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
03/01/21	\$
	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	ACCOUNTING PERIOD	COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2020/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title it of the parent corporation.	
Owner	List any other name or na	ames under which the owner conducts the business of the cable system.	
		wners during the accounting period, only the owner on the last day of the accounting period should submit a unt and royalty fee payment covering the entire accounting period.	
	Check here if this is the sy	ystem's first filing. If not, enter the system's ID number assigned by the Licensing Division.	21548
	LEGAL NAME OF OV	WNER/MAILING ADDRESS OF CABLE SYSTEM	
	Swayzee Communica		
	•	OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS C	DF OWNER OF CABLE SYSTEM	
	214 S Washingto (Number, street, rural route, a	on St, PO Box 97	
	Swayzee, IN 469	986	
			1 0
С		give any business or trade names used to identify the business and operation of the system u lace B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1 IDENTIFICATION OF CA	BLE SYSTEM:	
	MAILING ADDRESS OF	CABLE SYSTEM:	
	2		
	2 (Number, street, rural route, a	ppartment, 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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	Swayzee Communications	2154
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	it will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
		1
	CITY OR TOWN	STATE
First	LAPEL	IN
Community		
Rows as Necessary		

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

21548

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Swayzee Communications

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		BLOC	K 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	44	32.98/mo.			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
					•

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	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:	ontinuing Services: Installation: Non-residential				
Pay cable	79.95	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection	ection • Pay cable-add'l channel				
Installation: Residential		Fire protection			
• First set	20.00	Burglar protection			
 Additional set(s) 	50.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	50.00		
		Move to new address	20.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

21548

Swayzee Communications

PRIMARY TRANSMITTERS: TELEVISION

G 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	20	E	INDIANAPOLIS
WHMB	40	l	INDIANAPOLIS
WTTV	4	N	INDIANAPOLIS
WRTV	6	N	INDIANAPOLIS
WCLJ	42	l	BLOOMINGTON
WISH	8	N	INDIANAPOLIS
WNDY	23	l	MARION
WXIN	59	N	INDIANAPOLIS
WTHR	13	N	INDIANAPOLIS

Accounting Period: 2020/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Swayzee Communications

21548

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
3.3.1	21 1 111			5 5. 5. 5. 1		_,_	3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
· 							

GAL NAME OF OWNER OF WAYZEE COMMUNICATION OF THE PROPERTY OF T	attions GE: SPECIA Intify every not accounting pring that mu IT CONCEFT eriod, did you attion? The program of the program	AL STATEME innetwork televineriod, under spist be included RNING SUBS ur cable system are rest of this paragraph and additional annetwork televition and that your authorizatio povies" or "bask addast live, ent station broaddion's location (ons, if any, the your syne substitute program carries listed program carries in effect of	ision program, broadcas' pecific present and forme in this log, see page (v) of the carry, on a substitute age blank. If your answers the carry is the carry is the community of the carried by a system from 6 m was substituted for producing the accounting performing the accounting performing the accounting performed the carried the accounting performing the accounting performing the accounting performing the accounting performed the carried the accounting performing the accounting performance performing the accounting performance performance performance performance performance performance p	by a distant star FCC rules, require from the general in the general in the station is in the station	gulations, or estructions in the structions for fur example, "I icensed by dentified). Use numeral em. List the 6:28:30 p.m at your systeletter "P" if is and regulations and regulations for fur example, "I icensed by dentified).	our cable syst authorization the paper Selevision progested the progested their meaning of another of another information of the FCC or, als, with the restimes accurrent should be the listed presented the listed the listed the listed presented the listed	ns. For a further SA1-2 form. Iram X NO gram g is ting station ation. or in month ately
General: In space I, ider bestitute basis during the planation of the program SPECIAL STATEMEN During the accounting per padcast by a distant state. If your answer is "Nig in block 2. LOG OF SUBSTITUT General: List each substant. If you need more special. If you need more special. If you need more special was broadcast by der certain FCC rules, report of the program of the prog	ntify every nor accounting period had been depicted in the second of the	eriod, under spist be included RNING SUBS ur cable system erest of this paradd additiona onnetwork telection and that yor authorization ovies" or "bask addast live, ent station broadd ion's location (ons, if any, they when your sy e substitute pro a program care listed program ions in effect of	ision program, broadcas' pecific present and forme in this log, see page (v) of the carry, on a substitute age blank. If your answers the carry is the carry is the community of the carried by a system from 6 m was substituted for producing the accounting performing the accounting performing the accounting performed the carried the accounting performing the accounting performing the accounting performing the accounting performed the carried the accounting performing the accounting performance performing the accounting performance performance performance performance performance performance p	by a distant star FCC rules, require from the general in the general in the station is in the station	gulations, or estructions in the structions for fur example, "I icensed by dentified). Use numeral em. List the 6:28:30 p.m at your systeletter "P" if is and regulations and regulations for fur example, "I icensed by dentified).	r authorization the paper S levision prog YES plete the prog their meaning the account g of another rther information Love Lucy" the FCC or, als, with the restriction in the security of the security of the security of the listed program is a security of the listed program in the security of the security	ns. For a further SA1-2 form. Iram X NO gram g is ting station ation. or in month ately
Column 7: Enter the le delete under FCC rules as substituted for progra fect on October 19, 1970	tter "R" if the and regulati mming that y	ions in effect o	during the accounting pe	riod; enter the	letter "P" if s and regula	the listed pr lations in	
5	SORSTITUT	E PROGRAM	1		EN SUBSTI LIAGE OCC		7. REASON FOR
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH AND DAY	6. T FROM	TIMES TO	DELETION

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Swayzee Communications	SY	STEM ID# 21548
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,873.89
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 1. 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.		- Company
	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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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 \$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		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Swayzee Communica				SYSTEM ID# 21548
M Channels				s on which the cable system carried television broadcast stations per of activated channels during the accounting period.	
	Enter the total numbe system carried television			e	9
	Enter the total number on which the cable system and nonbroadcast services.	tem carried television	broadcas	st stations	53
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi			PRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Tim	Miles		Telephon	e 765-922-7916
	(Numbe	S Washington St er, street, rural route, apartr	t, PO B ment, or sui	lox 97 (te number)	
	(City, to	yzee, IN 46986 wn, state, zip)		Fax (ontional)	
	2.7.6.1			- 3. (Sp. 3. a.)	
O	CERTIFICATION (This sta	atement of account mo	ust be ce	rtified and signed in accordance with Copyright Office regulations)
Certification	• I, the undersigned, here	by certify that (Check o	ne,but or	nly one, of the boxes.)	
	(Owner other	than corporation or p	artnersh	ip) I am the owner of the cable system as identified in line 1 of space	e B; or
				partnership) I am the duly authorized agent of the owner of the cabl ot a corporation or partnership; or	e system as identified
	(Officer or pa in line 1 of		if a corpo	ration) or a partner (if a partnership) of the legal entity identified as o	owner of the cable system
		orrect to the best of my	•	eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	ein
			X	/s/Audra Hicks	_
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	l name:	AUDRA HICKS	
		Title:		CE MANAGER on held in corporation or partnership)	
		Date:		03/01/2021	

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counting Period: 2020/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
vayzee Communications	21548
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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? X NO	the basic of include sub-ction 119." Special Statement Concerning Gross Receipts Exclusion
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 un For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	.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	st charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assi contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	stance please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the or	·
Owner	
Address	
ID number First community served	
Accounting period	

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