## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
	\$					
01/28/2019	ALLOCATION NUMBER					

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)  July 1-December 31								
<b>B</b> Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  In line 2, list any other 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.  1 LEGAL NAME OF OWNER OF CABLE SYSTEM:  PALO COOPERATIVE TELEPHONE ASSOCIATION  2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM:  PO BOX 169 (Number, street, rural route, apartment, or suite number)  PALO, IA 52324-0169 (City, town, state, zip)								
<b>C</b> System	Instructions: 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.  IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:  (Number, street, rural route, apartment, or suite number)  (City, town, state, zip)								
<b>D</b> Area Served	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 fillings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
First ▶ Community	CITY OR TOWN STATE CITY OR TOWN STATE PALO IA								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:					
PALO COOPERATIVE TELEPHONE ASSOCIATION					
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 fillings.  Note: Entitles and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

PALO COOPERATIVE TELEPHONE ASSOCIATION

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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.

BLOCK	1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:  • Service to first set  • Service to additional set(s)	69	. \$27.51 	IPTV BASIC HD DIGITAL	177 42	\$37.47 \$14.55	
•FM radio (if separate rate)  Motel, hotel			65 OLDER CLUB	10	\$31.61	
Commercial Converter						
Residential     Nonresidential						

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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			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	<i></i>		
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)	\$3.95	Other Services:			
FM radio (if separate rate)		Reconnect	\$30.00		
Converter		Disconnect			
		Outlet relocation	\$65.00		
		Move to new address	\$15.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#### PALO COOPERATIVE TELEPHONE ASSOCIATION

Name

#### 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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

**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.

**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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGAN	3	N	CEDAR RAPIDS, IA
KFXA	11	N	CEDAR RAPIDS, IA
KWWL	8	N	WATERLOO, IA
KCRG	9	N	CEDAR RAPIDS, IA
KRIN	13	E	IOWA CITY, IA
WGN	18	1	CHICAGO, IL
KWKB	20	-}	IOWA CITY, IA
KPXR	6	J	CEDAR RAPIDS, IA
<u>, , , , , , , , , , , , , , , , , , , </u>			
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G

Primary Transmitters: Television Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

### PALO COOPERATIVE TELEPHONE ASSOCIATION



Primary Transmitters: Radio

#### 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.

**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 the Copyright Office regulations on this point, see page (iv) of the general instructions.

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 STATIO
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FORM SA1-2. PAGE 5.							
LEGAL NAME OF OWNER OF CABLE SYS PALO COOPERATIVE TE		ASSOCIATI	ON				Name
SUBSTITUTE CARRIAGE In General: In space I, ident system carried on a substitute tions, or authorizations. For a the general instructions.	ify <i>every nor</i> e basis durin	nnetwork telev g the accounti	<i>ision program</i> , broadca ng period, under specifi	ist by a <i>dis</i> c present a	nd former FCC ru	iles, regula-	Substitute Carriage:
SPECIAL STATEMENT C     During the accounting peri broadcast by a distant state.  Note: If your answer is "No," log in block 2.	od, did your tion?	cable system	carry, on a substitute ba	☐ Ye	s 🔳 No	. –	Special Statement and Program Log
2. LOG OF SUBSTITUTE PINGeneral: List each substituted. If you need more space Column 1: Give the title of period, was broadcast by a diffunction of the certain FCC rules, regular to the certain FCC rules, regular to the program Column 2: If the program Column 3: Give the call signature Column 4: Give the broad the case of Mexican or Cana Column 5: Give the month first. Example: for May 7, give Column 6: State the times to the nearest five minutes. Estate the column 7: Enter the letter to delete under FCC rules and was substituted for programs.	ute program e, please atta f every nonn stant station ulations, or a s like "movie fulls." was broadca gn of the sta cast station dian stations and day whe e "5/7." when the su xample: a pro "R" if the lisi d regulations	ach additional etwork television and that your cuthorizations. es" or "baskethest live, enter "tion broadcast is location (the s, if any, the coen your system ubstitute program carried ited program win effect during	pages. on program ("substituted sable system substituted See page (v) of the gen pall." List specific program. Otherwise, entering the substitute programmunity to which the carried the substitute program was carried by your by a system from 6:01:1 as substituted for program the accounting period;	e program"; d for the program titles, for "No." am. the station is program. U cable systems of p.m. to 6 camming the enter the local canter th	that, during the agramming of ano ations for further in the control of example, "I Low solutions for example, "I Low solutions for further in example, "I Low solutions for example, "I Low solutions for example, with second for example, with the list of the l	accounting ther station of the station of the Lucy" or FGC or, in the month accurately does not be stated as required and program	
on October 19, 1976.	JBSTITUTE	PROGRAM		1 1	SUBSTITUTE GE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3, STATION'S CALL SIGN	4. STATION'S LOCATION	5, MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PALO COOPERATIVE TELEPHONE ASSOCIATION
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the general instructions.  • 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.  • (Amount of gross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: 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 \$263,800  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 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 pay for this six-month
	accounting period is \$52.00  Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. Filing Fee \$15.00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.
	Add lines 1, 2 and 3 \$ 67.28
	•
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula ·
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1 \$
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	<b>A</b>
	9. Filing Fee \$20.00
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula \$ 263,800
	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)
	6. Interest Charge. Enter the amount from line 4, space Q, page 8
	7. Filing Fee. \$20.00
	7. Filling Fee.
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7
	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights. See page i of the general instructions for more information.

FORM SA1-2, PAGE 7.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: PALO COOPERATIVE TELEPHONE ASSOCIATION	Name
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.  1. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	M Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N
Name ERIN PETERSEN  Address 807 2ND ST  (Number, street, rural route, apartment, or suite number)  PALO, IA 52324  (City, town, state, zip)  Email (optional) PALOMANAGER@NETINS.NET  Fax (optional)	Individual to Be Contacted for Further Information
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	O Certification
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 identified in line 1 of space B, and that the owner is not a corporation or partnership; or	• <u>.</u>
(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 cable system in line 1 of space B.	
<ul> <li>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. [See 18 U.S.C. sec.1001]</li> </ul>	
Handwritten signature: ZV IN PUTEUSLU	
Typed or printed name: ERIN PETERSEN	
Title: GENERAL MANAGER (Title of official position held in corporation or partnership)	
Date: 1/28/19	

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