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

OFFICE USE ONLY
AMOUNT
\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20211 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
	GARDONVILLE COOPERATIVE TELEPHONE ASSOCIATION
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	800 CENTRAL AVE N (Number, street, rural route, apartment, or suite number)
	BRANDON, MN 56315 (City, town, state, zip)
	1
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	IDENTIFICATION OF CABLE SYSTEM:
	1
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)
	Man (N) (2000) and (2000)

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.

Accounting Period:	2021/1						
		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	GARDONVILLE COOPERATIVE TELEPHONE ASSOCIATION	63216					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified						
Area	city.	le parks should be reported in parentheses below the identified					
Served	CITY OR TOWN	STATE					
First	BRANDON	MN					
Community	DRANDON	MIX					
Add Rows as Necessary							

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63216

GARDONVILLE COOPERATIVE TELEPHONE ASSOCIATION

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.

BLO	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	390	37.95			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	35	37.95			
Converter					
Residential					
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 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	40.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	18.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

GARDONVILLE COOPERATIVE TELEPHONE ASSOCIATION

SYSTEM ID# 63216

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
ON-KPXM	41	N	ST. CLOUD
ABC-KSTP	42	N	MINNEAPOLIS
CBS-WCCO	4	N	MINNEAPOLIS
KSTC	45	N	MINNEAPOLIS
FOX KMSP	9	N	MINNEAPOLIS
NBC KARE	11	N	MINNEAPOLIS
PBS KAWE	9	I	BEMIDJI
PBS KWCH	10	1	APPLETON

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63216

GARDONVILLE COOPERATIVE TELEPHONE ASSOCIATION

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).

				1			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio	Period: 2021/1 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:							SYSTEM ID#
Name	GARDONVILLE COOPE	ERATIVE	TELEPHONE	EASSOCIATION						63216
ı	SUBSTITUTE CARRIAGE In General: In space I, identify the basis during the action of the substitute basis during th	y every non	network televisi	ion program, broadcast by	a dis					
Substitute	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: Special	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant stat	ion?					[Y	ES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes	s," you mu	ist complet	e the p	orogram	ı
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Canace Column 5: Give the mon 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 letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad cign of the s dcast static adian statio th and day e "5/7." es when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televi on and that your authorizations vies" or "baske deast live, enter station broadca on's location (thins, if any, the cowhen your system substitute program carried listed program ons in effect du	sion program ("substitute ur cable system substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "sting the substitute programe community to which the community with which the term carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting period	proged for a proge	gram") that references, for exaction is licented from its idented from the system. In the first properties of the system. In the first properties of the system than the system than the left properties of the system.	t, during the ramming of the ramming of the rample, "I Less the time and the ramming and the ramming that the time are reconstructed in the ramming that the ramming the rammi	e acco f anoth er infor ove Lu e FCC with the nes according should a was need listed	ounting per static mation cy" or or, in the monto be required programments or the programment of the program	th y
	WHEN SUBSTITUTE						: [
	S		E PROGRAM		4		AGE OCC		D	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	LIVE?Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		. MONTH AND DAY	6. FROM	TIMES —	то	
								_		
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Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	GARDONVILLE COOPERATIVE TELEPHONE ASSOCIATION		63216
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 mount, see	5,772.50 pss receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$200. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See 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 to accounting period is \$52.00	his six-month	
	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	00)	_
	1. Base amount under statutory formula	,	
	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)	
	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	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 # 76130310662		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: COOPERATIVE TELEPH	IONE ASSOCIATION		SYSTEM ID# 63216
M Channels	to its subscribers 1. Enter the total system carried	number of channels on which	s	ne accounting period.	8
		able system carried televisio cast services			134
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify a unt.)	an individual to whom	
for Further Information	Name	DONNA GUETTER		Telephone	320-524-2211
	Address	800 CENTRAL AVE N (Number, street, rural route, apartr BRANDON, MN 563:	ment, or suite number)		
		(City, town, state, zip)			
	Email	dguetter@gardo	onville.net	Fax (optional <u>320-524-2785</u>	
O Certification			ust be certified and signed in accordance wine, but only one, of the boxes.)	ith Copyright Office regulations)	
	(Owner	other than corporation or pa	partnership) I am the owner of the cable syste	em as identified in line 1 of space B;	or
			ation or partnership) I am the duly authorized e owner is not a corporation or partnership; or		stem as identified
		r or partner) I am an officer (in line 1 of space B.	if a corporation) or a partner (if a partnership)	of the legal entity identified as owner	er of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all sta y knowledge, information, and belief, and are		
			X "/s/ Donna Guetter"		
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g.,		
		Typed or printed	name: Donna Guetter		
		Title:	Regulatory Manager tle of official position held in corporation or partnershi	p)	
		Date:		7/28/2021	

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Accounting Period: 2021/1 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# **63216**

GARDONVILLE COOPERATIVE TELEPHONE ASSOCIATION	63216
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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address Name Mailing Address	Special Statement Concerning Gross Receipts Exclusion
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
	-

x 0.00274

(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.

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

Line 3 Multiply line 2 by the number of days late and enter the sum here

in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6

Line 4 Multiply line 3 by 0.00274** and enter here

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	
D number	
First community	
Accounting perio	

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