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

STATEM	ENT OF ACCOUNT	FOR COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ems (Short Form) actions are located of this workbook	03/02/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	(YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting	20202	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c		diary of another corporation, give the full cor	porate title
Owner	List any other name or names under whic	h the owner conducts the business of th	he cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should suiting period.	
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	63664
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	Reinbeck Municipal Telecommunic	ations Utility		
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)	)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	414 Main Street, PO Box 19 (Number, street, rural route, apartment, or suite			
	Reinbeck, IA 50669 (City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line			
System	1			

 

 1
 Implementation of output of the line

 2
 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Nume	Reinbeck Municipal Telecommunications Utility	6366
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Reinbeck	IA
Community		
ld Rows as Necessary	1	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
Name	Reinbeck Municipal Tel			tility					6366
_	SECONDARY TRANSMISSION		IBSCRIBE	RS AND RA	TES				
E	In General: The information in s					y transmission	service of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					,	ble svstem	. broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n		<i>,</i>	0 , (			,	charged	
	separately for the particular serv							no and the	
	<b>Rate:</b> Give the standard rate c unit in which it is generally billed	-						-	
	category, but do not include disc	• •	,		iy stanua		is within a		
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	0							
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a sufficient.	and rates, in th	e right-hand	block. A tw	o- or thre	e-word descrip	ion of the s	service is	
		DCK 1					BLOCK		_
	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE					GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		195	80.78	Limited Basic			39	30.
	<ul> <li>Service to additional set(s)</li> </ul>			HD Plus			70	96.2	
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIC						
F	In General: Space F calls for rat	te (not subscril	per) informa	ation with res	pect to a				
F	<b>In General:</b> Space F calls for ratinot covered in space E, that is, t	te (not subscril hose services	per) information that are not	ation with res	pect to a ombination	on with any sec	ondary trar	Ismission	
F Services	In General: Space F calls for rat	te (not subscril hose services re two exceptio	ber) informa that are not ons: you do	ation with res offered in connot need to	pect to a ombinatio give rate	on with any sec information cor	ondary tran cerning (1)	smission services	
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counting Period:				FORM SA1-2E. PAG
Name				SYSTEM 636
	Reinbeck Municipal PRIMARY TRANSMITTERS:	Telecommunications Utility		630
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC 1 • Do <i>not</i> list the station here station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1</b> : List each station multicast stream associate "WETA-2" as the same on <b>Column 2</b> : Give the chann of license. For example, M <b>Column 3</b> : Indicate in eac educational station, by ent (for independent multicast For the meaning of these <b>Column 4</b> : Give the locati	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si arried by your cable system on a s be Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial upendent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGAN	2.1	N	CEDAR RAPIDS, IA
	KGAN-DT2	2.2	N-M	CEDAR RAPIDS, IA
d Rows as Necessary	KGAN-DT3	2.3	N-M	CEDAR RAPIDS, IA
	KWWL	7.1	Ν	WATERLOO, IA
	KWWL-DT2	7.2	N-M	WATERLOO, IA
	KWWL-DT3	7.3	N-M	WATERLOO, IA
	KWWL-DT4	7.4	N-M	WATERLOO, IA
	KCRG	9.1	Ν	CEDAR RAPIDS, IA
	KCRG-DT2	9.2	N-M	CEDAR RAPIDS, IA
	KCRG-DT3	9.3	N-M	CEDAR RAPIDS, IA
	KCRG-DT4	9.4	N-M	CEDAR RAPIDS, IA
	KCRG-DT5	9.5	N-M	CEDAR RAPIDS, IA
	КЖКВ	20.1	Ν	IOWA CITY, IA
	KWKB-DT5	20.5	N-M	IOWA CITY, IA
			Ν	CEDAR RAPIDS, IA
	KXFA	28.1	I N	
	KXFA KFXA-DT2	28.1	N-M	CEDAR RAPIDS, IA
	KFXA-DT2	28.2	N-M	CEDAR RAPIDS, IA
	KFXA-DT2 KFXA-DT3	28.2 28.3	N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KFXA-DT2 KFXA-DT3 KRIN	28.2 28.3 32.1	N-M N-M E	CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA
	KFXA-DT2 KFXA-DT3 KRIN KRIN-DT2	28.2 28.3 32.1 32.2	N-M N-M E E-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA WATERLOO, IA
	KFXA-DT2 KFXA-DT3 KRIN KRIN-DT2 KRIN-DT3	28.2 28.3 32.1 32.2 32.3	N-M N-M E E-M E-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA WATERLOO, IA WATERLOO, IA

EGAL NAME OF			munications Utility					SYSTEM I 636
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pag ed by the cable s le station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7 01 1 111	0,0			7 0. 1 111	0,2		
							·	
						·		

Accounting Perio	od: 2020/2						FOR	VI SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Reinbeck Municipal Te	elecomm	unications l	Jtility				63664
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
I I	In General: In space I, ident	-	-			tion that w	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogram zog								
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	liete the prog	gram
	log in block 2.		MC					
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossihla ift	heir meanin	n ie
	clear. If you need more spa				s wherever p	0001010, 11 1		9 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	elball. List specific progra		example, i	LOVE LUCY	0
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car			stem carried the substitute			ls with the r	nonth
	first. Example: for May 7 gi		when your sy		program. o			nontin
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."	or "D" if the	listed are great	n was substituted for prog	remained the	t vour ovet		ire d
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		,					
						N SUBST		
	5		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то	
							_	
								· <b> </b>
							_	
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							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Reinbeck Municipal Telecommunications Utility	S	YSTEM ID# 63664
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to cor 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.	lary transmission service npute this amount, se	9,953.67
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 but less than or Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$5 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 mus accounting period is \$52.00	st pay for this six-month	
	Line 1. Royalty fee for accounting period		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		2.44
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more tha		
		<u>800.00</u> 953.67	
	· · · · · · · · · · · · · · · · · · ·	846.33	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3	123,846.33	
	6. Subtract line 5 from line 4	·	
	7. Multiply line 6 by .005 (enter figure here) .		80.54
	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	······ <u>\$</u>	80.54
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less th	an \$527,600)	
	1. Enter the amount of gross receipts from space K		
		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)	· · · · ·	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
		·······	
	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)	80.54	
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	\$	100.54
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instructions		

Name       LEGAL NAME OF OWNER OF CABLE SYSTEM: Reinbeck Municipal Telecommunications Utility         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.         1. Enter the total number of channels on which the cable system carried television broadcast stations	SYSTEM ID# 63664
M       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.         Channels       1. Enter the total number of channels on which the cable       24	
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N       INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Individual to Be Contacted       Extended for the statement of account.)	
for Further Information Address 414 Main St. PO. Pox 198	
Address 414 Main St, PO Box 198 (Number, street, rural route, apartment, or suite number) Reinbeck, IA 50669 (City, town, state, zip)	
Email ericl@reinbeck.net Fax (optional)	
O       CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)         O       • 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         X       (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 cable system 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/ Eric Lage         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: Eric Lage Title: Manager (Title of official position held in corporation or partnership)	
Date: 2/26/21	

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.

unting Period: 2020/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
beck Municipal Telecommunications Utility	636
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Assessme
x         Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	<pre>Interest Assessm</pre>
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