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						
02/17/21	\$						
	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	
Α	ACCOU	NTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	20	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20202 Barcode Data Filing Period (optional - see instructions)
A		20202 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
	In	structions:
_		ve 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
В	of	the subsidiary, not that of the parent corporation.
Owner	Lis	st any other name or names under which the owner conducts the business of the cable system.
	lf t	there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a
		ngle statement of account and royalty fee payment covering the entire accounting period.
	Cla	62197
	Cr	neck here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	L	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Ci	ity of Hawarden
	В	USINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	М	AILING ADDRESS OF OWNER OF CABLE SYSTEM
		150 Central Ave
		umber, street, rural route, apartment, or suite number)
	(Ci	lawarden, IA 51023 ily, town, state, zip)
		CTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		Iready 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	ENTIFICATION OF CABLE SYSTEM:
	'	
	M	AILING ADDRESS OF CABLE SYSTEM:
	2 (N	umber, street, rural route, apartment, or suite number)
	(0)	tly, town, state, zip code)
1	(Ο.	

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		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	City of Hawarden	62197
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	you list will serve as a form of system identification hereafter known gs.
Area	identified city.	blie flottle parks stroutd be reported in parefittleses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	HAWARDEN	IA
Community		
Add Rows as Necessary		

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

City of Hawardon

62197

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

City of Hawarden

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

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

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	459	67.00	Local	44	28.95
<ul> <li>Service to additional set(s)</li> </ul>			Digital	39	33.95
<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				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		<ul> <li>Motel, hotel</li> </ul>		НВО	20.00
<ul> <li>Pay cable—add'l channel</li> </ul>		<ul> <li>Commercial</li> </ul>		SHOWTIME	15.00
<ul> <li>Fire protection</li> </ul>		• Pay cable		CINEMAX	10.00
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		STARZ/ENCORE	15.00
Installation: Residential		<ul> <li>Fire protection</li> </ul>			
• First set		<ul> <li>Burglar protection</li> </ul>			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Reconnect</li> </ul>			
Converter		Disconnect			
		<ul> <li>Outlet relocation</li> </ul>			
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2020/2 FORM SA1-2E, PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62197

City of Hawarden

PRIMARY TRANSMITTERS: TELEVISION

# G

### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTIV-DT	4.1	N	SIOUX CITY, IA
KTIV-DT2	4.2	N-M	SIOUX CITY, IA
KTIV-DT3	4.3	N-M	SIOUX CITY, IA
KTTW	7.1	N	SIOUX FALLS, SD
KTTW-DT2	7.2	N-M	SIOUX FALLS, SD
KCAU-DT	9.1	N	SIOUX CITY, IA
KCAU-DT2	9.2	N-M	SIOUX CITY, IA
KCAU-DT3	9.3	N-M	SIOUX CITY, IA
KCAU-DT4	9.4	N-M	SIOUX CITY, IA
KELO-DT	11.1	N	SIOUX FALLS, SD
KELO-DT2	11.2	N-M	SIOUX FALLS, SD
KELO-DT3	11.3	N-M	SIOUX FALLS, SD
KELO-DT4	11.4	N-M	SIOUX FALLS, SD
KMEG	14.1	N	SIOUX CITY, IA
KMEG-DT2	14.2	N-M	SIOUX CITY, IA
KSIN-DT	28.1	E	SIOUX CITY, IA
KSIN-DT2	28.2	E-M	SIOUX CITY, IA
KUSD	34.1	E	VERMILLION, SD
KUSD-DT2	34.2	E-M	VERMILLION, SD
KUSD-DT3	34.3	E-M	VERMILLION, SD
KPTH-DT	44.1	N	SIOUX CITY, IA
KPTH-DT2	44.2	N-M	SIOUX CITY, IA

Accounting Period: 2020/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

62197

City of Hawarden

#### 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
							1

Accounting Perio	.d. 2020/2						FOR	M CA4 OF DACE F
ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	City of Hawarden							62197
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting per broadcast by a distant state of the programm of the period, was broadcast by a under certain FCC rules, reconstruction of the programm of the case of Mexican or Carrier of the programm of the case of Mexican or Carrier of the programm of the	E: SPECIA ify every no ccounting p ning that mu T CONCEI riod, did you tion? ", leave the E PROGRA titute prograce, please of every no distant sta gulations, vies like "mo Bulls." m was broa sign of the adcast stati nadian stati nath and day	AL STATEME  nnetwork televiceriod, under sp est be included  RNING SUBS  ur cable system  e rest of this pa  AMS  am on a separand additional and that item and that bovies" or "bask  dcast live, enti- station broadd on's location ( ons, if any, the	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE of the carry, on a substitute based by the carry, on a substitute based by the carry of the community of the general casting the substitute program of the community to which the community to which the present and former of the community to which the present casting the substitute program of the community to which the present casting the substitute program of the community to which the present casting the substitute program of the community to which the present casting the substitute program of the community to which the present casting the substitute program of the community to which the casting the substitute program of the casting the c	a distant state CC rules, reghe general instant sis, any noning "Yes," your se wherever per program") to the for the principal instruction in titles, for a fam.  The station is like station is like station is idented the principal instruction.	network te must com ossible, if hat, during ogrammin tions for fu example, ' censed by lentified).	relevision progression progres	stem carried on a ons. For a further SA1-2 form.  gram  X NO  gram  g is  ting  station ation. or
	to the nearest five minutes stated as "6:00–6:30 p.m."	Example: er "R" if the and regulat nming that	a program car e listed prograr ions in effect d	m was substituted for prog during the accounting perio	l:15 p.m. to 6 ramming tha od; enter the	6:28:30 p.i t your sys letter "P" i	m. should be tem was <i>requ</i> if the listed pr	uired
		UD O TITLUT			WHEN SUBSTITUTE			
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH		CURRED TIMES	7. REASON FOR DELETION
	1. THEE OF TROOTS UNI	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
								"
								"
								"
								"
								"
								"
								"
								"
								"

Accounting Period:	2020/2 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of Hawarden  SYSTEM ID#  62197
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 c 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, se 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.  \$203,435.40
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	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 that you must pay for this six-month accounting period is \$52.00  Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	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)
	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 DUE
Filing Fee and	A Developing Developing Association Device (for St. 14.0.0.0.1.)
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
240	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of Hawarden	SYSTEM ID# 62197
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.  1. Enter the total number of channels on which the cable	22
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	178
N Individual to Be Contacted	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 Mike DeBruin Telephone  Address 1150 Central Avenue (Number, street, rural route, apartment, or suite number)	712-551-4400
	Hawarden, IA 51023  (City, town, state, zip)  Email miked@cityofhawarden.com Fax (optional)	
O	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  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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)]  X /s/ Mike DeBruin  Typed or printed name:  Mike DeBruin  Mike DeBruin  Title:  City Administrator  (Title of official position held in corporation or partnership)	system as identified oner of the cable system
	Date: 2/08/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
of Hawarden	62197
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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address 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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
Address	

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