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						
3/1/23	\$					
	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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A	20221 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
	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)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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 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 1
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC	C. 63132
	Instructions: List each separate community served by the cable system. A "o	
D	"a separate and distinct community or municipal entity (including unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future for Note: Entities and properties such as hotels, apartments, condominiums, or	hat you list will serve as a form of system identification hereafter knowr filings.
Area Served	identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	FOUKE	AR
Community	FORT LYNN	AR
-	GENOA	AR
ld Rows as Necessary	TEXARKANA	AR
	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
	BRIGHT STAR	AR
	ATLANTA	TX
	NOXOBE	AR
	CAPPS CITY	AR
	OZAN	AR.
	YANCY	AR
	COLUMBUS	AR
	TAYLOR	AR
	NASHVILLE	AR

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

Name SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE. INC.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 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 ir 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 residentia subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCI	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	728	34.95	LIFELINE	59	34.95
Service to additional set(s)	1,075	7.00	PRO	93	85.95
• FM radio (if separate rate)			PREMIER	518	91.95
Motel, hotel			ULTIMATE	58	#####
Commercial					
Converter					
Residential					
Non-residential					
				I	

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 transmissior 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	TEGORY 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) 	50.00	Other services:		MOVIE PAK	1.95
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

Accounting Period: 2022/1 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 EM	S/D	LOCATION OF STATION	CALL SICN	AM or EM	S/D	I OCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
		 					
		 					
							
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Assouration Design	.d. 2022/1						FOR	A CA4 OF DACE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#	
Name	SOUTHWEST ARKAN			OOPERATIVE, INC.				63132	
 Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programn	tify every no	nnetwork televi eriod, under sp	ision program, broadcast by pecific present and former F	<i>a distant</i> sta CC rules, reg	ulations, c	or authorizatio	ns. For a further	
Carriage:	noisi								
Special Statement and Program Log	 During the accounting pe broadcast by a distant sta Note: If your answer is "Note" 	tion?		•	·		YES	X NO	
		, leave the	rest or this pa	age blank. II your answer is	s res, your	nust com	biere rue broć	grain	
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the bro the case of Mexican or Calumn 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute prograce, please of every not distant state gulations, or its like "mo Bulls." m was broat sign of the adcast statinadian statinadian statinadian statines when the Example:	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 substitutens. See page (v) of the general of the substitutens. See page (v) of the general of the substitutens. The community to which the community to which the stem carried the substitute or carried the substitute or carried by a system from 6:01 m was substituted for program was carried for program was substituted for prog	e program") the defor the program titles, for each station is lided program. Using table 1:15 p.m. to 6 program to 6 progr	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 urther informa 'I Love Lucy" the FCC or, als, with the retimes accurm, should be tem was required.	ing station tion. or in nonth ately	
	effect on October 19, 1976					N SUBSI		7. 5540041505	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6.	CURRED TIMES	7. REASON FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
							_	,	
								,	
							_		
							_		
							_		

ccounting Period:	,				A1-2E. PAGI YSTEM I
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.			3	631
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.	system's se	condary transm	ission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period			\$ 15 (Amount of gr	2,661.60
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	lty fee that y	ou must pay for	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 I	ines 1 and 2	2	<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	100)	
	Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K			=	
	3. Subtract line 2 from line 1	\$	111,138.40	-	
	4. Enter the amount of gross receipts from space K			152,661.60	
	5. Enter the amount from line 3			111,138.40	
	6. Subtract line 5 from line 4		·		
	7. Multiply line 6 by .005 (enter figure here)				207.62
	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		\$	207.62
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	\$	263,800.00	-	
	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 formula) .			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	207.62	
otal Remittance Due	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			\$	227.62

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: ARKANSAS TELEPHONE	COOPERATIVE, INC.		SYSTEM ID# 63132
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	number of channels on which television broadcast stations. number of activated channels able system carried television l	s	ecounting period.	329
N Individual to Be Contacted		BE CONTACTED IF FURTHI	ER INFORMATION IS NEEDED (Identify an industry)	dividual to whom	
for Further Information	Name	Tina Moore		Telephone 87	70-653-8222
	Address	2601 East Street (Number, street, rural route, apartn Texarkana, AR 7185 (City, town, state, zip)			
	Email	tinam@swatco.	com	Fax (optional) 870-653-7156	
О	CERTIFICATION	(This statement of account mu	ust be certified and signed in accordance with C	Copyright Office regulations)	
Certification			one, but only one, of the boxes.)		
			artnership) I am the owner of the cable system a		
	in I	ine 1 of space B and that the o	ation or partnership) I am the duly authorized ag wner is not a corporation or partnership; or		
	in I	ine 1 of space B.	if a corporation) or a partner (if a partnership) of t		r of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all state knowledge, information, and belief, and are mad		
			X /s/Tina Moore		
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/.		
		Typed or printed	I name: Tina Moore		
		Title:	Accountant/Compliance Officer fficial position held in corporation or partnership)		
		Date:		8/23/2022	111111111111111111111111111111111111111

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63132

SOUTHWEST	ARKANSAS	TELEPHONE	COOPERATIVE.	INC

OUTHWEST 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	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
	_
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@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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