an indi	ividual to w	whom						
for Further Information	Name Stepha	nie Wall								-	Γelephon	e <b>812</b>	-935-22	215		
	(Number, s	/. Temperance treet, rural route, apartm ville, IN 47429 state, zip)		uite nu	number)											
	Email	tvreports@smith	ville.com	om					Fax (opti	ional) [8	12-935-2	607				
O Certification		certify that (Check one	e, <i>but onl</i> y	nly or	one, of the bo	oxes.) ner of the c	able syster	em as i	identified ir	n line 1	of space	B; or	id antific	12.4		
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]															
				n elec	ctronic signature using an	ature on the	line abov			stateme	nt.	-				
		(Title of off	Presid	iden	Cullen H.  nt  held in corpora											
		Date:							2/27/	/2019						

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counting Period: 2018/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
nithville Media LLC	63174
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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement 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.	Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	ys _ <del>-</del>
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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 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	

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