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									
02/27/2018	\$ 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	DUNTING 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
		FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		410 BROAD AVE (Number, street, rural route, apartment, or suite number)
		STANTON IA 51573 (City, town, state, zip)
С	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	name	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: SAME AS "B"
		MAILING ADDRESS OF CABLE SYSTEM:
	2	SAME AS "B" (Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA	2201
	Instructions: List each separate community served by the cable system. A "comm	
_	"a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	as the "first community." Please use it as the first community on all future filings	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	lie home parks should be reported in parentheses below the
Served	identified city.	
	OUTV OF TOWN	
	CITY OR TOWN STANTON	STATE
First		IOWA
Community	NEW MARKET	IOWA
	BETHESDA	IOWA
Add Rows as Necessary	VILLISCA	IOWA
	NODAWAY	IOWA

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2201

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

E

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					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	761	36.95					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	1	19.23/room					
Commercial	1	15.62/room					
Converter							
 Residential 	1,162	5.95					
 Non-residential 							
					I		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RAT	
Continuing Services:		Installation: Non-residential			
 Pay cable 	19.95	Motel, hotel	-	DVR	9.
 Pay cable—add'l channel 	19.95	Commercial	-	Mini Business	40.
 Fire protection 	N/A	• Pay cable	19.95	Basic/Premier	88.
Burglar protection	N/A	 Pay cable-add'l channel 	19.95		
Installation: Residential		Fire protection	N/A		
First set	-	Burglar protection	N/A		
 Additional set(s) 	-	Other services:			
 FM radio (if separate rate) 	N/A	Reconnect	20.00		
 Converter 	N/A	Disconnect	-		
		Outlet relocation	75.00		
		Move to new address	20.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

SYSTEM ID# 2201

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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
KMTV-DT	3.1	N	OMAHA, NE
KMTV-DT2	3.2	N-M	OMAHA, NE
WOWT-DT	6.1	N	OMAHA, NE
WOWT-DT2	6.2	N-M	OMAHA, NE
KETV-DT	7.1	N	OMAHA, NE
KETV-DT2	7.2	N-M	OMAHA, NE
WHO-DT	13.1	N	DES MOINES, IA
WHO-DT2	13.2	N-M	DES MOINES, IA
WHO-DT3	13.3	N-M	DES MOINES, IA
KXVO-DT	15.1	N	OMAHA, NE
KXVO-DT2	15.2	N-M	OMAHA, NE
KDSM-DT	17.1	N	DES MOINES, IA
KDSM-DT2	17.2	N-M	DES MOINES, IA
KDSM-DT3	17.3	N-M	DES MOINES, IA
KHIN-DT	36.1	Е	RED OAK, IA
KHIN-DT2	36.2	E-M	RED OAK, IA
KHIN-DT3	36.3	E-M	RED OAK, IA
KHIN-DT4	36.4	E-M	RED OAK, IA
KPTM-DT	42.1	N	OMAHA, NE
KPTM-DT2	42.2	N-M	OMAHA, NE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

2201

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).

	1	1		1	ı	1	T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
							
	 						
							
	 						
	 						
							
	 						
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Accounting Perio	d: 2017/1 LEGAL NAME OF OWNER OF	CABLE SVS	TEM:				FOR	M SA1-2E. PAGE 5.					
Name	FARMERS MUTUAL TE			TANTON IOWA				SYSTEM ID# 2201					
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ad explanation of the programmi	fy every nor ccounting pering that must	nnetwork televis eriod, under spe et be included in	sion program, broadcast ecific present and former to this log, see page (v) of	by a <i>distant</i> sta FCC rules, regi	ulations, or a	uthorizations.	For a further					
Carriage: Special Statement and Program Log	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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 log in block 2. 												
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Cant Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast static adian statio th and day we "5/7." es when the Example: a er "R" if the and regulation ming that y	m on a separa add additional ranetwork televition and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitut ur cable system substitut ur cable system substitut ur cable system substitut s. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute program community to which the community with which the carried the substitut gram was carried by you ed by a system from 6:0 was substituted for progring the accounting periors.	e program") the ted for the program titles, for en "No." aram. he station is lide to program. Usur cable system 1:15 p.m. to 6: gramming that bod; enter the let	ensed by the entified). e numerals, n. List the tir 28:30 p.m. s your system	ne accounting f another state or information ove Lucy" or e FCC or, in with the more accurated should be a was require e listed programments.	ion n. uth y					
	S	UBSTITUT	E PROGRAM	1		EN SUBST		7. REASON FOR					
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	f 6.	TIMES TO	DELETION					

ccounting Period:		ME OF OWNER OF C	CABLE SYST									SA1-2E. PAGE SYSTEM II
Name		ERS MUTUAL			O OF STA	NTON I	OWA				·	220
K Gross Receipts	Instruct all amou (as ident page (vii Gro	RECEIPTS ions: The figure ints (gross receiptified in space E) i) of the general i ss receipts from	ots) paid to during the instruction subscribe	o your cal e accoun is located ers for sec	ble system I iting period. If in the pape condary tran	by subscr For a furt er SA1-2 f nsmission	ibers for th her explan orm. service(s)	e system ation of h	's secondar low to comp	y trans	smission serv s amount, se	ice e
		ng the accountin										64,863.00 gross receipts)
Copyright Royalty Fee	InstructionCompletUse blocUse blocUse bloc	SHT ROYALTY ns: To compute the block 1, block 2 is the amount 2 if the amount 3 if the amount 3 if the amount 4 if the general	the royalty 2, or bloc t of gross t of gross t of gross t of gross	receipts receipts receipts	in space K i in space K i in space K i	s more th s more th	an \$137,10 an \$263,80	00 but les	s than \$527		\$263,800	
				BLOCK	1: GROSS	RECEIP	TS OF \$1	37,100 C	R LESS			
		ons: As a cable sy ng period is \$52.0		gross rec	eipts of \$137	7,100 or le	ss, the roya	alty fee tha	at you must p	pay for	this six-month	ı
	Line 1. R	toyalty fee for acc	ounting pe	eriod							·	
	Line 2. In	nterest charge. E	nter the an	nount fron	n line 4, spa	ce Q, page	e 8					0.00
	Line 3. T	OTAL ROYALTY	FEE PAY	ABLE FC	OR ACCOUN	NTING PE	RIOD Add	lines 1 an	nd 2			
		BLO	OCK 2: G	ROSS R	RECEIPTS	OF \$263,	800 OR LI	ESS (but	more than	\$137,	100)	
	1. Base a	amount under stat	tutory form	ıula				\$	263,80	0.00	_	
	2. Enter a	amount of gross r	eceipts fro	m space	κ			\$	164,86	3.00	_	
	3. Subtra	act line 2 from line	1					\$	98,93	7.00	<u>-</u>	
	4. Enter t	the amount of gro	ss receipts	s from spa	асе К				\$	•	164,863.00	_
	5. Enter t	the amount from I	ine 3						\$		98,937.00	_
	6. Subtra	act line 5 from line	4						\$		65,926.00	_
	7. Multipl	ly line 6 by .005 (6	enter figure	e here)							\$	329.63
	8. Interes	st charge. Enter t	he amoun	t from line	4, space Q	, page 8					\$	1.73
	9. TOTA	L ROYALTY FEE	PAYABL	E FOR A	CCOUNTING	G PERIOD	. Add lines	7 and 8 .			\$	331.36
		BLO	CK 3: GR	OSS RE	CEIPTS O	F MORE	THAN \$2	63,800 (b	out less that	n \$52	7,600)	
	1. Enter t	the amount of gro	ss receipts	s from spa	ace K							
	2. Base a	amount under stat	tutory form	ıula				\$	263,80	0.00		
	3. Subtra	act line 2 from line	1								_	
	4. Multipl	ly line 3 by .01										_
	5. Royalt	y due on the first	\$263,800	of gross r	eceipts (und	er statutor	y formula)		\$		1,319.00	-
	6. Interes	st charge. Enter t	he amoun	t from line	4, space Q.	, page 8 .			<u></u>		0.00	_
	7. TOTA	L ROYALTY FEE	PAYABL	E FOR A	CCOUNTING	G PERIOD	. Add lines	4, 5, and	6			
			FILI	NG FEE	AND TOTA	L REMIT	TANCE D	UE				
Filing Fee and Fotal Remittance	1. Royalt	y Fee Payable for	r Accountii	ng Period	(from Block	1, 2, or 3,	above)		\$		331.36	-
Due	2. Filing I	Fee (See the instr	ructions fo	r more inf	ormation on	filing fee o	alculations)	\$		20.00	-
	3. TOTA	L AMOUNT DUE	FOR ACC	OUNTIN	G PERIOD.	Add lines	s 2 and 3 .				\$	351.36
	In	nportant: Your r					-		-	_		ights!
		See	page i of	the gene	eral instructi	ions in th	e paper SA	1-2 form	for more in	forma	tion.	

Accounting Period:	2017/1												ı	FORM SA1-2	E. PAGE 7
Name	FARMERS MUTUAL T		STANT	ITON	IOWA									SYS	STEM ID# 2201
M Channels	CHANNELS Instructions: You must of to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system and nonbroadcast servi	the cable system's to of channels on which in broadcast stations. of activated channels em carried television b	the cable	nber of	of activated	channels d	luring the a	accoun	nting perio		ons		20 157		
N Individual to Be Contacted	INDIVIDUAL TO BE COI we can contact about this			ORMA	ATION IS N	IEEDED (Id	lentify an i	individu	ual to who	om					
for Further Information	Name KEVI	N T CABBAGE								Telepho	one 7 1	12-829-2	2111		
	(Number	ROAD AVE , street, rural route, apartm ITON IA 51573-0		uite nur	umber)										
	(City, tov	n, state, zip) kcabbage@fmtcl	cnet.com	m				Fa	ıx (optiona	al) <mark>712-829</mark>)-2111				
O	(Agent of owner in line 1 of s	r certify that (Check one can corporation or party other than corporation or party of the than corporation on the corporation of the corporation o	e, but only artnership ion or pa wher is not a corpora ereby decknowledge X Enter an e Enter sign	nnly one partnei poartnei not a co pration) /S /S n elect ignatur KI	ership) I am corporation of a partner a partne	the duly au or partnersh er (if a partnersh er the delief, au tree	thorized agip; or ership) of the additional and are made. AGE ine above the "(e.g., /s, inc.).	as iden gent of the lega	the owner all entity id of fact corood faith.	ne 1 of spacer of the cab entified as intained here	ce B; or le syste	m as iden			
		nate:							2/2//1	ō					

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Accounting Period: 2017/1 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

EARMERS MUTUAL TELEPHONE CO OF STANTON IOWA 2201

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	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	_
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	<u>-</u>
(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	

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