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

STATEMEN	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
or Secondary	Transmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@copyright.gov</u>
General instruction		02/17/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	CCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optiona	al - see instructions)	
Period				
в	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full con	porate title
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.	
		e accounting period, only the owner on fee payment covering the entire accour	the last day of the accounting period should s nting period.	ubmit a
	Check here if this is the system's first fil	ing. If not, enter the system's ID number	assigned by the Licensing Division.	60173
-	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	1	
		ATIONS COOP		
	BUSINESS NAME(S) OF OWNER (DF CABLE SYSTEM (IF DIFFERENT	Γ)	
_	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	PO BOX 250 (Number, street, rural route, apartment, or suite	e number)		
	GRAETTINGER, IA 51342 (City, town, state, zip)			
	ISTRUCTIONS: In line 1, give any bus ames already appear in space B. In lin			
System	IDENTIFICATION OF CABLE SYSTEM:			

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.

(Number, street, rural route, apartment, or suite number)

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	RIVER VALLEY TELECOMMUNICATIONS COOP	6017
	Instructions: List each separate community served by the cable system. A "cor	
D	"a separate and distinct community or municipal entity (including unincorpora	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or me	bile home parks should be reported in parentheses below the
Served	identified city.	
Convou		
	CITY OR TOWN	STATE
First	GRAETTINGER	IOWA
Community	WALLINGFORD	IOWA
	RUTHVEN	IOWA
Bowe as Nososcan		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM ID
Name		OMMUNICA	TIONS	СООР					6017
	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIE	ERS AND RAT	TES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble svstem	ı, broken	
scribers and	down by categories of secondar	•					,	,	
Rates	each category by counting the n		0			•		charged	
	separately for the particular server Rate: Give the standard rate of							no and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·	,		y otanida		io mann a		
	Block 1: In the left-hand block	•		Ũ		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a					•	,		
	sufficient.		e ngin-na						
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		267	90.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISS	IONS: RATES					
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur	nit in which it is	usually b	oilled. If any rate	es are ch	narged on a var	iable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the			6	6 41		1-41		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	otion and inclu	de the rat	e for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGO	ORY OF SERVI	ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ion: Non-resid	lential				
	• Pay cable			l, hotel			STARZ		15.0
	Pay cable—add'l channel		_	mercial			HBO		17.5
	Fire protection		• Pay				CINEM	AX	14.5
	•Burglar protection		· ·	cable-add'l cha	nnel				
	Installation: Residential			protection					
			• Burg	lar protection					
	• First set		0.17						
	• Additional set(s)		Other se						
	• Additional set(s) • FM radio (if separate rate)		• Reco	onnect					
	• Additional set(s)		• Reco • Disco	onnect					
	• Additional set(s) • FM radio (if separate rate)		• Reco • Disco • Outle	onnect					

				FORM SA1-2E. PAGE 3
Name				SYSTEM ID# 60173
				00173
G rimary Ismitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including im during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog (1(e)(2) and (4))]; and (2) certain si arried by your cable system on a si he Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, re- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. the community to which the statio	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	dian stations, if any, give the name of th	a. TYPE OF STATION	4. LOCATION OF STATION
	KTIV	4	N	SIOUX CITY, IOWA
	KEYC	12	N	MANKATO, MINNESOTA
	КРТН	44	N	SIOUX CITY, IOWA
as Necessary	KMEG	14	N	SIOUX CITY, IOWA
	KTIN	21	E	DES MOINES, IOWA
	KCAU	9	N	SIOUX CITY, IOWA
	NORU	3	I N	
	KGEV	10	N	
	KSFY KELO	10	<u>N</u>	SIOUX FALLS, SOUTH DAKOTA
		10 11	N N	
				SIOUX FALLS, SOUTH DAKOTA
				SIOUX FALLS, SOUTH DAKOTA
				SIOUX FALLS, SOUTH DAKOTA
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				SIOUX FALLS, SOUTH DAKOTA
				SIOUX FALLS, SOUTH DAKOTA

	LEY TELEC	OMMU	INICATIONS COOP					SYSTEM I 601
n General: Lis		station ca	arried on a separate and discre nerally receivable by your cab					н
ceceivable if (1 on the basis of for detailed inf paper SA1-2 for Column 1: I Column 2: S Column 3: I idgnal, indicate Column 4: C) it is carried by monitoring, to formation about orm. dentify the call State whether the f the radio state this by placing Give the station	y the sys be recein to the Co sign of o the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
·							·	
	+							
	 							

Accounting Perio	od: 2020/2							FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	RIVER VALLEY TELEC	COMMUN	ICATIONS O	COOP					60173
-	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	INT AND PROGRAM LO	G				
	In General: In space I, ident	tify every no	nnetwork telev	<i>ision program,</i> broadcast by	/ a distant sta	tion, that y	our	cable sys	tem carried on a
	substitute basis during the a								
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of t	he general in:	structions	in the	e paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCEF	RNING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network te	levis	sion prog	ram
	broadcast by a distant sta	ition?						YES	× NO
r rogram Log					"X "				
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	nust com	plete	e the prog	Iram
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if	their	r meaning	g is
				vision program ("substitute	• program") t	hat durin	n the	account	ina
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego	ries like "mo							
	"NBA Basketball: 76ers vs.								
				er "Yes." Otherwise enter '					
				casting the substitute progr the community to which th		concod by	, tho	ECC or	in
	the case of Mexican or Car						uie		
				stem carried the substitute			als. v	with the n	nonth
	first. Example: for May 7 gi		······				,		
				ogram was carried by you					ately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.i	n. sł	hould be	
	stated as "6:00–6:30 p.m."	"D":(/)					-		ine d
	Column 7: Enter the lett								
	to delete under FCC rules	and regulati	ions in effect d	luring the accounting perio	od; enter the	etter "P" i	f the	listed pro	
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d	luring the accounting perio	od; enter the	etter "P" i	f the	listed pro	
	to delete under FCC rules	and regulati	ions in effect d	luring the accounting perio	od; enter the	etter "P" i	f the	listed pro	
	to delete under FCC rules a was substituted for program	and regulati	ions in effect d	luring the accounting perio	od; enter the l ler FCC rules	etter "P" i	f the Ilatic	listed pro	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati mming that <u>y</u>	ions in effect d	luring the accounting peric as permitted to delete und	d; enter the der FCC rules WHE	etter "P" i and regu	f the Ilatic	listed pro ons in JTE	ogram 7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation ming that you wanted to the second s	ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting peric ras permitted to delete und	d; enter the lar FCC rules WHE CARRI 5. MONTH	N SUBS AGE OCC	f the Ilatic	ITE RRED ES	ogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulati	ions in effect o your system w E PROGRAM	luring the accounting peric ras permitted to delete und	er FCC rules WHE CARRI	N SUBS	f the Ilatic	IISTED	ogram 7. REASON FOR
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Accounting Period:	2020/2	FORM SA1-2E. PA	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RIVER VALLEY TELECOMMUNICATIONS COOP	SYSTEN 60	M ID# 0173
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's second: (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ary transmission service apute this amount, se	
L 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$55 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you mus accounting period is \$52.00	t pay for this six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.0	00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	······	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more that	n \$137,100)	
	1. Base amount under statutory formula \$ 263,	800.00	
	2. Enter amount of gross receipts from space K	430.78	
	3. Subtract line 2 from line 1	369.22	
	4. Enter the amount of gross receipts from space K	143,430.78	
	5. Enter the amount from line 3	120,369.22	
	6. Subtract line 5 from line 4	23,061.56	
	7. Multiply line 6 by .005 (enter figure here)	\$ 115.3	31
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.0	00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$ 115.3	31
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less th	an \$527,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	800.00	
	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	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)	115.31	
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	. \$ 135.3	31
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instructions		

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RIVER VALLEY TELECOMMUNICATIONS COOP	SYSTEM ID# 60173
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 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	8 227
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Telephone	
	Address (Number, street, rural route, apartment, or suite number) (City, town, state, zip) Email Fax (optional)	
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, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ov 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 hereiare 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/ MICHAEL J BROWN Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	system as identified vner of the cable system
	Typed or printed name: MICHAEL J BROWN Title: PRESIDENT (Title of official position held in corporation or partnership) Date: 2/17/2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ER VALLEY TELECOMMUNICATIONS COOP	6017
 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 Name Mailing Address Mailing Address	- - - - -
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
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/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
x	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.