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					
02/26/2022	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright
Office Licensing Division at (202) 707-8150.

Α	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	[Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting		Barcode Data Filing Period (optional - see instructions)								
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	ı	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									
		Ballard Rural Telephone Cooperative Corporation, Inc.								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO Box 209 Number, street, rural route, apartment, or suite number)								
	ļ Ö	La Center, KY 42056 City, town, state, zip)								
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B								
System	1	DENTIFICATION 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 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 filing, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Ballard Rural Telephone Cooperative Corporation, Inc.	
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete 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.	will serve as a form of system identification hereafter know
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile house, and the second such as hotels, apartments, condominiums, or mobile house, and the second such as hotels, apartments, condominiums, or mobile house, and the second such as hotels, apartments, condominiums, or mobile house, and the second such as hotels, apartments, condominiums, or mobile house, and the second such as hotels, apartments, condominiums, or mobile house, and the second such as hotels, apartments, condominiums, or mobile house, and the second such as hotels, apartments, condominiums, or mobile house, and the second such as hotels, apartments, and the second such as hotels, a	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	BARLOW	KY
Community	KEVIL	KY
	LA CENTER	KY
Rows as Necessary	BANDANA	KY
	WEST PADUCAH	KY
	BLANDVILLE	KY
	LOVELACEVILLE	KY
	WICKLIFFE	KY
	PADUCAH	KY

Accounting Period: 2021/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Ballard Rural Telephone Cooperative Corporation, Inc.

0

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				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	1,339	38.99				
 Service to additional set(s) 						
 FM radio (if separate rate) 			SERVICE TO ADDL BOX	357	4.65	
Motel, hotel			SERVICE TO ADDL BOX	135	9.99	
Commercial	28	38.99	SERVICE TO ADDL BOX	189	6.99	
Converter			SERVICE TO ADDL BOX	79	10.95	
 Residential 			SERVICE TO ADDL BOX	235	15.98	
Non-residential			SERVICE TO ADDL BOX	989	4.99	
		1				

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	38.99	 Motel, hotel 		BASIC	52.00
 Pay cable—add'l channel 		 Commercial 		STANDARD	61.00
Fire protection		 Pay cable 		EXPANDED	72.00
•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 	35.00		
Converter		 Disconnect 			
		 Outlet relocation 	67.60		
		 Move to new address 	67.60		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4. LOCATION OF STATION

Ballard Rural Telephone Cooperative Corporation, Inc.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WSIL HARRISBURG IL 3.1 WSIL 3.2 Ν HARRISBURG IL WSIL Ν 3.3 HARRISBURG IL Ν WSIL 3.4 HARRISBURG IL **WPSD** 6.1 Ν PADUCAH KY **WPSD** 6.2 Ν **PADUCAH KY WPSD** 6.3 Ν **PADUCAH KY KFVS** 12.1 Ν **CAPE GIRARDEAU MO KFVS** 12.2 Ν **CAPE GIRARDEAU MO KFVS** 12.3 Ν **CAPE GIRARDEAU MO KFVS** 12.4 Ν **CAPE GIRARDEAU MO WQWQ** 29.2 Ν **CAPE GIRARDEAU MO** WKMU KET 21.2 Ν MURRAY, KY WKMU KET 21.3 Ν MURRAY, KY **KBSI** 23.1 Ν CAPE GIRARDEAU MO Ν KBSI 23.3 **CAPE GIRARDEAU MO WTCT** 27.1 Ν MARION IL Ν WKPD KET2 29.2 **PADUCAH KY WDKA** 49.1 Ν PADUCAH KY **WDKA** 49.2 Ν **PADUCAH KY WDKA** 49.3 Ν **PADUCAH KY WDKA** 49.4 Ν **PADUCAH KY WDKA** Ν **PADUCAH KY** 49.5

3. TYPE OF STATION

Add Rows as Necessary

Ballard Rural Telephone Cooperative Corporation, Inc.

SYSTEM ID#

FORM SA1-2E. PAGE 4.

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.

> **Primary** Transmitters: Radio

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.

- 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).

	T =	I a:-	I	1	I	I o :-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
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U.S. Copyright Office

/-							
od: 2021/2 LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#
			oration, Inc.				0
SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT	E: SPECIA tify every non accounting p ning that mu T CONCEF riod, did you ation? b," leave the	AL STATEME nnetwork televi. eriod, under sp st be included i RNING SUBS ur cable system rest of this pa	NT AND PROGRAM LO sion program, broadcast by ecific present and former F n this log, see page (v) of the street of the side of	or a distant sta CC rules, reg he general ins sis, any nonr s "Yes," you i	ulations, contractions of the contractions of the contractions of the contraction of the	or authorization the paper selevision progression prog	ns. For a further SA1-2 form. ram NO gram
Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in							station ation. or in month ately
				WHEN SUBSTITUTE			
S		1	<u> </u>				7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	BELETION
	Ballard Rural Telepho SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	SUBSTITUTE CARRIAGE: SPECIAIN General: In space I, identify every not substitute basis during the accounting pexplanation of the programming that mu. 1. SPECIAL STATEMENT CONCER. 1. During the accounting period, did you broadcast by a distant station? Note: If your answer is "No," leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRAIN General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every not period, was broadcast by a distant statunder certain FCC rules, regulations, on the column 1: Give the call sign of the Column 3: Give the call sign of the Column 4: Give the broadcast statif the case of Mexican or Canadian statif the case of Mexican or Canadian statif the case of Mexican or Canadian statif to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that the effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBS* • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No," leave the rest of this part log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separatelear. If you need more space, please add additional Column 1: Give the title of every nonnetwork televisoriod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadce Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systimst. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program carristated as "6:00—6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect dwas substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Ballard Rural Telephone Cooperative Corporation, Inc. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of t 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter ' Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the tacase of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "517." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peric was substituted for programming that your system was permitted to delete under effect on October 19, 1976.	Ballard Rural Telephone Cooperative Corporation, Inc. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general int. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nontroadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you log in block 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever pclear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") to period, was broadcast by a distant station and that your cable system substituted for the prunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is little case of Mexican or Canadian stations, if any, the community with which the station is id Column 5: Give the month and day when your system carried the substitute program. Ufirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable syste to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that	Ballard Rural Telephone Cooperative Corporation, Inc. SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, or explanation of the programming that must be included in this log, see page (v) of the general instructions 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must com log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for function of the substitute program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numer. "Inst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system deflect under FCC rules and regulations in effect during the accounting period; enter the letter "P" i was substituted for programming that your system deflect under FCC rules and regulatio	Ballard Rural Telephone Cooperative Corporation, Inc. 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 systems substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatio explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper S. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prog broadcast by a distant station? *Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the progration in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meanin clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accoun period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information to be general categories like "movies" or "basketball:" List specific program titles, for example, "I Love Lucy" "NBA Basketball: "Gers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the rifest. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accur to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30

counting Period:		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Ballard Rural Telephone Cooperative Corporation, Inc.	SYSTEM II
K ross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to compu 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.	transmission service
	CODVEIGHT BOVALTY FEE	
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 equ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,100 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 must pa accounting period is \$52.00.	y 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	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · · · · · · <u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$	137,100)
	1. Base amount under statutory formula	0.00
	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)	
	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	3 14
	2. Base amount under statutory formula \$ 263,800	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,532.36
	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	
ling Fee and al Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	2,851.36
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	\$ 2,871.36
	EFT Trace # or TRANSACTION ID # 26V3TGQU	
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Ballard Rural Telephone Cooperative Corporation, Inc.	SYSTEM ID# 0
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 which the cable system carried television broadcast stations and nonbroadcast services.	352
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name KAREN HENSLEY Telephone 270-66	5-5186
Information	Address PO BOX 209 (Number, street, rural route, apartment, or suite number) LA CENTER, KY 42056 (City, town, state, zip)	
	Email KAREN.TILFORD@BTC.COOP Fax (optional) 270-665-9186	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (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 in line 1 of space B and that the owner is not a corporation or partnership; or X (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 in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	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: RANDY C. GROGAN Title: CEO/GENERAL MANAGER	
	(Title of official position held in corporation or partnership) Date: 02/25/2022	

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 filing, a determination that would be made by a court of law.

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# **Ballard Rural Telephone Cooperative Corporation, Inc.** 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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 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. **Interest Assessment** davs 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 * 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. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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