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								
7/3/2023	\$							
	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))									
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting		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								
		Swayzee Communications *********SYSTEM SHUT DOWN IN APRIL 2023********								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		214 S Washington St, PO Box 97 (Number, street, rural route, apartment, or suite number)								
		Swayzee, IN 46986								
		(City, town, state, zip)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2									
	_	(Number, street, rural route, apartment, or suite number)								
		(City, town, state, zip code)								

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Accounting Period:	2023/1								
tocounting i criou.	2020/ 1	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	Swayzee Communications	21548							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known 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								
Area Served	city.								
	CITY OR TOWN	STATE							
First Community	LAPEL	IN							
Add Rows as Necessary									

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Swayzee Communications** 

SYSTEM ID# 21548

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.

BLG	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	0	89.95				
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 RATE
Continuing Services:		Installation: Non-residential		
Pay cable	89.95	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	20.00	Burglar protection		
Additional set(s)		Other services:		
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	40.00	
Converter		Disconnect		
		Outlet relocation	50.00	
		Move to new address	20.00	

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Swayzee Communications

\*\*\*\*\*\*\*\*\*

SYSTEM ID#

21548

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **INDIANAPOLIS** WFYI 20 Ε **WHMB** 40 **INDIANAPOLIS** ı WTTV 4 Ν **INDIANAPOLIS** WRTV 6 **INDIANAPOLIS** Ν **WCLJ** 42 BLOOMINGTON WISH 8 Ν INDIANAPOLIS WNDY 23 ı MARION WXIN 59 Ν **INDIANAPOLIS WTHR** 13 N **INDIANAPOLIS** 

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## Swayzee Communications

### \*\*\*\*\*\*\*\*\*SYSTEM SHUT DOWN IN

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
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ccounting Period: 2023/1 FORM SA1-2E. PAGE 5.  LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#											
Name	Swayzee Communicati		EM:			**	*******	YSTI	EM SHU		TEM ID# 21548
	SUBSTITUTE CAPPIAGE	· SDECIA	I STATEMEN	T AND DECCEAM L	)G						
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  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 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										
Special  Statement and  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television									nrogram		
Statement and											
Program Log	broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										0
									program		
	log in block 2.  2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in										
	effect on October 19, 1976.					WHE	N SUBST	דו ודו	re l		
	s	UBSTITUT	E PROGRAM	I			IAGE OCC			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	6. FROM	TIMES	S TO	DE	LETION
								_			
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Accounting Period:	2023/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			YSTEM ID#
Name	Swayzee Communications	**********SYS		21548
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's sec (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmis compute this am	sion service nount, see	2,911.98
	CORVEIGHT DOVALTY FEE			
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than  See page (vi) of the general instructions located in the paper SA1-2 form for more information.		3,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LI	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	u must pay for thi	s 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 mor		•	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Base amount under statutory formula	263,800.00		
	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	<u> </u>		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	····· <u> </u>		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but le	ess than \$527,6	00)	
	4. Entrolling amount of group appoints from appeal (			
	1. Enter the amount of gross receipts from space K	262 800 00		
	•	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	····· <u> </u>		
	FILING FEE AND TOTAL REMITTANCE DUE			
		<u> </u>		
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 See page i of the general instructions in the paper SA1-2 form and the Excel instruc			

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF OWNER OF C Swayzee Communication		**	********SYSTEM SHUT DOWN	SYSTEM ID# 21548				
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  53								
N Individual to	INDIVIDUAL TO BE CONT. we can contact about this st	an individual to whom							
Be Contacted for Further Information	Name Tim Mile	es		Telephone	765-922-7916				
	(Number, str	lashington St, PC eet, rural route, apartment, c e, IN 46986	Box 97 r suite number)						
	(City, town, s			Fax (optional					
0	CERTIFICATION (This statem	ent of account must be	certified and signed in accordance v	vith Copyright Office regulations)					
Certification	• I, the undersigned, hereby ce	ertify that (Check one, bu	t only one, of the boxes.)						
	(Owner other than	corporation or partne	rship) I am the owner of the cable sys	tem as identified in line 1 of space E	3; or				
			or partnership) I am the duly authorize er is not a corporation or partnership; o		ystem as identified				
	(Officer or partne in line 1 of s		rporation) or a partner (if a partnership	) of the legal entity identified as owr	ner of the cable system				
		ect to the best of my know	v declare under penalty of law that all s vledge, information, and belief, and are						
			<b>〈</b> /s/Audra Hicks						
			an electronic signature on the line abor signature using an "/s/ signature" (e.g.,						
		Typed or printed nam	e: AUDRA HICKS						
			FICE MANAGER ficial position held in corporation or partners	nip)					
		Date:		07/17/2023					

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counting Period: 2023/1		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
vayzee Communications	*******	21548
SPECIAL STATEMENT CONCERNING GROSS RECORD The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:  "In determining the total number of subscribers and the green service of providing secondary transmissions of primary be scribers and amounts collected from subscribers receiving.  For more information on when to exclude these amounts, see the located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any a made by satellite carriers to satellite dish owners?	on 111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic proadcast transmitters, the system shall not include sub- g secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	N	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments sulfor an explanation of interest assessment, see page (viii) of the game to the following the following the sum of the payment or underpayment	general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum her	x	
Line 3 Multiply line 2 by the number of days late and enter the se		
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 bl	(interest charge)	
contact the Licensing Division at (202) 707-8150 or licensing		
** This is the decimal equivalent of 1/365, which is the interes	st assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of acclist below the owner, address, first community served, ID number  Owner  Address		
ID number First community served Accounting period		

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