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					
01/15/2018	\$ 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

_	ı	
A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Desired A. January A. June 20. Desired O. July A. Desember 24
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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.
		ancek nere it and to the system strictlining. It not, effect the system stock nere to assigned by the electioning birdsion.
		T
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 9
		(Number, street, rural route, apartment, or suite number)
		SPRINGVILLE, IA 52336 (City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	Драгира подражда по при при при при при при при при при при
		(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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/2									
	,-	FORM SA1-2E. PAGE 1b.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC	853								
	Instructions: List each separate community served by the cable system. A "community									
D	"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									
Area Served	identified city.									
	CITY OR TOWN	STATE								
First	SPRINGVILLE	IA								
Community										
Add Rows as Necessary										

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 853

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC

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			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	34	25.00	EXPANDED BASIC	387	71.00	
 Service to additional set(s) 			SET TOP BOXES	507	5.00	
• FM radio (if separate rate)			PVR SET TOP BOXES	201	7.00	
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	17.00	Motel, hotel		
 Pay cable—add'l channel 	15.00	Commercial		
Fire protection		Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	50.00	Burglar protection		
Additional set(s)	50.00	Other services:		
FM radio (if separate rate)		Reconnect	15.00	
Converter		Disconnect	-	
		Outlet relocation	50.00	
		Move to new address	50.00	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC

853

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGAN	2	N	CEDAR RAPIDS, IA
KGAN-M	2.2	N-M	CEDAR RAPIDS, IA
KGAN-M	2.3	N-M	CEDAR RAPIDS, IA
KWWL	7	N	CEDAR RAPIDS, IA
KWWL-M	7.2	N-M	CEDAR RAPIDS, IA
KWWL-M	7.3	N-M	CEDAR RAPIDS, IA
KCRG	9	N	CEDAR RAPIDS, IA
KCRG-M	9.2	N-M	CEDAR RAPIDS, IA
KCRG-M	9.3	N-M	CEDAR RAPIDS, IA
KIIN	12	<u> </u>	IOWA CITY, IA
KIIN-M	12.2	I-M	IOWA CITY, IA
KIIN-M	12.3	I-M	IOWA CITY, IA
KIIN-M	12.4	I-M	IOWA CITY, IA
KFXA	28	N	CEDAR RAPIDS, IA
KFXA-M	28.2	N-M	CEDAR RAPIDS, IA
KFXA-M	28.3	N-M	CEDAR RAPIDS, IA
KFXA-M	28.4	N-M	CEDAR RAPIDS, IA
KPXR	14	<u>l</u>	CEDAR RAPIDS, IA
KPXR-M	14.2	I-M	CEDAR RAPIDS, IA
KPXR-M	14.3	I-M	CEDAR RAPIDS, IA
KFXB	40	<u>l</u>	CEDAR RAPIDS, IA
KWKB	20	<u>l</u>	CEDAR RPAIDS, IA
KWKB-M	20.2	I-M	CEDAR RAPIDS, IA
KWKB-M	20.3	I-M	CEDAR RPAIDS, IA

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 853 SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC

853

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).

<u> </u>	T =	T ==	[T a:-:	T =		L
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KHAK	FM		Cedar Rapids, IA				
		1					
		1					
						ļ 	
		ļ					
		ļ					
		ļ					
		ļ				 	
		ļ					
		ļ					
		 					
			l L				

	od: 2017/2 LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	SYSTEM ID:		
Name	SPRINGVILLE CO-OP			E ASSOCIATION INC				853		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
ı	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									
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
tement and	broadcast by a distant sta		ui cabic systei	ir carry, orr a substitute ba	oio, arry riorii	ctwork to	YES	X NO		
ogram Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the									
	,	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you n	nust com	plete the pro	gram		
	log in block 2. 2. LOG OF SUBSTITUT	F PROGR	ΔMS							
	In General: List each subs			ate line. Use abbreviations	s wherever po	ssible, if	their meanin	g is		
	clear. If you need more sp							Con as		
	period, was broadcast by a			vision program ("substitute our cable svstem substitut						
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	neral instructi	ons for fu	irther informa	ation.		
	Do not use general catego "NBA Basketball: 76ers vs		ovies" or "bask	etball." List specific progra	ım titles, for e	xample, '	'I Love Lucy'	or		
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter '						
				asting the substitute progr			. 45 - 500	:		
	the case of Mexican or Ca	adcast stati nadian stati	on's location ()	the community to which the community with which the	e station is it e station is ide	ensea by entified).	the FCC or,	ın		
	Column 5: Give the mo	nth and day		stem carried the substitute			als, with the	month		
	first. Example: for May 7 g		a substituta nr	ogram was carried by you	r cahla evetar	n lietthe	times accui	rately		
	to the nearest five minutes									
	stated as "6:00-6:30 p.m."	"D" :f 4b -								
	to delete under FCC rules			n was substituted for programmer of the programmer of the accounting periods.						
	was substituted for program	mming that						ogram		
	effect on October 19, 1976	i.								
					WHE	N SUBS	TITUTE			
	S	UBSTITUT	E PROGRAM		CARRIAGE OCCURRED 7. REASON I					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION		
		TES OF INO	CALL SIGN	4. STATION'S LOCATION	AND DAT	FRUN		DELETION		
							_ 10	DELETION		
			 				_ 10	DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		
								DELETION		

LEGAL MANE OF CHANED OF CARLE OVOTEN			-	YSTEM I
	С		3	8:
all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat page (vii) of the general instructions located in the paper SA1-2 form.	system's	secondary transm	ission service	
during the accounting period				8,162.64 oss receipts)
 Use block 3 if the amount of gross receipts in space K is more than \$263,800 	but less	than \$527,600	263,800	
BLOCK 1: GROSS RECEIPTS OF \$13	37,100 O	R LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	Ity fee tha	at you must pay for	this six-mon	
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 1 an	d 2	··	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but	more than \$137,	100)	
Base amount under statutory formula	\$	263,800.00	_	
			-	
3. Subtract line 2 from line 1	\$	35,637.36	_	
4. Enter the amount of gross receipts from space K		<u>\$</u>	228,162.64	
5. Enter the amount from line 3		<u></u> \$	35,637.36	
6. Subtract line 5 from line 4		\$	192,525.28	
7. Multiply line 6 by .005 (enter figure here)			\$	962.63
8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
				962.63
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (b	ut less than \$527	,600)	
Enter the amount of gross receipts from space K			_	
2. Base amount under statutory formula	\$	263,800.00	_	
3. Subtract line 2 from line 1			_	
4. Multiply line 3 by .01		· · · · <u> </u>		
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		
FILING FEE AND TOTAL REMITTANCE D	UE			
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u></u> \$	962.63	
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			\$	982.63
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts in space K is more than \$137,100 or less. **Complete block 1, block 2, or block 3.** **Use block 1 if the amount of gross receipts in space K is more than \$137,100 or less. **Use block 1 if the amount of gross receipts in space K is more than \$137,100. **Use block 3 if the amount of gross receipts in space K is more than \$137,100. **Use block 3 if the general instructions located in the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$13. Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00. Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 **Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add Interest charge.** **BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE* 1. Base amount of gross receipts from space K. 5. Enter the amount of gross receipts from space K. 5. Enter the amount of gross receipts from space K. 6. Subtract line 2 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines **BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26* 1. Enter the amount under statutory formula . 3. Subtract line 2 from line 1. 4. Multiply line 3 by .01. 5. Royalty due on the first \$263,80	SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the at all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho page (iii) 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. 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 more than \$137,100 but less 1 use block 2 if the amount of gross receipts in space K is more than \$263,800 but less 2 use block 3 if the amount of gross receipts in space K is more than \$263,800 but less 5 ex page (vi) of the general instructions located in the paper SA1-2 form for more informate in the paper SA1-2 form for more information in the sand paper series of \$137,100 or less, the royalty fee the accounting period is \$52.00 Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. 3. Subtract line 2 from line 1	SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (N) of the general instructions Sociated 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royally fee you owe: • Complete block 1, block 2, or block 3. Use block 1 file 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 \$ Use block 3 file amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 file amount of gross receipts in space K is more than \$137,100 but less than \$27,600 See page (vi) of the general instructions located in the paper \$A1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. 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, 500 or less than \$137, 500 or le	SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (viii) of the general instructions located in the pager SA-12 form. Gross receipts from subscribers for secondary transmission service(s) Working the accounting period. Gross receipts from subscribers for secondary transmission service(s) Working the accounting period. Gross receipts from subscribers for secondary transmission service(s) Working the accounting period. Copyright ROYALTY FEE Instructions: To complie the royalty fee you one: Comprehen the receipts from space K is more than \$137,100 or less. Instructions: As a cable system with gross receipts in space R is more than \$137,100 or less. Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-more accounting period is \$52.00. Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. BLOCK 1. GROSS RECEIPTS OF \$263,800 or LESS (but more than \$137,100) 1. Base amount under statutory formula Solutinated ine 2 from line 1. Solutinated ine

Accounting Period:	2017/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER SPRINGVILLE CO-O		IONE ASSOCIATION	ON INC		SYSTEM ID# 853
M Channels		• , ,		the cable system carried ated channels during the	television broadcast stations accounting period.	
	Enter the total numb system carried televis					32
	1	per of activated channer stem carried television rvices	broadcast stations			233
N Individual to Be Contacted	INDIVIDUAL TO BE C			IS NEEDED (Identify an	individual to whom	
for Further Information	Name JEA	AN SCHILLING			Telephone 31	19-854-6107
	(Numl	BROADWAY P.(ber, street, rural route, apar RINGVILLE, IA 5 town, state, zip)	tment, or suite number)			
	Email	springvl@netin	s.net		Fax (optional) 319-854-9010	
	CERTIFICATION (This s	statement of account m	nust be certified and	signed in accordance with	n Copyright Office regulations)	
O Certification	• I, the undersigned, her	reby certify that (Check	one, <i>but only one</i> , of t	he boxes.)		
	(Owner othe	r than corporation or	partnership) I am the	owner of the cable syster	m as identified in line 1 of space B;	or
		wner other than corpor of space B and that the			agent of the owner of the cable sys	stem as identified
		partner) I am an officer of space B.	(if a corporation) or a	partner (if a partnership) o	of the legal entity identified as owne	er of the cable system
		correct to the best of m	•	er penalty of law that all station, and belief, and are m	atements of fact contained herein lade in good faith.	
			X Jean S	chilling		
				ignature on the line above g an "/s/ signature" (e.g., /s		
		Typed or printe	d name: JEAN	SCHILLING		
		Title:	EXECUTIVE O	DFFICE MANAGER poration or partnership)		
		Date:			January 15, 2018	

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 fling, a determination that would be made by a court of law.

Accounting Period: 2017/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC	853
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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 Assessment
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	-
* 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	

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 th 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 fling, a determination that would be made by a court of law.

list below the owner, address, first community served, ID number, and accounting period as given in the original filing.

Owner Address

ID number

First community served Accounting period