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						
01/28/2019	\$ 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	ACCO	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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:	2018/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name		2201						
	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules							
_								
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 fillings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Served	identified city.							
	OUT / OP TOWN	07.175						
	CITY OR TOWN	STATE						
First	STANTON	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

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	< 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	791	41.95			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel	1	21.15/room			
Commercial	1	16.40/room			
Converter					
Residential	1,202	5.95			
Non-residential					
	Г	T			T 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 RATE					CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
 Pay cable 	19.95	Motel, hotel	-		DVR	9.95
 Pay cable—add'l channel 	19.95	Commercial	-		Mini Business	45.00
 Fire protection 	N/A	Pay cable	19.95		Basic/Premier	88.00
 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: 2018/2 FORM SA1-2E. PAGE 3.

Name

FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA

SYSTEM ID# 2201

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	E	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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
			 				

Accounting Perio	d: 2018/2 LEGAL NAME OF OWNER OF	CADLE CVC	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 ac 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 this log, see page (v) of	by a <i>distant</i> st FCC rules, reg	ulations, or a	authorizations.	For a further
Special Statement and Program Log	 SPECIAL STATEMENT During the accounting peribroadcast by a distant stat Note: If your answer is "No" log in block 2. 	iod, did you tion?	r cable system	carry, on a substitute b	- -		YES	X NO
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in							
	S	IEN SUBST		7. REASON FOR				
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	CARRIAGE OCCURRED 5. MONTH 6. TIMES AND DAY FROM — TO			DELETION

Accounting Period:	2018/2		FORM S	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA		S	YSTEM ID# 2201			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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.	m's secondary tran how to compute the	nsmission servionis amount, see	9,019.25			
Copyright Royalty Fee							
	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 t 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			0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 a	and 2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bi	ut more than \$137	7,100)				
	Base amount under statutory formula	263,800.00	<u>) </u>				
	2. Enter amount of gross receipts from space K	179,019.25	<u>i_</u>				
	3. Subtract line 2 from line 1	84,780.75	<u>i_</u>				
	4. Enter the amount of gross receipts from space K	<u>\$</u>	179,019.25				
	5. Enter the amount from line 3	\$	84,780.75				
	6. Subtract line 5 from line 4	\$	94,238.50				
	7. Multiply line 6 by .005 (enter figure here)		\$	471.19			
	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	3	· \$	471.19			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$52	27,600)				
	Enter the amount of gross receipts from space K		_				
	2. Base amount under statutory formula	263,800.00	<u>) </u>				
	3. Subtract line 2 from line 1		_				
	4. Multiply line 3 by .01		_				
	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, an	nd 6					
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	471.19				
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		\$	491.19			
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 for			jhts!			

Accounting remou	: 2018/2					FORM SA1-2E. PAGE 7		
Name		WNER OF CABLE SYSTEM: TUAL TELEPHONE CO OF	STANTO	N IOWA		SYSTEM ID# 2201		
M Channels	to its subscribers, 1. Enter the total system carried the system carried the total on which the carried the system carried the	and (2) the cable system's to number of channels on which television broadcast stations. number of activated channels ble system carried television I	otal number the cable broadcast st	n which the cable system carried televis of activated channels during the accour	nting period.	20 171		
N Individual to Be Contacted		BE CONTACTED IF FURTHI		IATION IS NEEDED (Identify an individual	ual to whom			
for Further Information	Name	KEVIN T CABBAGE			Telephone 7	712-829-2111		
	Address	410 BROAD AVE (Number, street, rural route, apartn STANTON IA 51573-0		umber)				
		(City, town, state, zip)	<u> </u>					
	Email	kcabbage@fmto	cnet.com	Fa	ax (optional) 712-829-2111			
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or							
	in li	ne 1 of space B. the statement of account and h, and correct to the best of my k	nereby declar	n) or a partner (if a partnership) of the legar re under penalty of law that all statements information, and belief, and are made in go	of fact contained herein	of the cable system		
			Enter an ele	S/ KEVIN T CABBAGE ctronic signature on the line above to certil ure using an "/s/ signature" (e.g., /s/ John				
		Typed or printed	name:	KEVIN T CABBAGE				
		Title: (Title of of		AL MANAGER neld in corporation or partnership)				
		Date:			1/28/19			

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Accounting Period: 2018/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

RMERS 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 made by satellite carriers to satellite dish owners? 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 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. Line 1 Enter the amount of late payment or underpayment	Q 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	
* 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	
Accounting period	

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