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

Α	ACC	OUNTING 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)					
	INSTI	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С		s 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	1	IDENTIFICATION OF CABLE SYSTEM:					
		Zito Media - Julian CA MAILING ADDRESS OF CABLE SYSTEM:					
		MAILING ADDRESS OF GABLE STSTEM.					
	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.

D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Community CITY OR TOWN CA			OVOTEM						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Community CITY OR TOWN CITY OR TOWN CA	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI						
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter knas 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 home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Community CITY OR TOWN CITY OR TOWN CA									
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Area Served CITY OR TOWN STATE First Community Com	D								
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Tommunity CA Community CA CHYOR TOWN CA	_								
Area Served identified city. CITY OR TOWN STATE First Julian CA Community									
CITY OR TOWN STATE First Julian CA Community	Area		r mobile home parks should be reported in parentheses below the						
First Julian CA Community	Served	identified city.							
First Julian CA Community									
First Julian CA Community									
Community									
		Julian	CA						
Reserved and the second of the	Community								
Rosa a Rosania									
	d Rows as Necessary								
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		0.0000							

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID# 63770

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	23	35.50	
 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	RATE	CATEGORY OF SERVICE 1	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
 Additional set(s) 	20.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		 Outlet relocation 	30.00		
		 Move to new address 	30.00		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Zito West Holding LLC

63770

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
KGTV	20.1	N	San Diego, CA
KNSD	39.1	N	San Diego, CA
KPBS	15.1	E	San Diego, CA
KSWB	69.1	N	San Diego, CA
KFMB	8.1	N	San Diego, CA
KFMB	8.2	N-M	San Diego, CA
	•		
	•		

	•	***************************************	
	•	***************************************	

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

SYSTEM ID#

Zito West Holding LLC

63770

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
						[
						ļ	
						[
						 	
						ļ	
						l	
		 					

Accounting Perio	.d. 2022/1						FOE	RM SA1-2E. PAGE 5.
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	SYSTEM ID#
Name	Zito West Holding LL0							63770
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G			
Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				
Special Statement and			ur cable syste	m carry, on a substitute ba	sis, any nonn	etwork te		
Program Log	broadcast by a distant sta Note: If your answer is "Note:		roct of this pr	ago blank If your answer is	"Voc" vou n	nuct com	YES	NO
	log in block 2.	, leave the	rescortins po	age blatik. It your allswel is	s res, your	nust com	piete trie pro	gram
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subsclear. If you need more spa				wherever po	ossible, if	their meani	ng is
		of every no distant sta	onnetwork tele tion and that y	vision program ("substitute our cable system substitut	ed for the pro	ogrammin	g of anothe	rstation
	Do not use general catego "NBA Basketball: 76ers vs.	ries like "mo Bulls."	ovies" or "bask	ketball." List specific progra	m titles, for e			
	Column 3: Give the call	sign of the	station broad	er "Yes." Otherwise enter " casting the substitute progr the community to which the	am.	onsod by	, the ECC o	- in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	station is ide	entified).		
	first. Example: for May 7 gi	ve "5/7."	, ,	stem carried the substitute				
	Column 6: State the tim to the nearest five minutes			ogram was carried by your ried by a system from 6:01				
	stated as "6:00–6:30 p.m."	·		• •	•			
	Column 7: Enter the lett to delete under FCC rules			m was substituted for progr during the accounting perio				
	was substituted for prograr	nming that						9
	effect on October 19, 1976	•		_	_			
	S	HRSTITLIT	E PROGRAM	1		N SUBST	TITUTE CURRED	7. REASON FOR
	TITLE OF PROGRAM	1	3. STATION'S		5. MONTH		TIMES	DELETION
	1. THEE OF TROOTOWN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
							<u> </u>	
							<u> </u>	
							_	

counting Period:	2022/1 FORM	1 SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II							
	Zito West Holding LLC	637							
1.7	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total	of							
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission servic (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see	ce							
oroso rescripto	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	11,049.84							
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of	f gross receipts)							
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:								
Copyright	Complete block 1, block 2, or block 3.								
Royalty Fee	 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 \$263,800 								
	 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. 								
	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 this six-mon accounting period is \$52.00								
	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								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)								
	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)								
	1. 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))							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	_)							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
	TIENTO LETAND TO DETAIN TO MODE DOE								
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>) </u>							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>) </u>							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00							
	Land And Manager and Control of the								
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copy See page i of the general instructions in the paper SA1-2 form for more information.	ყა:							

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN Zito West Holding	ER OF CABLE SYSTEM:			SYSTEM ID# 63770
M Channels	1. Enter the total nu system carried tele 2. Enter the total nu on which the cable	nd (2) the cable system's total nur mber of channels on which the ca vision broadcast stations mber of activated channels system carried television broadc		counting period.	50
N Individual to Be Contacted		CONTACTED IF FURTHER INF it this statement of account.)	ORMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name T	eri McMullen		Telephone 81	4-260-0434
		O Box 665 umber, street, rural route, apartment, or s	suite number)		
		oudersport PA 16915 ty, town, state, zip)			
	Email	teri.mcmullen@zitome	edia.com	Fax (optional)	
0	CERTIFICATION (Th	s statement of account must be c	ertified and signed in accordance with C	Copyright Office regulations)	
Certification	• I, the undersigned,	nereby certify that (Check one, but	only one, of the boxes.)		
	(Owner of	her than corporation or partners	ship) I am the owner of the cable system a	as identified in line 1 of space B; o	or
		-	partnership) I am the duly authorized ag not a corporation or partnership; or	ent of the owner of the cable syst	tem as identified
		r partner) I am an officer (if a corp 1 of space B.	ooration) or a partner (if a partnership) of the	he legal entity identified as owner	r of the cable system
		nd correct to the best of my knowle	declare under penalty of law that all states edge, information, and belief, and are mad		
		X	/s/James Rigas		
			an electronic signature on the line above to o signature using an "/s/ signature" (e.g., /s/ J	•	
		Typed or printed name	: James Rigas		
			ident ition held in corporation or partnership)		
		Date:		08/23/2022	

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
West Holding LLC	63770
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
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x <u> </u>	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
(interest charge)	
* 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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