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

Return completed workbook

STATEME	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	y Transmissions by	DATE RECEIVED	AMOUNT	
-	ns (Short Form) tions are located f this workbook	08/16/2019	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2019/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optiona	I - see instructions)	
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full co	prporate title
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should ting period.	submit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	McKee TV Enterprises Inc. PO Box	159. McKee, KY 40447-0159		
	BUSINESS NAME(S) OF OWNER O		.)	
_				
	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)			
	INSTRUCTIONS: In line 1, give any busi			
System	names already appear in space B. In line	2, give the mailing address of th	e system, if different from the addres	s given in space B.
	1			
	MAILING ADDRESS OF CABLE SYSTEM	Л:		
	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 Office'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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	McKee TV Enterprises Inc. PO Box 159, McKee, KY 40447-0159	0
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete 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 ho	nmunities within unincorporated areas and including single, t 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
ows as Necessary	Unincorporated areas of Jackson, Clay, Lee & Owsley Counties	КҮ
	การการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF C						FORM SA1	TEM II
Name	McKee TV Enterprises			XY 40447-0	159		010	
	•		, ,					
Е	SECONDARY TRANSMISSION In General: The information in s				rv transmission s	service of	the cable	
_	system, that is, the retransmissi		-		•			
Secondary	about other services (including p	, ,	,	,		hose exis	ting on the	
Transmission	last day of the accounting period	`	,	,	,			
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	-				•		
Rates	each category by counting the n							
	separately for the particular serv	vice at the rate i	indicated—not the	number of se	ets receiving serv	rice).	-	
	Rate: Give the standard rate of	-					-	
	unit in which it is generally billed category, but do not include disc	· ·	,	-	ard rate variation	s within a	particular rate	
	Block 1: In the left-hand block				condary transmis	sion servi	ce that cable	
	systems most commonly provide			-	•			
	that applies to your system. Not		-		-			
	categories, that person or entity					•		
	subscriber who pays extra for ca first set" and would be counted of					ider Servi	ce to the	
	Block 2: If your cable system					different	from those	
	printed in block 1 (for example, 1	tiers of services	that include one	or more secor	ndary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-hand block	A two- or three	ee-word descript	ion of the	service is	
	sufficient.	OCK 1				BLOCK	()	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	ERS RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set	-	3,154					
	Service to additional set(s)		5,134					
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	Non residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: R	ATES				
F	In General: Space F calls for ra							
Г	not covered in space E, that is, the							
Services	service for a single fee. There a furnished at cost or (2) services	•		•		0 (,	
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the			-	-		-	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha						wara not	
Rates	listed in block 1 and for which a	• •		-				
	brief (two- or three-word) descri							
		BLOO	<u></u>				BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY OF	SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	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-ado	d'I channel				
	Installation: Residential		 Fire protection 	า				
	• First set	25.00	 Burglar protect 	tion				
	 Additional set(s) 	25.00	Other services:					
	• FM radio (if separate rate)		 Reconnect 		25.00			Ī
	• Converter		 Disconnect 					
	,		 Disconnect Outlet relocation 	on	25.00			
	,				25.00 25.00			

counting Period: 2	2019/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	McKee TV Enterprises	s Inc. PO Box 159, McKee, KY	40447-0159	U
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	n during the accounting period, except n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form. al number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tir he carriage of certain network program S1(e)(2) and (4))]; and (2) certain stati- carried by your cable system on a sub- the Special Statement and Program L ad both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a to (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLEX-TV	18	N	Lexington, KY
	ΨΚΥΤ-Τ Υ	27	N	Lexington, KY
d Rows as Necessary	₩ Τ٧Q-Τ٧	36	Ν	Lexington, KY
	WKLE	46	E	Lexington, KY
	WYMT-TV	57	N	Hazard, KY
	WLJC-TV	65	l	Beattyville, KY
	WDKY-TV	56	N	Danville, KY
	WUPX-TV	67	Ν	Morehead, KY
	WBKI-TV	34	Ν	Campbellsville, KY
	WKYT/UPN	132	N	Lexington, KY

wickee iv E		CABLE S Inc. P(O Box 159, McKee, KY 4	10447-0159				SYSTEM
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate) it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio stat this by placing	y the sys be rece at the Co sign of the static ion's sig g a chec	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	It the system's he system's FM ante this point, see par this point, see par this point, see par this point, see part the cable s	eadend, and (2 enna, during ca ge (v) of the g system as a se	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Aexican or Car	nadian stations	s, if any,	the community with which the	e station is identifi	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
VWAG	FM		McKee, KY					
					·			

Accounting Perio	0a: 2019/1						FUR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	McKee TV Enterprises	s Inc. PO I	Box 159, Mc	Kee, KY 40447-0159				0
	SUBSTITUTE CARRIAG)G			
I						tion that w		tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	During the accounting per				sis any non	notwork to	levision prog	Iram
Statement and		-	ui cable syster	in carry, on a substitute ba	asis, any nom			
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	nust com	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if	their meanin	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter '				
				asting the substitute prog				•
	the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			als with the r	month
	first. Example: for May 7 gi		mien year ey		o program. O			nonun
	Column 6: State the tim	es when the		ogram was carried by you				
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.r	n. should be	
	stated as "6:00-6:30 p.m."	tor"D";ftbo	listed program	n waa aubatitutad far prog	romming the	t vour ovot	om woo rogi	irod
							em was <i>reo</i> r	lirea
	Column 7: Enter the lett							
	to delete under FCC rules	and regulati	ions in effect d	uring the accounting perio	od; enter the	etter "P" if	the listed pr	
		and regulati	ions in effect d	uring the accounting perio	od; enter the	etter "P" if	the listed pr	
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d	uring the accounting perio	od; enter the l der FCC rules	etter "P" if and regu	the listed pr lations in	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati mming that <u>y</u>	ions in effect d your system w	luring the accounting period as permitted to delete und	bd; enter the der FCC rules	N SUBST	the listed pr lations in	ogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati	ions in effect d your system w E PROGRAM	luring the accounting periods as permitted to delete unc	bd; enter the der FCC rules WHE CARRI	N SUBST	the listed pr lations in TTUTE CURRED	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation ming that you wanted to the second s	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	TITUTE TITUTE CURRED	ogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulati	ions in effect d your system w E PROGRAM	luring the accounting periods as permitted to delete unc	bd; enter the der FCC rules WHE CARRI	N SUBST AGE OCC	the listed pr lations in TTUTE CURRED	7. REASON FOR
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Accounting Period:	2019/1			FORM	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: McKee TV Enterprises Inc. PO Box 159, McKee, KY 40447-0159)		Ş	SYSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's ation of how	secondary trans v to compute this	mission servi s amount, se \$3	
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 \$137,10 • Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less t	than \$527,600	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	you must pay for	this six-month	
	Line 1. Royalty fee for accounting period				
	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 I	ines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	
	Base amount under statutory formula	. \$	263,800.00		
	2. 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				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	378,437.00	-	
	2. Base amount under statutory formula	\$	263,800.00	-	
	3. Subtract line 2 from line 1	\$	114,637.00	-	
	4. Multiply line 3 by .01		. \$	1,146.37	
	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		\$	2,465.37
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Foo and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,465.37	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,485.37
	EFT Trace # or TRANSACTION ID #			Ι	
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: McKee TV Enterprises Inc. PO Box 159, McKee, KY 40447-0159	SYSTEM ID# 0
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	12
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name LaBriska Smith Telephone	(606) 287-5422
	Address 1080 Main Street South (Number, street, rural route, apartment, or suite number) McKee, KY 40447 (City, town, state, zip)	
	Email labriska.smith@prtc.org Fax (optional) (606) 287-5-	422
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 or 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 here 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)] 	B; or system as identified wner of the cable system
	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 printed name: LaBriska Smith Title: Accounting Assistant (Title of official position held in corporation or partnership) Date: August 16, 2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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.

unting Period: 2019/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Kee 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 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." 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
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.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	Interest Assessment
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