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					
02/15/2018	\$ 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

	I							
Α	ACCOL	JNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	20	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
		Barcode Data Filling Period (optional - See Instructions)						
Accounting								
Period								
	In	nstructions:						
В		ive 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 f the subsidiary, not that of the parent corporation.						
	01	i die saussidaly, not that of the parent corporation.						
Owner	Lis	ist 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.							
		neck field if this is the system's mist fining. If not, effect the system's in number assigned by the Electioning Division.						
	<u> </u>	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	F	armers Cooperative Telephone Company						
	В	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	М	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 280 Tumber, street, rural route, apartment, or suite number)						
		Dysart, IA 52224						
		Dity, town, state, zip)						
	INSTRU	CTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С		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	, ID	DENTIFICATION OF CABLE SYSTEM:						
	1							
	М	IAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	100	Dity, town, state, zip code)						
1	1 10							

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. PAGI						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI						
Nume	Farmers Cooperative Telephone Company							
	Instructions: List each separate community served by the cable system. A "co							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.	nobile home parks should be reported in parentheses below the						
-	CITY OR TOWN	STATE						
First Community	Dysart	lowa						
Community	Clutier	lowa						
d Rows as Necessary								

Accounting Period: 2017/2 FORM SA1-2E, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

Farmers Cooperative Telephone Company

SYSTEM ID#

E

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.

BLO	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	494	66.99			
Service to additional set(s)					
• FM radio (if separate rate)					
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
 First set 	30.00	 Burglar protection 			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	15.00		
Converter		Disconnect			
		 Outlet relocation 	30.00		
		Move to new address	30.00		

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Farmers Cooperative Telephone Company

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
KGAN	2	N	CEDAR RAPIDS
KGAN 2.2	331	N-M	CEDAR RAPIDS
KWWL	7	N	WATERLOO
KWWL 7.2	342	N-M	WATERLOO
KWWL 7.3	343	N-M	WATERLOO
KCRG	9	N	CEDAR RAPIDS
KCRG 9.2	352	N-M	CEDAR RAPIDS
KCRG 9.3	353	N-M	CEDAR RAPIDS
KRIN	11	E	PBS WATERLOO
KRIN 11.2	362	E-M	PBS WATERLOO
KRIN 11.3	363	E-M	PBS WATERLOO
KPXR 48.1	4	l	CEDAR RAPIDS
KPXR 48.2	372	I-M	CEDAR RAPIDS
KPXR 48.3	373	I-M	CEDAR RAPIDS
KFXA 28.1	15	N	CEDAR RAPIDS
KFXA 28.2	382	N-M	CEDAR RAPIDS
KWKB 20.2	12	N	IOWA CITY

Farmers Cooperative Telephone Company

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
							
							
							
	 						
							
							
							
							
							
							
							
	 						
	 						
	 						
	 						
	 						
							
							
	 						
							
	 						
	 						
	 						
							

ccounting Perio	od: 2017/2 LEGAL NAME OF OWNER OF	CADLE SVS	TEM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	Farmers Cooperative							0 0	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa	E: SPECIA ify every no ccounting p ning that mu T CONCEI riod, did you tion? ", leave the E PROGRA titute progra ace, please	AL STATEME Innetwork televious Innetwork televiou	ision program, broadcast by becific present and former Frin this log, see page (v) of the triple of triple	or a distant sta CC rules, reg he general ins sis, any nonr s "Yes," you r	ulations, of structions in the struction in the structure in t	r authorization the paper Selevision progression progr	stem carried on a ons. For a further SA1-2 form. gram X NO gram gram	
period, was broadcast by a distant station and that your cable system substituted for the progunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction Do not use general categories like "movies" or "basketball." List specific program titles, for exemBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is lice the case of Mexican or Canadian stations, if any, the community with which the station is ider Column 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:2 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that y to delete under FCC rules and regulations in effect during the accounting period; enter the let was substituted for programming that your system was permitted to delete under FCC rules a effect on October 19, 1976.							ns for further information. ample, "I Love Lucy" or nsed by the FCC or, in httfied). numerals, with the month List the times accurately 8:30 p.m. should be our system was required ter "P" if the listed program		
	s	UBSTITUT	E PROGRAM	1		N SUBST AGE OC	CURRED	7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE? Yes or No		4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION	

	2017/2				A1-2E. PAGI			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Farmers Cooperative Telephone Company			S	YSTEM II			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (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			\$ 20 (Amount of gr	3,201.16 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 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	than \$527,600	263,800				
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 O	R LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	lty fee tha	at you 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			-				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	,		,				
	Base amount under statutory formula Enter amount of gross receipts from space K		263,800.00 203,201.16	_				
	Subtract line 2 from line 1		60,598.84	_				
				_				
	Enter the amount of gross receipts from space K		-	203,201.16				
				60,598.84 142,602.32				
	6. Subtract line 5 from line 4		·		713.01			
	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 \$26			-				
			·	· · ·				
	Enter the amount of gross receipts from space K		262 900 00	_				
	2. Base amount under statutory formula			-				
	3. Subtract line 2 from line 1			-				
	4. Multiply line 3 by .01			4 040 00				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .							
	6. Interest charge. Enter the amount from line 4, space Q, page 8							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and	6	•				
	FILING FEE AND TOTAL REMITTANCE D	UE						
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	713.01				
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			\$	733.01			

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7					
Name	LEGAL NAME OF OWNER OF CABLE SYS Farmers Cooperative Telephone		SYSTEM ID# 0					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.							
	Enter the total number of channels of system carried television broadcast states.	n which the cable attions	17					
	Enter the total number of activated on which the cable system carried te and nonbroadcast services		77					
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF we can contact about this statement of	FURTHER INFORMATION IS NEEDED (Identify an individual to whom account.)						
for Further Information	Name Jennifer Kokes	h Telephone 3	319-476-7800					
	Address 332 Main St. F (Number, street, rural rot Dysart, IA 522 (City, town, state, zip)	te, apartment, or suite number)						
	Email jenfctc@	fctc.coop Fax (optional)						
	CERTIFICATION (This statement of acc	ount must be certified and signed in accordance with Copyright Office regulations)						
O Certification	I, the undersigned, hereby certify that the second control of	Check one, but only one, of the boxes.)						
	(Owner other than corporate	on or partnership) I am the owner of the cable system as identified in line 1 of space B	i; or					
		corporation or partnership) I am the duly authorized agent of the owner of the cable sy at the owner is not a corporation or partnership; or	ystem as identified					
	X (Officer or partner) I am an in line 1 of space B.	officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own	ier of the cable system					
		unt and hereby declare under penalty of law that all statements of fact contained herein st of my knowledge, information, and belief, and are made in good faith.						
		X /s/ Mark Harvey						
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)						
	Typed o	printed name: Mark Harvey						
	Title:	General Manager Title of official position held in corporation or partnership)						
	Date:	February 15, 2018						

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counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
rmers Cooperative Telephone Company	0
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 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	- -
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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