This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

STATEME	NT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	tions are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab c	of this workbook.	2-29-24	ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2023/2	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
		Irvine Community Television, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 186 (Number, street, rural route, apartment, or suite number)
		Irvine, KY 40336-0186
		(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 a 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)

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office 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 Office'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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name		5008
	Irvine Community Television, Inc.	
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil city.	le home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Irvine	КҮ
Community	Ravenna	KY
	Unincorporated areas of Estill Co	KY
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C								1-2E. PAGE STEM IC
Name	Irvine Community Telev								500
		131011, 1110.							
Е	SECONDARY TRANSMISSION					transmission	amilaa of th		
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
Rates	separately for the particular serv							shargeu	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	· ·	,		standaro	l rate variations	within a pa	articular rate	
	category, but do not include disc				a of acco	ndonutronomio	ion convio	that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity	should be cour	nted as a	subscriber in e	ach appli	cable category.	Example: a	a residential	
	subscriber who pays extra for ca					in the count und	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					onvice that are	difforont fr	om thoso	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		-						
	BL	OCK 1 NO. OF	· T				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		1,459	\$33.69					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		15	\$8.00					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
F	In General: Space F calls for rat				pect to all	your cable syst	em's servi	ces that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•		•			0 ()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		J	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip					liese other serv		IOTTI OF A	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV	ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	TUTE		tion: Non-resid		TUTE	ONTEO		Totti
	• Pay cable	\$18.84		el, hotel			Tier		\$48.7
	• Pay cable—add'l channel		1	nmercial			Digital		\$22.3
	• Fire protection		1	cable				Converter	\$5.9
	•Burglar protection			cable-add'l cha	nnel				,
	Installation: Residential		· ·	protection					
	• First set	\$24.27		glar protection					
	Additional set(s)	\$19.42	1	ervices:					
			•			\$24.27			
	()		 Rec 	onnect		JZ4.Z/			
	• FM radio (if separate rate)		•			ş24.21			
	()		• Disc	connect					
	• FM radio (if separate rate)		• Disc • Out		55	\$24.27 \$19.42 \$24.27			

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM	
Name	Irvine Community Tel	evision, Inc.		5	
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried h on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro I with a station according to its over-the-a	I) stations carried only on a part-tic carriage of certain network progra e)(2) and (4))]; and (2) certain stat ried by your cable system on a suf Special Statement and Program both on a substitute basis and also epage (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repor- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educatio ions in the paper SA1-2 form.	ime basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast).	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WDKY	19.3	N	DANVILLE, KY	
	WDKY-2	19.4	N-M	DANVILLE, KY	
d Rows as Necessary	WDKY-3	19.5	N-M	DANVILLE, KY	
	WDKY-4	19.6	N-M	DANVILLE, KY	
	WKLE	42.3	E	LEXINGTON, KY	
	WKLE-2	E-2 42.4 E-M LE		LEXINGTON, KY	
	WKLE-3	42.5	E-M	LEXINGTON, KY	
	WKLE-4	42.6 E-M		LEXINGTON, KY	
	WKYT	21.3	N	LEXINGTON, KY	
	WKYT-2	21.4	N-M	LEXINGTON, KY	
	WKYT-3	21.5	N-M	LEXINGTON, KY	
	WKYT-4	21.6	N-M	LEXINGTON, KY	
	WKYT-5	21.7	N-M	LEXINGTON, KY	
	WLEX	28.1	Ν	LEXINGTON, KY	
	WLEX-2	28.2	N-M	LEXINGTON, KY	
	WLEX-3	28.3	N-M	LEXINGTON, KY	
	WLEX-4	28.4	N-M	LEXINGTON, KY	
	WLJC	7.1	<u> </u>	BEATTYVILLE, KY	
	WEJC				
	WLJC-2	7.2	I-M	BEATTYVILLE, KY	
	WLJC-2 WLJC-3	7.2 7.3	I-M	BEATTYVILLE, KY	
	WLJC-2 WLJC-3 WLJC-4	7.2 7.3 7.4	I-M I-M	BEATTYVILLE, KY BEATTYVILLE, KY	
	WLJC-2 WLJC-3 WLJC-4 WLJC-5	7.2 7.3 7.4 7.5	I-M I-M I-M	BEATTYVILLE, KY BEATTYVILLE, KY BEATTYVILLE, KY	
	WLJC-2 WLJC-3 WLJC-4 WLJC-5 WLJC-6	7.2 7.3 7.4 7.5 7.6	I-M I-M I-M I-M	BEATTYVILLE, KY BEATTYVILLE, KY BEATTYVILLE, KY BEATTYVILLE, KY	
	WLJC-2 WLJC-3 WLJC-4 WLJC-5 WLJC-6 WTVQ	7.2 7.3 7.4 7.5 7.6 27.1	I-M I-M I-M I-M N	BEATTYVILLE, KY BEATTYVILLE, KY BEATTYVILLE, KY BEATTYVILLE, KY LEXINGTON, KY	
	WLJC-2 WLJC-3 WLJC-4 WLJC-5 WLJC-6	7.2 7.3 7.4 7.5 7.6	I-M I-M I-M I-M	BEATTYVILLE, KY BEATTYVILLE, KY BEATTYVILLE, KY BEATTYVILLE, KY	

	2023/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER O			SYSTEM
	Irvine Community Te	•		50
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, a Substitute Basis Stations	entify every television station (including t in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the b)(2) and (4), or 76.63 (referring to 76.64 is explained in the next paragraph. : With respect to any distant stations can dear exercises.	(1) stations carried only on a part-tin e carriage of certain network progra I(e)(2) and (4))]; and (2) certain stat	me basis under Ims [sections tions carried on a
	• Do <i>not</i> list the station here station was carried <i>only</i> on	Iles, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried		
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel	n concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr I with a station according to its over-the	see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo	ons. N, etc. Identify each rt multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	a case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or erms, see page (iv) of the general instruct n of each station. For U.S. stations, list dian stations, if any, give the name of th	or network multicast), "I" (for indepe "E-M" (for noncommercial educatio ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTVQ-5	27.5	N-M	LEXINGTON, KY
	WTVQ-6	27.6	N-M	LEXINGTON, KY
	WTVQ-7	27.7	N-M	LEXINGTON, KY
	WUPX	25.3	Ν	MOREHEAD, KY
	WUPX WUPX-2	25.3 25.4	N N-M	MOREHEAD, KY MOREHEAD, KY
	-	ľ		
	WUPX-2	25.4	N-M	MOREHEAD, KY
	WUPX-2 WUPX-4	25.4 25.5	N-M N-M	MOREHEAD, KY MOREHEAD, KY
	WUPX-2 WUPX-4 WYMT	25.4 25.5 12.1	N-M N-M N	MOREHEAD, KY MOREHEAD, KY HAZARD, KY
	WUPX-2 WUPX-4 WYMT WYMT-2	25.4 25.5 12.1 12.2	N-M N-M N N-M	MOREHEAD, KY MOREHEAD, KY HAZARD, KY HAZARD, KY
	WUPX-2 WUPX-4 WYMT WYMT-2 WBON	25.4 25.5 12.1 12.2 9.1	N-M N-M N N-M N	MOREHEAD, KY MOREHEAD, KY HAZARD, KY HAZARD, KY RICHMOND, KY RICHMOND, KY
	WUPX-2 WUPX-4 WYMT WYMT-2 WBON WBON-2	25.4 25.5 12.1 12.2 9.1 9.2	N-M N-M N N-M N N-M	MOREHEAD, KY MOREHEAD, KY HAZARD, KY HAZARD, KY RICHMOND, KY
	WUPX-2 WUPX-4 WYMT WYMT-2 WBON WBON-2 WBON-3	25.4 25.5 12.1 12.2 9.1 9.2 9.3	N-M N-M N N-M N-M N-M	MOREHEAD, KY MOREHEAD, KY HAZARD, KY HAZARD, KY RICHMOND, KY RICHMOND, KY
	WUPX-2 WUPX-4 WYMT WYMT-2 WBON WBON-2 WBON-3	25.4 25.5 12.1 12.2 9.1 9.2 9.3	N-M N-M N N-M N-M N-M	MOREHEAD, KY MOREHEAD, KY HAZARD, KY HAZARD, KY RICHMOND, KY RICHMOND, KY
	WUPX-2 WUPX-4 WYMT WYMT-2 WBON WBON-2 WBON-3	25.4 25.5 12.1 12.2 9.1 9.2 9.3	N-M N-M N N-M N-M N-M	MOREHEAD, KY MOREHEAD, KY HAZARD, KY HAZARD, KY RICHMOND, KY RICHMOND, KY RICHMOND, KY
	WUPX-2 WUPX-4 WYMT WYMT-2 WBON WBON-2 WBON-3	25.4 25.5 12.1 12.2 9.1 9.2 9.3	N-M N-M N N-M N-M N-M	MOREHEAD, KY MOREHEAD, KY HAZARD, KY HAZARD, KY RICHMOND, KY RICHMOND, KY

Accounting P								FORI	M SA1-2E. PAGE 4
LEGAL NAME OF Irvine Comm									SYSTEM ID# 5008
	t every radio s	tation ca	rried on a separate and discronerally receivable by your cab					ied on an	Н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abourts. Mentify the call tate whether to the radio state this by placing sive the station	y the sys be receivent t the Cop sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically process to mark in the "S/D" column. on (the community to which the the community with which the	t ti sys his	he system's hea stem's FM anter s point, see page d by the cable sy station is licens	idend, and (2) nna, during ce e (v) of the ge vstem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters: Radio
			· · · · · · · · · · · · · ·						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Irvine Community Tele	vision, Inc	с.					5008
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				Ŭ		• •	
Special	 During the accounting per 	-			sis, any nonne	etwork tele	vision progra	ım
Statement and Program Log	broadcast by a distant stat	-	2				YES	XNO
Frogram Log	Note: If your answer is "No		rost of this par	no blank If your answor is	"Voc " vou m	ust comple	_	
	-	, leave life	rest of this pag	je blatik. Il your answer is	res, you m	ust comple	ete the progra	am
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			te line. Use abbreviations	wherever po	ssible, if th	eir meaning	is
	clear. If you need more spa				II) (1			
	period, was broadcast by a			ision program ("substitute ur cable system substitute				
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the gen	eral instruction	ons for furt	her informati	on.
	Do not use general categor		vies" or "baske	etball." List specific program	m titles, for ex	kample, "I	Love Lucy" o	r
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	r "Yes." Otherwise enter "N	No "			
	Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	am.			
	Column 4: Give the broa	adcast statio	on's location (th	ne community to which the	station is lice	ensed by t	he FCC or, ir	1
	the case of Mexican or Car Column 5: Give the mor			tem carried the substitute			s with the mo	onth
	first. Example: for May 7 giv	ve "5/7."						
	Column 6: State the time	es when the	e substitute pro	gram was carried by your	cable system	List the t	imes accurat	ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carn	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m.	. snould be	
	Column 7: Enter the lett			was substituted for progra				
	to delete under ECC rules	and regulation	ons in effect du	iring the accounting period	d; enter the le	etter "P" if t	he listed prog	gram
					r ECC rules			5
	was substituted for program	nming that y			er FCC rules			-
		nming that y				and regula	itions in	-
	was substituted for progran effect on October 19, 1976.	nming that y			WHE		TITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976.	nming that y	our system wa		WHE	and regula N SUBST	TITUTE	
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARR 5. MONTH	EN SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR

Accounting Period:	2023/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Irvine Community Television, Inc.	5008
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmise (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service
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 but less than or equal to \$20 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. 	63,800.
	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 thi accounting period is \$52.00. Line 1. Royalty fee for accounting period	s six-month
	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 \$137,1	
	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	<u> </u>
	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 \$ 298,491.34	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1 \$ 34,691.34	
	4. Multiply line 3 by .01	346.91
	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	\$ 1,665.91
	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)	1,665.91
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	\$ 1,685.91
	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 mo	

Accounting Period:	2023/2						FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: ity Television, Inc.					SYSTEM ID 5008
M Channels	to its subscribers 1. Enter the total system carriec 2. Enter the total on which the c	s, and (2) the cable system's number of channels on whi d television broadcast statio number of activated chann cable system carried televisi	s total num ich the cab ons nels ion broadca		accounting period.		16 83
N Individual to Be Contacted		BE CONTACTED IF FURT bout this statement of acco		DRMATION IS NEEDED (Identify an i	ndividual		
for Further Information	Name	Vicki Horn				Telephone 606-7	/23-4240
		PO Box 186 (Number, street, rural route, apar	rtment, or sui	ite number)			
	1	Irvine, KY 40336-018 (City, town, state, zip)	86				
	Email	vhorn@irvineo	online.net		Fax (optional		
O Certification	I, the undersigned (Owner (Agent c ir X (Officer ir I have examined t	I, hereby certify that (Check o other than corporation or p of owner other than corpora n line 1 of space B and that th r or partner) I am an officer (n line 1 of space B. he statement of account and a, and correct to the best of m	partnership partnership ation or pa he owner is (if a corpora hereby decl	rtified and signed in accordance with (y one, of the boxes.) b) I am the owner of the cable system as irtnership) I am the duly authorized age not a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all statement ge, information, and belief, and are made /S/ Vicki Horn	t identified in line 1 c nt of the owner of th e legal entity identific ents of fact containe	of space B; or ne cable system as ed as owner of the o	
		Typed or printed	Enter sigr d name:	electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ Vicki Horn President		nt.	
				position held in corporation or partnership)	02/29/2024		

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office 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 Office'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 filling, a determination that would be made by a court of law.

ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ne Community Television, Inc.	500
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.	P Special Statement Concerning Gross 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 Name Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
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	Q Interest Assessment
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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	

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Cable ID # Amount Examined by Reviewed by Date examination completed Allocation number Space A Accounting Period Letter sent L	C	Cable Worksheet	Total amount of remittance	Number of SAs re	ec'd Initials	
Examined by Reviewed by Date examination completed Allocation number Space A Accounting Period			Date of remittance	Check EFT	FILING FEES	
Examined by Reviewed by completed Allocation number Space A Accounting Period	e ID #				Amount Initials	
Accounting Period Letter sent Accepted Accepted Accepted Letter sent Accepted Phone call/Date/Contact Space B Letter sent Letter sent Accepted Phone call/Date/Contact Space C Secondary Transission Service Letter sent Accepted Accepted Phone call/Date/Contact Space C Subscribers: and Rates Letter sent Letter sent Letter sent Letter sent Letter sent Information received Phone call/Date/Contact Space G Primary Transmitters: Letter sent Definition	nined by	Reviewed by		Allocation number		
Period Letter sent Information received Space B Phone call/Date/Contact Owner Letter sent Information received Space E Letter sent Subscribers: Letter sent Letter sent Information received Subscribers: Letter sent Sace G Phone call/Date/Contact Space G Phone call		(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)				
Space B Information received Image: Letter sent Information received Image: Letter sent Phone call/Date/Contact Space D Image: Letter sent Image: Letter sent Information received Image: Letter sent Image: Letter sent Image: Letter sent Image: Letter sent Image: Letter sent Image: Letter sent Space E Secondary Service Image: Letter sent Subscribers: Image: Letter sent and Rates Accepted Space G Primary Transmitters: Transmitters: Transmitters: Transmitters:	-	Letter sent Information received				
Owner		Accepted		Phone call/Date/Contact		
Image: Space D Area Served Image: Letter sent						
Space D Area Served Letter sent Letter se		Letter sent Information received				
Area Served		Accepted		Phone call/Date/Contact		
Space E Secondary Transission Service Subscribers: and Rates Accepted Phone call/Date/Contact Phone call/Date/Contact Space G Primary Transmitters: Television						
Space E Secondary Transission Service Subscribers: and Rates Accepted Information received Matter Sent Phone call/Date/Contact Space G Primary Transmitters:		Letter sent		Information received		
Secondary Transission Service Subscribers: and Rates Accepted Information received Phone call/Date/Contact Space G Primary Transmitters: Television Televi		Accepted		Phone call/Date/Contact		
Subscribers: Information received and Rates Accepted Phone call/Date/Contact Space G Primary Transmitters: Television	ondary					
and Rates Accepted Phone call/Date/Contact Space G Primary Transmitters: Television		Letter sent		Information received		
Primary Transmitters:		Accepted	[Phone call/Date/Contact		
Television Information received	nary Ismitters:					
	vision	Letter sent	[Information received		
Accepted Phone call/Date/Contact		Accepted	[Phone call/Date/Contact		
Space H Primary Transmitters:	nary					
Radio Accepted Phone call/Date/Contact	io	Accepted	[Phone call/Date/Contact		

Space I Substitute Carriage

Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	