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							
2/18/2021	\$						
	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))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20202 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
		NEBRASKA CENTRAL TELECOM INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 700 (Number, street, rural route, apartment, or suite number)
		GIBBON, NE 68840 (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	names	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:
		NCTC CABLE MAILING ADDRESS OF CABLE SYSTEM:
		INAILING ADDRESS OF CABLE STSTEM:
	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 suffciency of the fling, a determination that would be made by a court of law.

	2000/0	
Accounting Period:	2020/2	FORM SAL 2E DAGE 1h
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	NEBRASKA CENTRAL TELECOM INC	31226
	Instructions: List each separate community served by the cable system. A "community	
_	"a separate and distinct community or municipal entity (including unincorporated cor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area	identified city.	sine parite silvana se reportea in parentineses selon tine
Served		
	CITY OR TOWN	STATE
First	BURWELL 031226	NE NE
Community	ANSLEY 060960	NE
-	ARCADIA 031228	NE
Add Rows as Necessary	ASHTON 029480	NE
Add Nows as Necessary	BOELUS 035035	NE
	DANNEBROG 029313	NE
	ELBA 033351	NE NE
	MASON CITY 034983	NE NE
	NORTH LOUP 031209	NE NE
	SARGENT 031227	NE NE
	SCOTIA 031208	NE NE
	TAYLOR 031210	NE NE
	IAILOR 031210	NE
	·	

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#31226

NEBRASKA CENTRAL TELECOM 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.

BLC	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	418	63.55	BROADCAST BASIC	15	28.55		
Service to additional set(s)			DIGITAL BASIC	30	19.00		
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
Residential	53	-					
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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	15.50	Motel, hotel				
 Pay cable—add'l channel 	18.50	Commercial				
Fire protection		• Pay cable				
•Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set	45.00	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	25.00			
Converter		Disconnect	-			
		Outlet relocation	36.25			
		Move to new address	25.00			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 31226

NEBRASKA CENTRAL TELECOM INC

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
KSNB	5	N	HASTINGS, NE
KLNE	7	E-M	LEXINGTON, NE
KGIN	11	N	GRAND ISLAND, NE
KHGI	13	N	KEARNEY, NE
KFXL	17	N	LINCOLN, NE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NEBRASKA CENTRAL TELECOM INC

31226

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
							
							
	 						
	 						
							
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

Accounting Perio	nd: 2020/2						EOD	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#
Name	NEBRASKA CENTRAI	TELECO	OM INC					31226
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you are dinor state Column 1 cling the state	ify every non accounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please	nnetwork televineriod, under spist be included in RNING SUBS ur cable system a rest of this paramon a separa add additional	sion program, broadcast be ecific present and former in this log, see page (v) of TITUTE CARRIAGE in carry, on a substitute base ge blank. If your answer in the line. Use abbreviation	y a distant sta FCC rules, reg the general ins asis, any nonr is "Yes," you r	ulations, on the structions of the structions of the structions of the structure of the str	or authorization in the paper Selevision progression progression progression progression progression progression progression their meaning their meaning stression progression	ram NO gram g is
	Column 3: Give the call Column 4: Give the broathe case of Mexican or Cal Column 5: Give the more first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	egulations, or estable from the Bulls." In was broad sign of the adcast stationation station than day we "5/7." I was broad stationation the sample: are "R" if the and regulation ming that	or authorization ovies" or "bask deast live, ente station broadc on's location (toons, if any, the when your system of the substitute proap program carrelisted program ions in effect d	ns. See page (v) of the general sets and the substitute progree of the community to which the community with which the stem carried the substitute program was carried by you gied by a system from 6:0 in was substituted for programing the accounting perior with stem carring the substituted for programing the accounting perior than the substituted for programing the substituted for programing the accounting perior than the substituted for programing the substituted for program for substituted for substituted for progra	"No." ram. le station is lie e station is id e program. Ur cable syste 1:15 p.m. to 6 gramming that od; enter the lider FCC rules	censed by entified). se numer m. List the c:28:30 p. t your systetter "P"	urther informa "I Love Lucy" y the FCC or, als, with the r e times accur m. should be tem was requ if the listed pr ulations in	ition. or in nonth ately
	S	UBSTITUT	E PROGRAM				CURRED	7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION

ccounting Period:	2020/2			FORM S	A1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEBRASKA CENTRAL TELECOM INC			S	YSTEM II 3122				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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 re	ystem's se on of how to	condary transmo compute this	ission service amount, see	9,508.62 oss 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 than 100 than 10	out less tha	an \$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 accounting period is \$52.00	y fee that y	ou 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 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)					
	Base amount under statutory formula	\$	263,800.00	-					
	2. Enter amount of gross receipts from space K		169,508.62	-					
	3. Subtract line 2 from line 1	\$	94,291.38	-					
	4. Enter the amount of gross receipts from space K		\$	169,508.62					
	5. Enter the amount from line 3		\$	94,291.38					
	6. Subtract line 5 from line 4		\$	75,217.24					
	7. Multiply line 6 by .005 (enter figure here)			\$	376.09				
	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		\$	376.09				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	,600)					
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula			-					
	3. Subtract line 2 from line 1		-	='					
	4. Multiply line 3 by .01			-					
	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								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4								
	FILING FEE AND TOTAL REMITTANCE DU	E							
Filing Foo and									
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	376.09					
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			\$	396.09				
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		hts!				

Accounting Period:	: 2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEBRASKA CENTRAL TELECOM INC	SYSTEM ID# 31226
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.	
	Enter the total number of channels on which the cable system carried television broadcast stations	5
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	61
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name ANDREW D. JADER Telephone 308-468-6	6114
	Address PO BOX 700 (Number, street, rural route, apartment, or suite number) GIBBON, NE 68840-0700 (City, town, state, zip)	
	Email ajader@nctc.net Fax (optional) 308-468-9929	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	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 ide 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 ca in line 1 of space B.	ble system
	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)]	
	X /s/ Nancy McGregor-Jader	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Nancy McGregor-Jader	
	Title: Treasurer (Title of official position held in corporation or partnership)	
	Date: 2/18/2021	

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ounting Period: 2020/2				FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID
BRASKA CENTRAL	_ TELECOM INC			31220
The Satellite Home Vie lowing sentence: "In determining service of provice scribers and am For more information of located in the paper SA During the accounting provided by satellite carried X NO	MENT CONCERNING GROSS RE ewer Act of 1988 amended Title 17, section the total number of subscribers and the g ding secondary transmissions of primary is mounts collected from subscribers receiving on when to exclude these amounts, see the A1-2 form. period, did the cable system exclude any ers to satellite dish owners? all here and list the satellite carrier(s) below	on 111(d)(1)(A), of the gross amounts paid to broadcast transmitteng secondary transmite note on page (vii) amounts of gross re	the Copyright Act by adding the fol- to the cable system for the basic ters, the system shall not include sub- hissions pursuant to section 119." of the general instructions teceipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address		
INTEREST ASSES	COMENT			
•	s worksheet for those royalty payments sunterest assessment, see page (viii) of the			Q
Line 1 Enter the amou	unt of late payment or underpayment			Interest Assessment
			х	
Line 2 Multiply line 1 k	by the interest rate* and enter the sum he	ere	····	
			xdays	
Line 3 Multiply line 2 b	by the number of days late and enter the s	sum here		
• •	by 0.00274** and enter here			
in space L, (pag	ge 6) block 1, line 2, or block 2 line 8, or b	olock 3 line 6	(interest charge)	
	est rate chart click on www.copyright.gov/l sing Division at (202) 707-8150 or licensin	•	te.pdf. For further assistance please	
** This is the decima	nal equivalent of 1/365, which is the interes	st assessment for o	ne day late.	
, ,	this worksheet covering a statement of ac ddress, first community served, ID numbe	•		
Owner Address				
ID number First community served Accounting period	1			

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