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						
08/22/2019	\$						
00/22/2010	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	ACCC	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
		S & T COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 99 (Number, street, rural route, apartment, or suite number)
		BREWSTER, KS 67732-0099 (City, town, state, zip)
С		CUCTIONS: 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		IDENTIFICATION OF CABLE SYSTEM:
-,	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

		FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	S & T COMMUNICATIONS LLC	3698						
	Instructions: List each separate community served by the cable system. A "commun							
D	"a separate and distinct community or municipal entity (including unincorporated co							
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	ist will serve as a form of system identification hereafter kno						
	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 mobile	nome parks should be reported in parentheses below the						
Served	identified city.							
Serveu	•							
	CITY OR TOWN	STATE						
First	BREWSTER	KS						
Community	GOODLAND	KS						
	KANORADO	KS						
Rows as Necessary	WINONA	KS						
	COLBY	KS						
	OAKLEY	KS						
	GRINNELL	KS						

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

S&T COMMUNICATIONS LLC

SYSTEM ID# 369891

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		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	1,921	25.00	Basic	1,305	59.50
 Service to additional set(s) 			Basic Digital	599	72.50
FM radio (if separate rate)			S&T Value Basic	37	110.30
Motel, hotel	10	25.00	Tuner (Sngl/Dual/DVR)	441	\$15-\$18
Commercial	169	25.00	MDU Room Rate + HDTA	32	7.00
Converter			College	1	356.07
Residential	1,486	\$0.00 - \$4.00			
Non-residential	173	\$0.00 - \$4.00			

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 1							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential						
 Pay cable 		Motel, hotel	120.00	Wire Maintenance	3.95			
 Pay cable—add'l chann 	el	Commercial	120.00	HBO (Individual)	16.49			
 Fire protection 		Pay cable		Starz/Show/Cinmx (INI	14.49			
 Burglar protection 		 Pay cable-add'l channel 		Any 2 Premium Chann	29.95			
Installation: Residential		Fire protection		Any 3 Premium Chann	39.95			
 First set 	10.00	Burglar protection		Any 4 Premium Chann	49.95			
 Additional set(s) 		Other services:						
FM radio (if separate ra	te)	Reconnect	10.00					
Converter		Disconnect						
		Outlet relocation	120.00					
		Move to new address	10.00					

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 369891

S & T COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

G

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
KLBY	4	N	COLBY, KS
KAKE-HD	21	N	WICHITA, KS
KMTW	35	N	HUTCHINSON, KS
KWKS	19	E	COLBY, KS
KSAS	26	N	WICHITA, KS
KSCW	33	N	WICHITA, KS
KSNK	8	N	MCCOOK, KS
KSNW-HD	45	N	WICHITA, KS
KUSA	9	N	DENVER, CO
KWCH-HD	19	N	HUTCHINSON, KS
KWGN	34	N	DENVER, CO
KBSL	10	N	GOODLAND, KS
KSAS-HD	26.1	N	WICHITA, KS
KMTW-HD	35.1	N	WICHITA, KS
KOOD-HD	16	E	HAYS, KS
KSCW-HD	33.1	N	WICHITA, KS
DECADES	33.2	<u> </u>	WICHITA, KS
ANTENNA TV	33.3	l	WICHITA, KS
ME TV	10.2	<u> </u>	WICHITA, KS
KWCH STORM TEAM	12.2	<u> </u>	WICHITA, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

S&T COMMUNICATIONS LLC

369891

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: 2019/1 LEGAL NAME OF OWNER OF	CADLE CVC	ггм.						FORM	M SA1-2E. PAGE 5.
Name	S & T COMMUNICATION		I EIVI:							SYSTEM ID#
	3 & 1 COMMONICATIONS LEC 3090								369891	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title	ify every noi ccounting pe ing that mus F CONCER iod, did you tion? ", leave the E PROGRA itute progra ce, please a	nnetwork televiseriod, under spets the included in the include	ción program, broadcas ecific present and formen this log, see page (v) o TITUTE CARRIAGE carry, on a substitute l e blank. If your answer te line. Use abbreviations to the tables.	t by a dista r FCC rules f the gener pasis, any r is "Yes," y	nonneti you mus	ations, or a actions in t work telev st comple	nuthoriza he paper vision pro YE te the pr	ogram SS rogram rogram	For a further 2 form.
	period, was broadcast by a under certain FCC rules, reponot use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broathe case of Mexican or Canthe case of Mexican or Calumn 5: Give the monfirst. Example: for May 7 given 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.	gulations, o ies like "mo Bulls." n was broad sign of the sadcast static adian statio with and day ye "5/7." ess when the Example: a ler "R" if the and regulation ming that y	r authorizations vies" or "baske dcast live, enter station broadca or's location (that ons, if any, the of when your system substitute pro- program carried listed program ons in effect du our system wa	s. See page (v) of the obtail." List specific programmer. "Yes." Otherwise entersting the substitute programmer to which community with which the carried the substitute gram was carried by your dead by a system from 6: was substituted for progring the accounting persperiments.	general ins gram titles, er "No." ogram. the station the station ute program our cable s 01:15 p.m. ogramming riod; enter nder FCC	is licer is ident m. Use system. to 6:28 g that yo the lett rules ar	nsed by the tified). List the times as:30 p.m. seed by the times as:30 p.m. seed by the times as:30 p.m. seed by the times as a seed as	er FCC of with the mes acc should be new as real elisted ions in	mation by or or, in e mont curately be equired progra	th y d am
	S	UBSTITUT	E PROGRAM			CARRI	AGE OC		D	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4. STATION'S LOCATION		MONTH		TIMES	то.	DELETION
		Yes or No	CALL SIGN	4. STATION S LOCATION	JIN AINL	D DAY	FROM	_	TO	
1										
l										
l										

Accounting Period:	2019/1		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		,	SYSTEM ID#
Name	S & T COMMUNICATIONS LLC			369891
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system' (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary transmow to compute this	nission service amount, see	
	COPYRIGHT ROYALTY FEE		, ,	
Copyright Royalty Fee	Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less see page (vi) of the general instructions located in the paper SA1-2 form for more informations.	s than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 (OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00	t you must pay for th	nis six-montl	
	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 and	12		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu			
	Base amount under statutory formula		,	
	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 and 8.			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (out less than \$527	,600)	
	Enter the amount of gross receipts from space K	415,890.24		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	152,090.24	•	
	4. Multiply line 3 by .01		1,520.90	
	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	5	\$	2,839.90
			·	· · · · · ·
	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>	2,839.90	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,859.90
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			hts!

Accounting Period:	2019/1				FORM SA1-2E. PAGE 7				
Name	S & T COMMUNICATION				SYSTEM ID# 369891				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 20 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.								
N Individual to Be Contacted	we can contact about this		ORMATION IS NEEDED (Identify an in		204 2250				
for Further Information		OX 99, 320 KANSAS	AVE	Telephone 785-6	344-2256				
	(Number,	street, rural route, apartment, or s	suite number)						
	Email	christina.hickert@sttel	com.com	Fax (optional) 785-694-2750					
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.)								
	(Agent of 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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
			/s/ Christina Hickert In electronic signature on the line above to ignature using an "/s/ signature" (e.g., /s/						
		Typed or printed name: Title: CFO (Title of official pos	Christina Hickert						
		Date:		8-26-2019					

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Accounting Period: 2019/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S & T COMMUNICATIONS LLC	369891
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	P Special Statement Concerning Gross Receipts Exclusion
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	
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.	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 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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