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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2/25/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period	20202 Barcode Data Filing Period (optional - see instructions)
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
	CABLE ONE, INC. d/b/a SPARKLIGHT
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)
	PHOENIX, AZ 85012 (City, town, state, zip)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
C	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:
	CABLE ONE, INC. d/b/a SPARKLIGHT
	MAILING ADDRESS OF CABLE SYSTEM:
	2 1629 S. BRAHMA BLVD (Number, street, rural route, apartment, or suite number)
	KINGSVILLE, TX 78363
	(City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	25615
D	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	I communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	KINGSVILLE	ТХ
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SY	STEM ID
Name	CABLE ONE, INC. d/b/a	SPARKLIG	ΗT						2561
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RAT	TES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	, , ,	,		,		iose existin	g on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary	•					•		
Rates	each category by counting the nu							harged	
	separately for the particular servi								
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				y Stanuart		wiunn a pa		
	Block 1: In the left-hand block				es of seco	ndary transmiss	ion service	that cable	
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o					in the count und	ler Service	e to the	
	Block 2: If your cable system i					ervice that are	different fro	m those	
	printed in block 1 (for example, ti	ers of services	that inc	lude one or mo	re second	ary transmissior	ns), list ther	n, together	
	with the number of subscribers a	nd rates, in the	e right-ha	and block. A two	o- or three	-word description	on of the se	rvice is	
	sufficient.	OCK 1					BLOCK	· •	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	• Service to first set		711	\$40.00					
				\$40.00					
	Service to additional set(s)		597						
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial			24.78-37.30					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
F	In General: Space F calls for rat	e (not subscrib	er) infor	mation with res	pect to all	your cable syst	em's servic	es that were	
Г	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		g.a 20010,	
ransmissions:	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				nea. List t	nese other serv	ices in the i	orm of a	
							1		
		BLO	-					BLOCK 2	
	CATEGORY OF SERVICE			BORY OF SER		RATE	CATEGO	DRY OF SERVICI	E RATE
	Continuing Services:	\$9-\$18.00		ation: Non-resi	dential	40.04			40.0
	• Pay cable	19.00		tel, hotel		16.04			40.0
	• Pay cable—add'l channel	19.00		mmercial			• • • • • • • • • • • • • • • • • • • •		16.0
	Fire protection		'	y cable		10.69		SUPER PAK	19.0
	•Burglar protection		1 1	y cable-add'l cha	annel				19.0
	Installation: Residential			e protection			• • • • • • • • • • • • • • • • • • • •		19.0
		45.00		glar protection			CINEM		19.0
	• First set						HBO TH	IE WORKS	
	 Additional set(s) 			services:					19.0
	• Additional set(s) • FM radio (if separate rate)		• Red	connect		\$45.00			19.0
	 Additional set(s) 		• Red			\$45.00			19.0
	• Additional set(s) • FM radio (if separate rate)		• Red • Dis	connect		\$45.00 \$30.00			19.(

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE
me	CABLE ONE, INC. d/	b/a SPARKLIGHT		2
	PRIMARY TRANSMITTERS:	TELEVISION		
nary nitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by enti- (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part-til e carriage of certain network progra I(e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- vision station for broadcasting over station, an independent station, or a or network multicast), "I" (for independent tation, in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a _og)—if the _og)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial 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
	K22JA-D	22	I	CORPUS CHRISTI, TX
	KEDT	4	Е	CORPUS CHRISTI, TX
as Necessary	кш	8	N	CORPUS CHRISTI, TX
	KORO	27		CORPUS CHRISTI, TX
	KORO KRIS	13	N	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS	13	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC	13 19	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
	KRIS KSCC KZTV	13 19 10	N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX

								SYSTEM I
CABLE ONE	, INC. d/b/a	I SPAR	KLIGHT					256
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the	it the system's he system's FM ante this point, see pa ed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Period	d: 2020/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC. d/b/	a SPARKI	LIGHT					25615
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, ident	-	-		a <i>distant</i> statio	on that your c	able system	carried on a
-	substitute basis during the a	iccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or author	orizations.	For a further
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did you	ur cable system	carry, on a substitute bas	is, any nonne	twork televisi	on prograr	<u>n</u>
Statement and Program Log	broadcast by a distant stat	ion?					YES	NO
r rogram Log	-		reat of this no.	na blank. If your anowar is	"Vaa" vau m			
	Note: If your answer is "No	, leave the	rest of this pag	je blank. Il your answer is	res, you m	usi complete	the progra	m
	log in block 2.		MC					
	 LOG OF SUBSTITUTE In General: List each subs 			te line. Lise abbreviations	wherever no	ssible if their	meaning is	
	clear. If you need more spa				wherever po		incaning is	2
	Column 1: Give the title	of every no	onnetwork telev	ision program ("substitute				
	period, was broadcast by a	distant stat	tion and that yo	ur cable system substitute	d for the prog	gramming of a	nother sta	tion
	under certain FCC rules, re Do not use general catego							n.
	"NBA Basketball: 76ers vs.			tuali. List specific prograf		ample, 1 Lov	e Lucy OI	
			dcast live, ente	r "Yes." Otherwise enter "I	No."			
				asting the substitute progra				
	the case of Mexican or Car			ne community to which the			-CC or, in	
				tem carried the substitute			ith the mor	nth
	first. Example: for May 7 gi	ve "5/7."						
				gram was carried by your				ly
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. sh	ould be	
		ter "R" if the	listed program	was substituted for progra	amming that y	/our system w	las require	d
	to delete under FCC rules							
	was substituted for prograr		your system wa	s permitted to delete unde	er FCC rules a	and regulatior	ns in	
	effect on October 19, 1976							
					WHE	N SUBSTITU		
	S	SUBSTITUT	E PROGRAM			AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	

Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT				SYSTEM ID# 25615
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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 receipting the statement in space P concerning gross receipting the statement in space P concerning gross receipting gross receipting the statement in space P concerning th	/stem's se	condary transm o compute this a	ission service amount, see \$3'	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	ee that you	must pay for this	s six-month	
	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 lines	s 1 and 2 .			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8		•••••		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 ar	nd 8	••••••		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	317,746.26		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	53,946.26		
	4. Multiply line 3 by .01		\$	539.46	
	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	i, and 6	••••••	\$	1,858.46
	FILING FEE AND TOTAL REMITTANCE DUE	Ξ			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,858.46	
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			\$	1,878.46
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				hts!

Accounting Period:	2020/2						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: INC. d/b/a SPARKLIGHT					SYSTEM ID# 25615
M Channels	to its subscrit 1. Enter the to system car 2. Enter the to on which th	You must give (1) the numbe bers, and (2) the cable system otal number of channels on wh ried television broadcast static otal number of activated chann ne cable system carried televis padcast services	s total nur ich the ca ons nels ion broade	mber of activated on the stations	hannels during the	accounting period.	. 8 . 180
N Individual to		TO BE CONTACTED IF FUR ct about this statement of acco		ORMATION IS NE	EDED (Identify an i	individual to whom	
Be Contacted for Further Information	Name	EMERSON YEARW	DOD			Telephone	602-364-6195
	Address	210 E. EARLL DRIV (Number, street, rural route, apa PHOENIX, AZ 8501 (City, town, state, zip)	rtment, or s	suite number)			
	Email	EMERSON.Y	EARWOO	OD@CABLEONE	BIZ	Fax (optional 602-364-60	13
O Certification	I, the undersig (Ow (Age X (Off I have examin are true, comp	N (This statement of account in aned, hereby certify that (Check of aner other than corporation or ant of owner other than corpor in line 1 of space B and that the ficer or partner) I am an officer in line 1 of space B. ed the statement of account and blete, and correct to the best of m action 1001(1986)]	partnershi ation or p he owner is (if a corpor hereby de hy knowled	ip) I am the owner of artnership) I am the s not a corporation of aration) or a partner (eclare under penalty dge, information, and /s/ RAYMOI	5.) of the cable system a e duly authorized age or partnership; or if a partnership) of th of law that all statem d belief, and are made	s identified in line 1 of space B; ent of the owner of the cable sys ne legal entity identified as owne ents of fact contained herein	stem as identified
			d name:	RAYMOND	/ signature" (e.g., /s/ STORCK		
		Date:				February 25, 2021	

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unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
LE ONE, INC. d/b/a SPARKLIGHT	256
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statemen Concerning Gross Receipts Exclusio
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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