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				
07/23/2020	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

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

_	1	
A	ACCC	DUNTING 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
		SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 9 (Number, street, rural route, apartment, or suite number)
		SPRINGVILLE, IA 52336
		(City, town, state, ztp)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	names	s 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)
1	1	

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.

Accounting Period:	2020/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION INC Instructions: List each separate community served by the cable system. A "community served by the cable system."	853
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, twill serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	SPRINGVILLE	IA
Add Rows as Necessary		

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

853

SPRINGVILLE COOPERATIVE 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.

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	00000.1.02.1.0		5/11265/11 6/1 GE/1/162	55551.1152.115	
 Service to first set 	35	30.00	EXPANDED BASIC	307	86.00
 Service to additional set(s) 			SET TOP BOXES	419	5.00
 FM radio (if separate rate) 			PVR	165	7.00
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	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)	50.00	Other services:			
 FM radio (if separate rate) 		Reconnect	15.00		
• Converter		Disconnect	-		
		Outlet relocation	50.00		
		Move to new address	50.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION INC

853

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, IA
KGAN-M	2.2	N-M	CEDAR RAPIDS, IA
KGAN-M	2.3	N-M	CEDAR RAPIDS, IA
KWWL	7	N	CEDAR RAPIDS, IA
KWWL-M	7.2	N-M	CEDAR RAPIDS, IA
KWWL-M	7.3	N-M	CEDAR RAPIDS, IA
KWWL-M	7.4	N-M	CEDAR RAPIDS, IA
KWWL-M	7.5	N-M	CEDAR RAPIDS, IA
KCRG	9	N	CEDAR RAPIDS, IA
KCRG-M	9.2	N-M	CEDAR RAPIDS, IA
KCRG-M	9.3	N-M	CEDAR RAPIDS, IA
KCRG-M	9.4	N-M	CEDAR RAPIDS, IA
KCRG-M	9.5	N-M	CEDAR RAPIDS, IA
KCRG-M	9.6	N-M	CEDAR RAPIDS, IA
IPTV	12	E	IOWA CITY, IA
IPTV-M	12.2	E-M	IOWA CITY, IA
IPTV-M	12.3	E-M	IOWA CITY, IA
IPTV-M	12.4	E-M	IOWA CITY, IA
KFXA	28	N	CEDAR RAPIDS, IA
KFXA-M	28.2	N-M	CEDAR RAPIDS, IA
KFXA-M	28.3	N-M	CEDAR RAPIDS, IA
KFXA-M	28.4	N-M	CEDAR RAPIDS, IA
KPXR	48	l	CEDAR RAPIDS, IA
KPXR-M	48-2	l	CEDAR RAPIDS, IA

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

Name

SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION INC

SYSTEM ID#

853

G

Primary Transmitters: Television

SPRINGVILLE COOPERATIVE TELEFITONE ASSOCIATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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
KPXR-M	48.3	I	CEDAR RAPIDS, IA
KFXB	40	I	CEDAR RAPIDS, IA
KWKB	20	I	CEDAR RAPIDS, IA
KWKB-M	20.2	I	CEDAR RAPIDS, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION INC

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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
CHAK	FM		CEDAR RAPIDS, IA				
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A. 2020/1								EQD:	ACA1 OF DACE
od: 2020/1 LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						FURI	SYSTEM ID#
SPRINGVILLE COOPE	ERATIVE T	TELEPHON	E ASSOCIATION II	NC					853
In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p ming that mu	nnetwork televi eriod, under sp est be included	ision program, broadca pecific present and form in this log, see page (v	st by a ner FC() of the	a <i>distant</i> stat C rules, regi	ulations, d	or auth	orizatio	ns. For a further
broadcast by a distant sta	ation?	·	•					YES	NO
2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp. Column 1: Give the tittle period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g. Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." m was broad sign of the eadcast stating and day ive "5/7." nes 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	I rows to the tables. vision program ("subs our cable system subsins. See page (v) of the teball." List specific program ("Yes." Otherwise ereasting the substitute pathe community to whice the community with whice stem carried the subsing or a system from the was substituted for program was substituted for pr	titute petitutede generogram nter "Norogram ch the sh the stitute petitute petitut	program") the difference of the program instruction titles, for each or a station is lice station is lice or ogram. Use the program of the program of the program of the maning that	nat, durin ogrammir ons for fu xample, censed by entified). se numer n. List th. :28:30 p.	g the ang of a urther "I Love y the Fals, we time m. sho	account nother informa e Lucy" FCC or, ith the r as accur- ould be	ing station tion. or in nonth ately
was substituted for programming that your system was permitted to delete un effect on October 19, 1976.					WHEI	N SUBS	TITUT	Ē	7. REASON FOR
TITLE OF PROGRAM	2. LIVE? Yes or No				5. MONTH AND DAY				DELETION
	SPRINGVILLE COOPE SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program 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 SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	SPRINGVILLE COOPERATIVE SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant state under certain FCC rules, regulations, on the column FCC rules and regulations. Column FCC rules are stated the case of Mexican or Canadian statificate as "6:00–6:30 p.m." Column FCC rules and regulations and regulations are substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	SPRINGVILLE COOPERATIVE TELEPHONIC SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable systeme broadcast by a distant station? Note: If your answer is "No", leave the rest of this particular in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadd Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program car stated as "6:00—6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM In General: In space I, identify every nonnetwork television program, broadca substitute basis during the accounting period, under specific present and form explanation of the programming that must be included in this log, see page (v 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answ log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviate clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("subsperiod, was broadcast by a distant station and that your cable system sub- under certain FCC rules, regulations, or authorizations. See page (v) of the Do not use general categories like "movies" or "basketball." List specific pr "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise er Column 3: Give the call sign of the station broadcasting the substitute pr Column 4: Give the broadcast station's location (the community with whice Column 5: Give the month and day when your system carried the subs first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by to the nearest five minutes. Example: a program carried by a system from stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a substitute basis during the accounting period, under specific present and former FC explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basi broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is ' log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations of clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute under certain FCC rules, regulations, or authorizations. See page (v) of the gene Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "N 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 the case of Mexican or Canadian stations, if any, the community with which the the case of Mexican or Canadian stations, if any, the community with which the the case of Mexican or Canadian stations, if any, the community with which the column 5: Give the month and day when your system carried the substitute program (Sive the inner "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete unde effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stat substitute basis during the accounting period, under specific present and former FCC rules, regiexplanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnorocacts by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you note in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever perclear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on to use general categories like "movies" or "basketball." List specific program titles, for e "NBA 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 that case of Mexican or Canadian stations, if any, the community with which the station is lice 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 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules effe	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that substitute basis during the accounting period, under specific present and former FCC rules, regulations, of explanation of the programming that must be included in this log, see page (v) of the general instructions 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must com log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, durin period, was broadcast by a distant station and that your cable system substituted for the programmir under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fit Do not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA 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 identified). Column 5: Give the month and day when your system carried the substitute program. Use numer first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p. stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cables substitute basis during the accounting period, under specific present and former FCC rules, regulations, or auttexplanation of the programming that must be included in this log, see page (v) of the general instructions in the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televisi broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of a under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Lov "NBA Basketball: "Fers vs. Bulls." Column 2: If the program was broadcast station's location (the community to which the station is licensed by the fit the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the fits case of Mexican or Canadian stations, if any, the community with which the station is licensed by the fits. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the time to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for pr	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syssubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper S 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prog broadcast by a distant station? **Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prog log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another: under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informa Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball." Toers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station is roadcasting the substitute program. Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the nifirst. Example: for May 7 give "57." Column 5: State the titmes when the substitute program was carried by your cable system. List the times accurate the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7:

Accounting Period:	2020/1		FORM SA	1-2E. PAGE 6.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION INC				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of I 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	nsmission service			
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 but le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	ss than \$527,600	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 (OR LESS			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00 Line 1. Royalty fee for accounting period			0.00	
	3 71 37		-		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 a	nd 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	t more 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	<u>\$</u> 1	82,620.23		
	5. Enter the amount from line 3	<u>\$</u>	81,179.77		
	6. Subtract line 5 from line 4	\$ 1	01,440.46		
	7. Multiply line 6 by .005 (enter figure here)		\$	507.20	
	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		\$	507.20	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (I	but less than \$527,	600)		
	1. Enter the amount of grace receipts from anges K				
	Enter the amount of gross receipts from space K	262 900 00			
	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)	<u>\$</u>			
	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	d 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	507.20		
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00		
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	527.20	
	EFT Trace # or TRANSACTION ID #	26PGUBPP			
	<u>Important:</u> Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form and the Excel in				

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPRINGVILLE COOPERATIVE TELEPHONE ASSOCIATION INC	SYSTEM ID# 853
M	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.	
Ondiniois	Enter the total number of channels on which the cable system carried television broadcast stations	29
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	201
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name JEAN SCHILLING Telephone 319-854	4-6107
	Address 207 BROADWAY, PO BOX 9 (Number, street, rural route, apartment, or suite number) SPRINGVILLE, IA 52336 (City, town, state, zip)	
	Email springvl@netins.net Fax (optional) 319-854-9010	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Jean Schilling	
	Title: Executive Office Manager (Title of official position held in corporation or partnership)	
	Date: July 23, 2020	

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 fling, a determination that would be made by a court of law.

counting Period: 2020/1		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYST	ГЕМ:	SYSTEM ID#
PRINGVILLE COOPERATIVE T	ELEPHONE ASSOCIATION INC	853
The Satellite Home Viewer Act of 19 lowing sentence: "In determining the total num service of providing secondar scribers and amounts collections." For more information on when to explocated in the paper SA1-2 form. During the accounting period, did the made by satellite carriers to satellite. X NO	PROCERNING GROSS RECEIPTS EXCLUSIONS 988 amended Title 17, section 111(d)(1)(A), of the Copyright where of subscribers and the gross amounts paid to the cable ary transmissions of primary broadcast transmitters, the system steed from subscribers receiving secondary transmissions pure exclude these amounts, see the note on page (vii) of the gene are cable system exclude any amounts of gross receipts for see dish owners?	system for the basic em shall not include sub- suant to section 119." Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
For an explanation of interest asses	for those royalty payments submitted as a result of a late payssment, see page (viii) of the general instructions located in the symmetry or underpayment	
		x
Line 2 Multiply line 1 by the interes	st rate* and enter the sum here	- days
Line 3 Multiply line 2 by the number	er of days late and enter the sum here	x 0.00274
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	(interest charge)
	click on www.copyright.gov/licensing/interest-rate.pdf. For a at (202) 707-8150 or licensing@copyright.gov.	rurther assistance please
** This is the decimal equivalent	t of 1/365, which is the interest assessment for one day late.	
	eet covering a statement of account already submitted to the community served, ID number, and accounting period as give	

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 th 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 fling, a determination that would be made by a court of law.

ID number

First community served Accounting period