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						
02/05/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.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							
		20192 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							
		Dunkerton Telephone Cooperative							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 188							
		(Number, street, rural route, apartment, or suite number)							
		Dunkerton IA 50626 (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 is 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	(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:	2019/2								
	,-	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Dunkerton Telephone Cooperative	0							
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, twill serve as a form of system identification hereafter known							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First Community	Dunkerton	IA							
Add Rows as Necessary									

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Dunkerton Telephone Cooperative

SYSTEM ID#

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:	5555.1152.10			000001110	
 Service to first set 	199	85.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
	1	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		Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
• Converter		Disconnect			
		Outlet relocation			
		Move to new address			
		move to new address			
1					

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Dunkerton Telephone Cooperative

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
KPXR	47	N	CEDAR RAPIDS IA
KWWL	7	N	WATERLOO IA
KCRG	9	N	CEDAR RAPIDS IA
KCRG 9.2	9.2	N	CEDAR RAPIDS IA
KCRG 9.3	9.3	N	CEDAR RAPIDS IA
KCRG 9.4	9.4	N	CEDAR RAPIDS IA
KDIN	11	l	DES MOINES IA
KDIN2	11.2	I	DES MOINES IA
KDIN3	11.3	l	DES MOINES IA
KGAN 2.2	2.2	N	CEDAR RAPIDS IA
KWWL 7.2	7.2	N	WATERLOO IA
KWWL 7.3	7.3	N	WATERLOO IA
KPXR 3	48.3	N	CEDAR RAPIDS IA
KPXR 2	48.2	N	CEDAR RAPIDS IA
KFXA	28	I	CEDAR RAPIDS IA
KFXA 2	28.2	l	CEDAR RAPIDS IA
KCRG 9.5	9.5	N	CEDAR RAPIDS IA

Dunkerton Telephone Cooperative

SYSTEM ID#

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
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Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#	
Nume	Dunkerton Telephone	Cooperat	ive					0	
	SUBSTITUTE CARRIAGI	F: SPECIA	AI STATEME	NT AND PROGRAM I	ng .				
 Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	 During the accounting per 	-	r cable system	carry, on a substitute ba	sis, any nonn	etwork televi	ision progran	1	
Program Log	broadcast by a distant station?								
	Note: If your answer is "No	, leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust complet	e the prograi	m	
	log in block 2.								
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not 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 Can Column 5: Give the mor first. Example: for May 7 give 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.	ce, please a of every no distant stati gulations, o ies like "mo Bulls." In was broad sign of the sadcast static ath and day we "5/7." es when the Example: a er "R" if the and regulation ing that y	add additional r nnetwork televi ion and that your authorizations vies" or "basked dcast live, enter station broadca on's location (thons, if any, the of when your systems of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the get tball." List specific program "Yes." Otherwise enter string the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for progring the accounting period	e program") the d for the proneral instruction titles, for extending the station is lice a station is lice a program. Us reable system 1:15 p.m. to 6: ramming that ad; enter the leteral contending that ad; enter the leteral instruction is size.	at, during the gramming or ons for further xample, "I Lo ensed by the entified). e numerals, n. List the tin 28:30 p.m. syour system etter "P" if the	e accounting f another stater information ove Lucy" or e FCC or, in with the mornes accurate should be	tion n. nth ly	
	enection October 13, 1970.		WH	WHEN SUBSTITUTE					
	S	UBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED 7. REASON FO				
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 STATIONIS LOCATION	5. MONTH	•	TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROIVI	<u>— то</u>		
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Numo	Dunkerton Telephone Cooperative		0
K Gross Receipts	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 a 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.	ission service amount, see	,281.52 is receipts)
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 than or equal to \$20 or use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 or use page (vi) of the general instructions located in the paper SA1-2 form for more information.	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 that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. 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 (but less than \$527,	,600)	
	4. Fatable annual of more available from a real V		
	Enter the amount of gross receipts from space K		
			
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4.046.55	
	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 DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 12020434125		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER Dunkerton Telephone					SYSTEM ID# 0
M Channels	to its subscribers, and (: 1. Enter the total number system carried television control to the c	2) the cable system's ter of channels on which to broadcast stations er of activated channels tem carried television	otal numb			18
N Individual to Be Contacted	INDIVIDUAL TO BE CO			RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name Sue	Bruns		Te	lephone 319-8	822-4512
	(Numb	S Canfield St er, street, rural route, apart kerton IA 50626 own, state, zip)	ment, or sui	tle number)		
	Email	sue@dunkertor	n.net	Fax (optional)		
O Certification	Owner other (Agent of own in line 1 of the inline 1 of	than corporation or partner other than corporation from a space B and that the or artner) I am an officer (if space B. tement of account and I orrect to the best of my	artnership tion or pa wner is no f a corpora	tified and signed in accordance with Copyright Office regulary one, of the boxes.) p) I am the owner of the cable system as identified in line 1 of artnership) I am the duly authorized agent of the owner of the ot a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified clare under penalty of law that all statements of fact contained e, information, and belief, and are made in good faith.	space B; or e cable system as d as owner of the	
				/s/ Sue Bruns electronic signature on the line above to certify this statement nature using an "/s/ signature" (e.g., /s/ John Smith)	<u></u>	
		Typed or printed Title: (Title of c	CEO	Sue Bruns on held in corporation or partnership)		
		Date:				

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Accounting Period: 2019/2		FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Dunkerton Telephone Cooperative		0
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXC The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) lowing sentence: "In determining the total number of subscribers and the gross amounts service of providing secondary transmissions of primary broadcast transscribers and amounts collected from subscribers receiving secondary transmissions."	P Special Statement Concerning Gross Receipts Exclusion	
For more information on when to exclude these amounts, see the note on page located in the paper SA1-2 form.	e (vii) of the general instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gromade by satellite carriers to satellite dish owners? NO		
YES. Enter the total here and list the satellite carrier(s) below	\$	
Name Mailing Address Mailing Addres	ess	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a refer of an explanation of interest assessment, see page (viii) of the general instruc		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
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	\$ - (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/intere contact the Licensing Division at (202) 707-8150 or licensing@copyright.g		
** 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 list below the owner, address, first community served, ID number, and account		
Owner Address		
ID number First community served Accounting period		

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