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							
2/13/2025	\$							
_, , 0, _ 0 _ 0	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	
	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
	Runestone Telephone Assn
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Runestone Telephone Association
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 336 (Number, street, rural route, apartment, or suite number)
	Hoffman, MN 56339 (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:	2024/2	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Runestone Telephone Assn									
D	Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated coldiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	mmunities within unincorporated areas and including single,								
	as the "first community." Please use it as the first community on all future filings.	ama parks should be reported in parentheses below the								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the								
	CITY OR TOWN	STATE								
First	Barrett	MN								
Community	Cyrus	MN								
	Donnelly	MN								
Add Rows as Necessary	Hoffman	MN								
	Kensington	MN								
	Lowry	MN								
	Norcross	MN								
	Tintah	MN								
	Wendell	MN								
	Elbow Lake	MN								
	Herman	MN								
	Wheaton	MN								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

FORM SA1-2E. PAGE 2.

Name

Accounting Period: 2024/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Runestone Telephone Assn** 

SYSTEM ID# 27469

## 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.

BLG	OCK 1	BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
<ul> <li>Service to first set</li> </ul>			Broadcast	249	42.82			
<ul> <li>Service to additional set(s)</li> </ul>			Basic	648	98.01			
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel								
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 1								
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE				
Continuing Services:		Installation: Non-residential							
• Pay cable		Motel, hotel							
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial							
Fire protection		• Pay cable							
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel							
Installation: Residential		Fire protection							
• First set	35.00	Burglar protection							
<ul> <li>Additional set(s)</li> </ul>		Other services:							
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	35.00						
Converter		Disconnect							
		Outlet relocation	60.00						
		<ul> <li>Move to new address</li> </ul>	35.00						

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Runestone Telephone Assn

FORM SA1-2E. PAGE 3.

SYSTEM ID#

27469

# 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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WFTC** Minneapolis, MN 4 **KSTP** 5 Ν St Paul, MN WCCO-TV 7 Ν Minneapolis, MN **KMSP-TV** 9 I Minneapolis, MN **KWCM** Ε 10 Appleton, MN **KARE** 11 Ν Minneapolis, MN **KSTC-TV** 12 Minneapolis, MN **KVLY-TV** Ν 13 Fargo, ND

Add Rows as Necessary

#### Runestone Telephone Assn

27469

#### 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
KJJK	FM		Fergus Falls, MN				
KOOK	1 101		r ergus r alis, ivilv				
							l
				1	l .		

Accounting Perio						FOI	RM SA1-2E. PAGE 5.		
Name	Runestone Telephone		I EM:				SYSTEM ID# 27469		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LO	G				
Substitute	In General: In space I, identi substitute basis during the acexplanation of the programm	fy every nor	<i>nnetwork televis</i> eriod, under spe	ion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	ılations, or authorization	s. For a further		
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE					
Special	During the accounting peri				sis. anv nonne	etwork television progra	m		
Statement and	broadcast by a distant stat	•	,	<b>,</b> ,	, <b>,</b>	YES	X NO		
Program Log	Note: If your answer is "No,		rest of this pag	e blank. If your answer is	"Ves " vou m				
	log in block 2.	leave the	rest of this pag	e blatik. It your allower is	res, you iii	ust complete the progra	3111		
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a cunder certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call of Column 4: Give the broad the case of Mexican or Canal Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules as	itute progra ce, please a of every nor distant stati gulations, or es like "mov Bulls." n was broad sign of the s dcast statio adian statio th and day e "5/7." es when the Example: a er "R" if the nd regulatio	m on a separate add additional renetwork television and that your authorizations vies" or "basket live, enterestation broadca on's location (thens, if any, the content of the program carried listed program ons in effect during additional research on the separate of the	ows to the tables. sion program ("substitute or cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "sting the substitute prograe community to which the community with which the em carried the substitute gram was carried by your ed by a system from 6:01 was substituted for prograng the accounting period	program") the ed for the program instruction titles, for exam.  No."  am.  e station is lice station is ide program. Use cable system 15 p.m. to 6:20 camming that yel; enter the le	at, during the accounting gramming of another stans for further information ample, "I Love Lucy" of ensed by the FCC or, in ntified). The numerals, with the module is accurated as a p.m. should be gour system was requirenter "P" if the listed programming the standard pro	g ation on. onth ely		
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete und	WHEN SUBSTITUTE				
	S	UBSTITUT	E PROGRAM		CARR	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. TIMES FROM — TO	DELETION		
						_			
						_			
						_			
						_			
						_			
						_			
						_			
						_			
						_			
						_			
						_			
•									

Accounting Period:	2024/2			FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S'	YSTEM ID#
Name	Runestone Telephone Assn				27469
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (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.  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.	ystem's se on of how to	econdary transmi o compute this a	ssion service mount, see	5,221.95 ss 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 less.  Use block 2 if the amount of gross receipts in space K is more than \$137,100 to the block 3 if the amount of gross receipts in space K is more than \$263,800 to See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600.	63,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	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	•		is six-month	
	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	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but me	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K		·		
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	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		·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3.800 (but	less than \$527.	.600)	
	Enter the amount of gross receipts from space K	•	415,221.95	, ,	
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01			1,514.22	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	<ol> <li>Interest charge. Enter the amount from line 4, space Q, page 8</li></ol>			9.00 \$ 2	2,833.22
				<u> </u>	
	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)		. \$	2,833.22	
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			\$ 2	2,853.22
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the E				_

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2024/2													FORM	M SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: ephone <b>Assn</b>													SYSTEM ID# 27469
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	ou must give (1) the number of s, and (2) the cable system's to number of channels on which television broadcast stations able system carried television cast services	total num  th the cal  s  broadca	able	e	vated ch	nannels du	uring the	accountin	ng period				8 68	
N Individual to Be Contacted		BE CONTACTED IF FURTHER  about this statement of accoun		FORI	RMATION	IS NEE	DED (Ide	ntify an i	ndividual						
for Further Information	Name	Pam Randt									Telephone	320-	986-201	13	
information	Address	PO Box 336 (Number, street, rural route, apartment Hofman, MN 56339 (City, town, state, zip)	ment, or su	suite	e number)										
	Email	pam.randt@rune	estone.	e.cor	om				Fax (o	ptional)					
Ocertification	I, the undersigned (Owned)      (Agent in late)      (Office in late)      I have examined		tion or powner is not ereby deknowled	only of particular poration declared ge,	one, of the of the office of t	owner of I am the tion or partner (if penalty of ion, and be the tion of tion of the tion	the cable duly auth artnership; f a partner of law that belief, and on the line	system a orized ag ; or rship) of the all stater I are mad	as identifiegent of the he legal er	ed in line of owner of ntity ident act contain faith.	of space the cable s ified as ow	B; or system a			
			Gene	eral	Kent H	ger/CE	EO	ip)							
		Date:						.,	2/	13/2024					

**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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nestone Telephone Assn	27469
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."	P 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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address  Name 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	<u>-</u>
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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.