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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@copyright.gov</u>
General instr	ems (Short Form) uctions are located o of this workbook	03/01/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	al - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		sidiary of another corporation, give the full cor	rporate title
Owner	List any other name or names under wh	nich the owner conducts the business of	the cable system.	
	-	he accounting period, only the owner on y fee payment covering the entire accourt	the last day of the accounting period should s nting period.	ubmit a
	Check here if this is the system's first fil	ling. If not, enter the system's ID number	r assigned by the Licensing Division.	25408
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	1	
	Swayzee Communications			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	r)	
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM		
	214 S Washington St, PO (Number, street, rural route, apartment, or suit			
	Swayzee, IN 46986 (City, town, state, zip)	-		
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In lin			

(Number, street, rural route, apartment, or suite number)

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

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Swayzee Communications	25408
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter knowr filings.
Area Served	identified city.	
First	CITY OR TOWN Summitville	STATE IN
Community		
-		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM I
Name	Swayzee Communicatio								254
E	SECONDARY TRANSMISSION In General: The information in s	pace E should	cover a	all categories of s	seconda	•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period							sting on the	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Nates	separately for the particular serv		0			•	•	is charged	
	Rate: Give the standard rate of	-	-	•				•	
	unit in which it is generally billed				ny standa	ard rate variation	ns within a	a particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of ser	condary transmi	ssion serv	vice that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not	e: Where an ir	ndividua	l or organization	is receiv	ving service that	falls unde	er different	
	categories, that person or entity				••	U .			
	subscriber who pays extra for ca first set" and would be counted of					d in the count u	nder "Ser\	vice to the	
	Block 2: If your cable system					service that an	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-h	and block. A two	o- or thre	e-word descrip	tion of the	service is	
	sufficient.	DCK 1					BLOC	К 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:		27	24.09/mg					
	Service to first set		27	31.98/mo.					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								••••••
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATES	5				
F	In General: Space F calls for ra	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•		•	•		• •	,	
Other Than	amount of the charge and the ur		usually	billed. If any rat	tes are cl	harged on a var	iable per-j	program basis,	
Secondary	enter only the letters "PP" in the		the eabl	a avatam far aga	b of the		iooo liatad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•					
	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	ation: Non-resid	dential				
	• Pay cable	79.95	• Mot	tel, hotel					
	 Pay cable—add'l channel 		_	nmercial					
	·		• Pay	/ cable					
	Fire protection		•Pay	/ cable-add'l cha	annel				
	•Burglar protection		-						
	•Burglar protection Installation: Residential			e protection					
	•Burglar protection Installation: Residential • First set	20.00	• Bur	glar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Bur Other s	glar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec	glar protection services: connect		40.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec • Dise	glar protection services: connect connect					
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Dis • Out	glar protection services: connect		40.00 50.00 20.00			

counting Period: 2	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Swayzee Communica	tions		25408
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (f	t (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub-	me basis under ms [sections ions carried on a stitute program
	station was carried only onList the station here, and a	a substitute basis. also in space I, if the station was carrie	ed both on a substitute basis and also	on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on	on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tel	program services such as HBO, ESP e-air designation. For example, repor	N, etc. Identify each rt multistream
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast)	(RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational),	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio	noncommercial ndent), "I-M"
	Column 4: Give the location	erms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	t the community to which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFYI	20	Е	INDIANAPOLIS
	WHMB	40	l	INDIANAPOLIS
Rows as Necessary	WTTV	4	Ν	INDIANAPOLIS
	WRTV	6	N	INDIANAPOLIS
	WISH	8	Ν	INDIANAPOLIS
	WCLJ	42	I	BLOOMINGTON
	WNDY	23	I	INDIANAPOLIS
	WXIN	59	Ν	INDIANAPOLIS
	WTHR	13	N	
		I		I

EGAL NAME OF								SYSTEM 254
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation about m. lentify the call tate whether the radio stat the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s he station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Swayzee Communicat	ions						25408
	SUBSTITUTE CARRIAG	E: SPECIA)G			
		-	-			tion that you	r aabla aya	tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					and general in			
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	riod, did yoi	ur cable syster	n carry, on a substitute ba	asis, any noni	network telev	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer i	s "Yes " vouu	must comple	te the nroc	
	-				5 105, your	nuot oompio		jian
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Lise abbreviation	s wherever n	ossible if the	ir moonin	n ie
	clear. If you need more spa				s wherever p		in meaning	y 13
				vision program ("substitut	e program") t	hat. during th	ne account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.			۵/ ۳ OH	«NI "			
				er "Yes." Otherwise enter asting the substitute prog				
				the community to which the		censed by th	e ECC or	in
	the case of Mexican or Car						010001,	
				stem carried the substitut			with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."		1:					ine el
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		your system w			o ana regulat		
								1
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						_		
							-	
							- 	
						_		
							-	
							-	
						_		
							-	
							-	
						_		
						_		
] [
1								

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Haine	Swayzee Communications		25408
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 trans: (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	,808.49
_	COPYRIGHT ROYALTY FEE		
L 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 \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	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 \$ 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
			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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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 #		
	Important: 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 C Swayzee Com	DWNER OF CABLE SYSTEM: munications		SYSTEM ID# 25408
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's I number of channels on whice television broadcast stations I number of activated channe able system carried television	ss	ons 9 49
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom int.)	
for Further Information	Name	Tim Miles	Telep	hone 765-922-7916
0	Address Email	214 S Washington S (Number, street, rural route, apar Swayzee, IN 46986 (City, town, state, zip)	tment, or suite number)	
Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of s	space B; or
	in (Offic in • I have examined	line 1 of space B and that the cer or partner) I am an officer line 1 of space B. d the statement of account an ce, and correct to the best of m	ration or partnership) I am the duly authorized agent of the owner of the owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified d hereby declare under penalty of law that all statements of fact contained by knowledge, information, and belief, and are made in good faith.	as owner of the cable system
			X /s/Audra Hicks 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 printe Title: (Title of	ed name: AUDRA HICKS OFFICE MANAGER official position held in corporation or partnership)	
		Date:	03/01/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ayzee Communications	2540
 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? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Land Land Land Land Land Land Land Land
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	La linterest Assessme
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	La L
Line 1 Enter the amount of late payment or underpayment	La L

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