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						
08/22/2022	\$					
	ALLOCATION NUMBER					

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

	T							
Α	ACCOUNTING 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							
	Zito West Holding LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	Zito Media							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO Box 665 (Number, street, rural route, apartment, or suite number)							
	Coudersport, PA 16915							
	(City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	IDENTIFICATION OF CABLE SYSTEM:							
	Zito Media - Snow Shoe  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:	: 2022/1	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	Zito West Holding LLC	63693
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Snow Shoe Borough	PA
Community	Snow Shoe Township	PA
	Cooper Township	PA
add Rows as Necessary	Karthaus Township	PA
	Wallaceton/Boggs Township	PA
	Graham Township Burnside Township	PA PA
	Covington Township	PA
	Girard Township	PA PA
	Ondra Township	

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID# 63693

# 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				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	523	19.00				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential					0	
					(	

# 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   RA	ATE	
Continuing Services: Installation: Non-residential					
Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection					
Burglar protection					
Installation: Residential	Fire protection				
• First set	30.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	20.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
• Converter • Disconnect					
Outlet relocation		Outlet relocation	30.00		
	Move to new address		30.00		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63693

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

**Zito West Holding LLC** 

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
WATM	23	N	Altoona PA
WATM	23.3	<u> </u>	Altoona PA
WJAC	6.1	N	Johnstown PA
WJAC	6.4	N-M	Johnstown PA
WPSU	3	E	Clearfield PA
WTAJ	10	N	Altoona PA
WWCP	8	N	Johnstown PA
		•	,
	·	•	

Accounting Period: 2022/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63693

### Zito West Holding LLC

### 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
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Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5.  SYSTEM ID#				
Name	Zito West Holding LL				63693							
1	SUBSTITUTE CARRIAG	_	_									
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further											
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage:	riage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Special Statement and												
Program Log	broadcast by a distant sta	ation?					YES	X NO				
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete											
	log in block 2.				•							
	2. LOG OF SUBSTITUT		_			_						
	In General: List each subsclear. If you need more sp				s wherever p	ossible, if	their meanin	ig is				
				vision program ("substitut	e program") tl	hat, durin	g the accoun	ting				
	period, was broadcast by											
	under certain FCC rules, rules, rules on not use general category											
	"NBA Basketball: 76ers vs	. Bulls."				жаттрто,	1 Love Lucy	01				
				er "Yes." Otherwise enter casting the substitute prod								
		0		the community to which the		censed by	the FCC or	, in				
	the case of Mexican or Ca											
	<b>Column 5:</b> Give the mo		when your sy	stem carried the substitut	e program. U	se numer	als, with the	month				
			e substitute pr	ogram was carried by you	ır cable syste	m. List the	e times accu	rately				
	to the nearest five minutes		a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.i	m. should be					
	stated as "6:00–6:30 p.m."  Column 7: Enter the let		e listed program	n was substituted for proc	ramming that	vour svs	tem was <i>rea</i>	uired				
	to delete under FCC rules	and regulat	ions in effect o	luring the accounting peri	od; enter the l	etter "P" i	f the listed p					
	was substituted for progra effect on October 19, 1976	•	your system w	as permitted to delete un	der FCC rules	and regu	ılations in					
	enection October 19, 1970	). 										
				_		N SUBS						
	S	1		1 T	SUBSTITUTE PROGRAM CARRIAGE OCCURR							
	TITLE OF PROGRAM	2. LIVE?			1			7. REASON FOR DELETION				
		Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES  — TO					
		Yes or No		4. STATION'S LOCATION	1		TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					
		Yes or No		4. STATION'S LOCATION	5. MONTH	6.	TIMES					

ccounting Period:	,				A1-2E. PAG			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC			3	YSTEM I			
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 re			\$ 15 (Amount of gr	0,363.04 oss receipts)			
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	an \$527,600	263,800				
	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	Ity fee that y	ou must pay for	this six-mon				
	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	2	<u></u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	100)				
	Base amount under statutory formula	\$	263,800.00	-				
	2. Enter amount of gross receipts from space K	\$	150,363.04	<del>-</del>				
	3. Subtract line 2 from line 1	\$	113,436.96	-				
	4. Enter the amount of gross receipts from space K		\$	150,363.04				
	5. Enter the amount from line 3			113,436.96				
	6. Subtract line 5 from line 4		\$	36,926.08				
	7. Multiply line 6 by .005 (enter figure here)				184.63			
	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		\$	184.63			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)				
	Enter the amount of gross receipts from space K							
	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							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines							
	FILING FEE AND TOTAL REMITTANCE DI	JE						
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	184.63				
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			\$	204.63			

Accounting Period:	022/1					FORM SA1-2E. PAGE 7.		
Name	EGAL NAME OF OWNE					SYSTEM ID# 63693		
M Channels	to its subscribers, and  1. Enter the total number system carried televior.  2. Enter the total number on which the cable system.	(2) the cable system's to	tal number the cable	on which the cable system carried tel r of activated channels during the acc	counting period.	7 78		
N Individual to Be Contacted	we can contact about	CONTACTED IF FURTHE this statement of account ri McMullen		MATION IS NEEDED (Identify an ind		944 260 0424		
for Further Information	Address PO	Box 665	ent, or suite r	number)	relepnon	e 814-260-0434		
		teri.mcmullen@z		.com	Fax (optional)			
	CEPTIFICATION (This	statement of account mus	et he certifi	ied and signed in accordance with Co	onvright Office regulations	1		
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, 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  (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  X (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.							
		d correct to the best of my l		lare under penalty of law that all stater , information, and belief, and are made		ein		
			Enter an ele	/s/James Rigas ectronic signature on the line above to c sture using an "/s/ signature" (e.g., /s/ Jo		-		
		Typed or printed Title:	name: .	James Rigas ent				
		(Title of offi	icial position I	held in corporation or partnership)				
		Date:			08/23/2022			

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Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63693 Zito West Holding LLC 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-"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? X NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . \$ 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** 1% davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . 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 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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