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				
7-27-22	\$ ALLOCATION NUMBER				
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	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
	SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 9 (Number, street, rural route, apartment, or suite number)
	SPRINGVILLE, IA. 52336
	(City, town, state, zip)
С	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.
System	1 IDENTIFICATION 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 filling, a determination that would be made by a court of law.

Accounting Period:	2022/1							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Name	SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC	853						
	Instructions: List each separate community served by the cable system. A "community"							
D	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 Served	city.							
	CITY OR TOWN	STATE						
First	SPRINGVILLE	IA						
Community								
Add Davis on Nassessani								
Add Rows as Necessary								

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 853

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC

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	35	34.00	EXPANDED VIDEO	260	95.00	
Service to additional set(s)			SET TOP BOXES	365	5.00	
• FM radio (if separate rate)			PVR	140	7.00	
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		T				

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	17.00	Motel, hotel			
 Pay cable—add'l channel 	15.00	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	50.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	15.00		
Converter		Disconnect	-		
		Outlet relocation	50.00		
		Move to new address	50.00		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC

G

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
KGAN	2	N	CEDAR RAPIDS, IA
KFXA	2.2	N	CEDAR RAPIDS, IA
GET TV	2.3	N-M	CEDAR RAPIDS, IA
KWWL	7	N	CEDAR RAPIDS, IA
HEROES & ICONS	7.2	N-M	CEDAR RAPIDS, IA
ME-TV	7.3	N-M	CEDAR RAPIDS, IA
COURT TV	7.4	N-M	CEDAR RAPIDS, IA
TRUE CRIME	7.5	N-M	CEDAR RAPIDS, IA
KCRG	9	N	CEDAR RAPIDS, IA
MY NETWORK	9.2	N-M	CEDAR RAPIDS, IA
cw	9.3	N-M	CEDAR RAPIDS, IA
IPTV	12	E	IOWA CITY, IA
IPTV KIDS	12.2	E-M	IOWA CITY, IA
IPTV WORLD	12.3	E-M	IOWA CITY, IA
IPTV CREATE	12.4	E-M	IOWA CITY, IA
DABLE	28	N-M	CEDAR RAPIDS, IA
CHARGE	28.2	N-M	CEDAR RAPIDS, IA
TBD TV	28.3	N-M	CEDAR RAPIDS, IA
STADIUM TV	28.4	N-M	CEDAR RAPIDS, IA
COMET TV	28.5	N-M	CEDAR RAPIDS, IA
KPXR	48	I	CEDAR RAPIDS, IA
GRIT	48.2	I-M	CEDAR RAPIDS, IA
BOUNCE	48.3	I-M	CEDAR RAPIDS, IA
KFXB	40	I	CEDAR RAPIDS, IA

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 853 SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KWKB** 20 CEDAR RAPIDS, IA **COURT TV MYSTERY** 20.2 I-M CEDAR RAPIDS, IA

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC

853

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	CAI	L SIGN	AM or FM	S/D	LOCATION OF STATION
KHAK	FM		CEDAR RAPIDS, IA					
NHAN	FIVI	 	CEDAR RAPIDS, IA				 -	
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U.S. Copyright Office

Accounting Perio	counting Period: 2022/1 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF C	ABLE SYST	EM:						SYSTEM ID#	
Name	SPRINGVILLE CO-OPE	RATIVE T	ELEPHONE	ASSOCIATION INC					853	
	SUBSTITUTE CARRIAGE	SPECIAL	_ STATEMEN	T AND PROGRAM LOG						
		_	_			listant static	n that your	cable evete	m carried on a	
-		In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	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:	1. SPECIAL STATEMENT	I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	During the accounting peri-	od, did your	cable system	carry, on a substitute basi	s,	any nonne	twork telev	ision progra	m	
Statement and Program Log	broadcast by a distant stati	ion?	•	•		•		YES	X NO	
. rogram zog	_					, ,,				
	Note: If your answer is "No,"	' leave the i	rest of this pag	e blank. If your answer is '	"Y	es," you mu	ust complet	e the progra	am	
	log in block 2.									
	2. LOG OF SUBSTITUTE In General: List each substi			to line. Use abbreviations	1	norovor nos	cible if the	ir mooning	ic	
	clear. If you need more space				VVI	ierever pos	Sible, II lile	ii iiieaiiiig	5	
	Column 1: Give the title of				pr	ogram") tha	at, during th	e accountin	g	
	period, was broadcast by a									
	under certain FCC rules, reg Do not use general categorie									
	"NBA Basketball: 76ers vs. I		ries of baske	ibali. List specific program		ilies, ioi ex	ample, TE	ove Lucy o		
	Column 2: If the program		cast live, enter	"Yes." Otherwise enter "N	Ю	."				
	Column 3: Give the call s									
	Column 4: Give the broad the case of Mexican or Cana							e FCC or, in		
	Column 5: Give the mont							with the mo	onth	
	first. Example: for May 7 give		,,			- 3	,			
	Column 6: State the time								ely	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15	p.m. to 6:2	:8:30 p.m. s	should be		
	Column 7: Enter the lette	r "R" if the l	isted program	was substituted for progra	ım	ıming that v	our system	was requir	ed	
	to delete under FCC rules a									
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r I	FCC rules a	and regulati	ons in		
	effect on October 19, 1976.									
						WHE	N SUBST	ITUTE		
	SI	UBSTITUT	E PROGRAM				IAGE OCC		7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH		TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION		AND DAY	FROM	<u>— то</u>		
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Accounting Period: 2	2022/1			FORM S.	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC			S	YSTEM ID# 853
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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 re-	estem's sec n of how to	condary transmis compute this ar	ssion service mount, see	1,484.85 pss receipts)
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 to 100 t	out less tha		63,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137	',100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty 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				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	e 1 and ?			
				•	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	,	· · · · · · · · · · · · · · · · · · ·	00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	174,484.85		
	3. Subtract line 2 from line 1	\$	89,315.15		
	4. Enter the amount of gross receipts from space K		\$ 1	74,484.85	
	5. Enter the amount from line 3		\$	89,315.15	
	6. Subtract line 5 from line 4			85,169.70	
					405.05
	7. Multiply line 6 by .005 (enter figure here)		•		425.85
	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 a	and 8		\$	425.85
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	ess than \$527,	600)	
	4 Established and the second of the second o				
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		. \$	425.85	
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			\$	445.85
	EFT Trace # or TRANSACTION ID #	27	11L91C		
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: CO-OPERATIVE TELEPH	HONE ASSOCIATION INC		SYSTEM ID# 853
M Channels	to its subscriber The subscriber The subscriber Subscriber The subscriber Subscriber The subscriber The subscriber	rs, and (2) the cable system's al number of channels on white detection broadcast station al number of activated channels.	nsels	accounting period.	26
		cable system carried television			196
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accordance.	HER INFORMATION IS NEEDED (Identify an in unt.)	ndividual	
for Further Information	Name	JEAN SCHILLING		Telephone 319	-854-6107
	Address	207 BROADWAY, PC (Number, street, rural route, apart	tment, or suite number)		
		SPRINGVILLE, IA, 52 (City, town, state, zip)	2336		
	Email	springvl@netin	is.net	Fax (optional 319-854-9010	
0	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance with 0	Copyright Office regulations)	
Certification	• I, the undersigned	ed, hereby certify that (Check o	one, but only one, of the boxes.)		
	(Owne	r other than corporation or p	partnership) I am the owner of the cable system a	as identified in line 1 of space B; or	
	(Agent		ation or partnership) I am the duly authorized ag he owner is not a corporation or partnership; or	ent of the owner of the cable system	as identified
	(Offic	er or partner) I am an officer (in line 1 of space B.	(if a corporation) or a partner (if a partnership) of t	he legal entity identified as owner of t	the cable system
		ete, and correct to the best of m	hereby declare under penalty of law that all staten ny knowledge, information, and belief, and are mad		
			X /S/ JEAN SCHILLING		
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed	d name: JEAN SCHILLING		
		Title:	EXECUTIVE OFFICE MANAGER itle of official position held in corporation or partnership)		
		Date:		07/27/2022	

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: 2022/1 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPRINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC	
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RINGVILLE CO-OPERATIVE TELEPHONE ASSOCIATION INC	853
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."	Special Statement Concerning Gross
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.	Receipts Exclusion
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 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
Address	
ID number	
First community served	
Accounting period	

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.

CONTROL #: REMITTANCE #:

C	Cable
	Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	□Check	□EFT	□FILING	FEES	
Cable ID #						Amount	Initials	
Examined by	R	eviewed by	Date examination completed	Allocation	on number			
Space A Accounting	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)							
Period	☐Letter se	ent		☐ Information received				
	□Accepted	d	☐Phone call/Date/Contact					
Space B Owner								
	☐Letter se	ent		☐ Information received				
	□ Accepted □ Phone call/Date/Contact							
Space D Area Served								
	☐Letter se	ent		Information re	ceived			
	Accepted Phone call/Date/Contact							
Space E Secondary Transission								
Service Subscribers:	☐Letter se	ent	С]Information re	ceived			
and Rates	□Accepted	d		Phone call/Dat	e/Contact			
Space G Primary Transmitters:								
Television	□Letter se	ent]	☐Information re	eceived			
	□Accepted	d	[□Phone call/Da	te/Contact			
Space H Primary Transmitters:								
Radio	□Accepted	d]	Phone call/Da	te/Contact			

		<u> </u>
		Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time
		Carriage Log
Letter sent	☐Information received	(SA3 only)
□Accepted	☐Phone call/Date/Contact	
		Space K
		Gross Receipts
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space L
		Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
□Accepted	☐Phoe call/Date/Contact	
		Space M
		Channels
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O
		Certification
Letter sent	☐Information received	
Accepted	☐Phone call/Date/Contact	
		Space P
		Statement of Gross Receipts
	☐Information received	
	□Phone call/Date/Contact	
□Accepted	Prione cali/Date/contact	Space Q
		Interest
		Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	Phone call/Date/Contact	