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								
08/12/20	\$ ALLOCATION NUMBER								

Return completed workbook by email to:

coplicsoa@loc.gov

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

	1	
Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20201 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2601 EAST STREET (Number, street, rural route, apartment, or suite number)
		TEXARKANA, AR 71854
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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	<u></u>
		(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

		FORM SA1-2E. PAGE 1I
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
	SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.	63132
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	ist will serve as a form of system identification hereafter knowr
	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
Area	identified city.	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	FOUKE	AR
Community	FORT LYNN	AR
•	GENOA	AR
Add Rows as Necessary	TEXARKANA	AR
Add Nows as Necessary	TRIGG	AR
	DODDRIDGE	AR
	EMERSON	AR
	TALLEY	AR
	FULTON	AR
	WASHINGTON	AR
	RAVANA	AR
	BLOOMBURG	TX
	HOPE	AR
	BRISTER	AR
	MCNAB	AR
	GARLAND	AR
	KIBLAH	AR
		<mark></mark>
	BRIGHT STAR ATLANTA	AR TV
		TX
	NOXOBE	AR
	CAPPS CITY	AR
	OZAN	AR
	YANCY	AR
	COLUMBUS	AR
	TAYLOR	AR
	NASHVILLE	AR

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.

63132

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	820	29.95	LIFELINE	61	29.95		
 Service to additional set(s) 	1,208	7.00	PRO	95	71.95		
 FM radio (if separate rate) 			PREMIER	622	78.95		
Motel, hotel			ULTIMATE	42	#####		
Commercial							
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		STARZ	11.95
Pay cable—add'l channel		Commercial		STARZENCORE ONLY	4.95
Fire protection		• Pay cable		SHOWTIME	17.95
•Burglar protection		 Pay cable-add'l channel 		HD ACCESS	10.00
Installation: Residential		 Fire protection 		HISPANIC	8.95
First set		 Burglar protection 		VARIETY PLUS	2.95
 Additional set(s) 	20.00	Other services:		MOVIE PAK	1.95
 FM radio (if separate rate) 		 Reconnect 			
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63132

SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTBS	3-1	N	SHREVEPORT, LA
KTBS-WX	3-2	N-M	SHREVEPORT, LA
KTBS-24	3-3	N-M	SHREVEPORT, LA
KTALDT	6-1	N	SHREVEPORT, LA
KSLA DT	12-1	N	SHREVEPORT, LA
BOUNCE	12-3	N-M	SHREVEPORT, LA
GRIT	12-4	N-M	SHREVEPORT, LA
KPXJ-HD	21-1	N	TEXARKANA, TX
KPXJ-ME	21-2	N-M	SHREVEPORT, LA
KPXJ-MO	21-3	N-M	SHREVEPORT, LA
KPXJ-AN	21-4	N-M	SHREVEPORT, LA
LPBHD	24-1	E	MINDEN, LA
LPB2	24-2	E-M	MINDEN, LA
LPB3	24-3	E-M	MINDEN, LA
KMSSTV	33-1	N	MINDEN, LA
KSHV-HD	45-1	N	SHREVEPORT, LA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.

63132

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
	 						
	 						
	 						
							
							
							
	T						
	T						
						l	
	T						
	T						
						<u> </u>	

	1 2020/4							
Accounting Perio	d: 2020/1 LEGAL NAME OF OWNER OF	CARLE SVS	STEM:				FOR	SYSTEM ID#
Name	SOUTHWEST ARKAN			OOPERATIVE, INC.				63132
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every no ccounting p ning that mu	nnetwork televi eriod, under sp est be included	ision program, broadcast by pecific present and former F in this log, see page (v) of t	a <i>distant</i> sta CC rules, reg	ulations, c	r authorizatio	ns. For a further
Special	During the accounting pe				cic any non	ootwork to	lovicion prog	rom
Statement and	broadcast by a distant sta		ui cable systei	il carry, oil a substitute ba	oio, arry riorii	ietwork te		
Program Log	1						YES	X NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	must com	plete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTION		· · · · ·					
	In General: List each subsclear. If you need more spacelear. If you need more spacelear spacel	titute progra ace, please of every no distant sta egulations, of ies like "mo Bulls." m was broa sign of the adcast stati nadian stati es when the Example: er "R" if the and regulat mming that	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask dcast live, ent- station broadd on's location (ons, if any, the when your sy- e substitute pro a program car e listed prograr- ions in effect of	I rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the general casting the substitute programer "Yes." Otherwise enter a casting the substitute programer community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01 m was substituted for programing the accounting period our cable to the substituted of the sub	e program") the dofor the program instruct am titles, for each of the station is like a station is id a program. Using the cable system in the like a station is id a program. Using the cable system in the like a station is id a program. Using the system in the like a station is id a program. Using the system in the like a station is id a station in the like a station in t	hat, during ogrammin ions for fuexample, 'censed by entified). se numeram. List the 5:28:30 p.r. t your systetter "P" i	g the account g of another informa 'I Love Lucy' the FCC or, als, with the retimes accurm, should be tem was required.	ing station tion. or in month ately
	effect on October 19, 1976	-			WHE	N SUBST	TITLITE	
	s	UBSTITUT	E PROGRAM	1			CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
							_	
								.
								,
							_	
							_	
							_	
								'
								

	2020/1				A1-2E. PAG				
Name	SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, IN	IC.		3	631				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you all amounts (gross receipts) paid to your cable system by subscribers for (as identified in space E) during the accounting period. For a further exp page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service	r the system's lanation of ho	s secondary trans	mission service					
	during the accounting period			\$ 14 (Amount of gr	7,354.00 oss receipts)				
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 les Use block 2 if the amount of gross receipts in space K is more than \$137 Use block 3 if the amount of gross receipts in space K is more than \$263 See page (vi) of the general instructions located in the paper SA1-2 form for its complex services.	7,100 but less 3,800 but less	than \$527,600	\$263,800					
	BLOCK 1: GROSS RECEIPTS OF	= \$137,100 C	OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the accounting period is \$52.00	royalty fee the	at you must pay fo	or this six-mon					
	Line 1. Royalty fee for accounting period			··					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD	Add lines 1 ar	nd 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 O	R LESS (but	more than \$137	,100)					
	Base amount under statutory formula	<u>\$</u>	263,800.00	<u>) </u>					
	Enter amount of gross receipts from space K		•	<u>) </u>					
	3. Subtract line 2 from line 1	\$	116,446.00	<u>) </u>					
	4. Enter the amount of gross receipts from space K		<u>\$</u>	147,354.00					
	5. Enter the amount from line 3		<u>\$</u>	116,446.00					
	6. Subtract line 5 from line 4		\$	30,908.00					
	7. Multiply line 6 by .005 (enter figure here)			\$	154.54				
	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	l \$263,800 (b	out less than \$52	7,600)					
	Enter the amount of gross receipts from space K			<u> </u>					
	Base amount under statutory formula	\$	263,800.00	<u>)</u>					
	3. Subtract line 2 from line 1	· · ·		_					
	4. Multiply line 3 by .01								
	Royalty due on the first \$263,800 of gross receipts (under statutory form)	ula)	\$	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	16	· · <u> </u>					
	FILING FEE AND TOTAL REMITTANC	E DUE							
Filing Fee and									
otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	154.54					
Due	2. Filing Fee (See the instructions for more information on filing fee calculated)	tions)	<u>\$</u>	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and	13		\$	174.54				
	Important: Your remittance must be in the form of an electroni See page i of the general instructions in the pape		-		jhts!				

Accounting Period:	2020/1								FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER C		COOPE	ERATIVE, I	NC.				SYSTEM ID: 63132
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2)	, , ,			•			ns	
	Enter the total number system carried television								16
	Enter the total number on which the cable syste and nonbroadcast serving	em carried television	broadcas						320
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORMATION	IS NEEDED (Iden	ntify an indi	vidual to whom		
for Further Information	Name Sherr	ri Knigge					Telepho	one 870-653-8	3222
	(Number	East Street , street, rural route, apart rkana, AR 7185		uite number)					
	Email	sherrik@swatco	o.com				Fax (optional) 870-653	-7156	
	CERTIFICATION (This sta	tement of account m	ust be ce	ertified and s	signed in accordan	nce with Co	ppyright Office regulatio	ns)	
O Certification	• I, the undersigned, hereb	y certify that (Check o	one, <i>but or</i>	nly one, of th	ne boxes.)				
	(Owner other t	han corporation or p	oartnersh	nip) I am the	owner of the cable	e system as	s identified in line 1 of sp	pace B; or	
		er other than corpora space B and that the c			•	-	ent of the owner of the ca	able system as ide	entified
	X (Officer or par in line 1 of s		(if a corpo	oration) or a	partner (if a partner	rship) of the	e legal entity identified a	s owner of the cal	ole system
	I have examined the state are true, complete, and co [18 U.S.C., Section 1001(⁷)	rrect to the best of my						erein	
			X	/s/Sher	ri Knigge				
					ignature on the line g an "/s/ signature" (ertify this statement. hn Smith)		
		Typed or printed	d name:	Sherri	Knigge				
		Title: (Title of o			ompliance Of				
		Date:					08/12/2020		

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ounting Period: 2020/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
UTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.	63132
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 Mailing Address 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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	s
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>- </u>
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	<u>-</u>
* 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@loc.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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