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						
8-17-21	\$ 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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	Barcode Data Filing Period (optional - see instructions)								
Accounting Period									
В	Instructions: 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 MANUAL ADDRESS OF CARLE SYSTEM								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	NORTHWEST COMMUNITY COMMUNICATIONS								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	116 HARRIMAN AVE N (Number, street, rural route, apartment, or suite number)								
	AMERY, WI 54001								
	(City, town, state, zip)								
	INCTRICTIONS: In line 4 give any hydroge or trade names used to identify the hydroge and appraising of the system will be the								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	IDENTIFICATION OF CABLE SYSTEM:								
	1 NEW RICHMOND								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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:	2021/1	EODM SA1 2E DAGE 15								
	LEGAL NAME OF OWNER OF CARLE OVOTEM	FORM SA1-2E. PAGE 1b. SYSTEM ID#								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	NORTHWEST COMMUNITY COMMUNICATIONS	24981								
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified									
Area		lile nome parks should be reported in parentheses below the identified								
Served	city.									
	CITY OR TOWN	STATE								
First	NEW RICHMOND	WI								
Community	SOMERSET	WI								
	STAR PRAIRIE	WI								
Add Rows as Necessary	ST JOSEPH	WI								

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24981

NORTHWEST COMMUNITY COMMUNICATIONS

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				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,530	46.26				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	325	5.00				
Converter						
Residential						
Non-residential						
Í		1		1	1	

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	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	50.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	25.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 24981

NORTHWEST COMMUNITY COMMUNICATIONS

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
TPT	2	E	ST PAUL, MN
wcco	4	N	MINNEAPOLIS, MN
KSTP	5	N	ST PAUL, MN
KMSP	9	l	MINNEAPOLIS, MN
KARE	11	N	MINNEAPOLIS, MN
ТРТ	17	E	ST PAUL, MN
WQOW	25	N	EAU CLAIRE, WI
WUCW	23	I	MINNEAPOLIS, MN
WHWC	28	E	MENOMONIE, WI
WFTC	29	I	MINNEAPOLIS, MN
KPXM	41	l	MINNEAPOLIS, MN
кэтс	48	I	CHIPPEWA FALLS, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

24981

NORTHWEST COMMUNITY COMMUNICATIONS

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
3, 122 01011	7 31 1 141	5/15		5, 122 51514	7 31 1 111	5,0	
		ļ					
		ļ					
		ļ					
				L	L		L

Accounting Perio							FOR	M SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF			ONG				SYSTEM ID#			
	NORTHWEST COMMU	NITY CO	MMUNICATIO	JNS				24981			
 Substitute	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 system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage: Special	1. SPECIAL STATEMENT										
Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	etwork telev	rision prograr				
Program Log	broadcast by a distant sta	proadcast by a distant station?									
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust comple	te the progra	m			
	log in block 2. 2. LOG OF SUBSTITUTE										
	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 accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 times accurately to 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: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in										
	effect on October 19, 1976				_\\	EN SUBST	TITLITE				
	s	SUBSTITUT	E PROGRAM	1		RIAGE OCC		7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то				
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Accounting Period:	2021/1			FORM	SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHWEST COMMUNITY COMMUNICATIONS				SYSTEM ID 2498				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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.	system's tion of hov	secondary transn v to compute this	nission servic amount, see	f				
	IMPORTANT: You must complete a statement in space P concerning gross	receipts.		(Amount of	gross 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	0 but less	than \$527,600	263,800					
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	Ity fee that	you must pay for t	his six-month					
	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 lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	ESS (but	more than \$137,	100)					
	Base amount under statutory formula	\$	263,800.00	_					
	2. Enter amount of gross receipts from space K	· ·		_					
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4				_				
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$20	63,800 (bi	ut less than \$527	7,600)					
	Enter the amount of gross receipts from space K	\$	425,465.60	_					
	Base amount under statutory formula	\$	263,800.00	_					
	3. Subtract line 2 from line 1	\$	161,665.60	_					
	4. Multiply line 3 by .01		\$	1,616.66	_				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		\$	1,319.00	_				
	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 6	3	. \$	2,935.66				
	FILING FEE AND TOTAL REMITTANCE D	UE							
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,935.66	_				
Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	-				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,955.66				
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper SA		•		ghts!				

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: OMMUNITY COMMUNICA	ATIONS	1		SYSTEM ID# 24981
M Channels	Enter the total system carried Enter the total on which the or	s, and (2) the cable system's number of channels on which	total numi	cast stations	accounting period.	74
N Individual to Be Contacted for Further	we can contact a	BE CONTACTED IF FURTH about this statement of accounts		ORMATION IS NEEDED (Identify an ir		715-268-7101
Information	Address	116 HARRIMAN AVE (Number, street, rural route, apartn		ite number)	·	
	Email	AMERY, WI 54001 (City, town, state, zip) SJENSEN@AM	MERYTEL	L.NET	Fax (optional <u>715-268-919</u>	4
O Certification	I, the undersigned (Owner) (Agent in the second of the se	of owner other than corpora n line 1 of space B and that the r or partner) I am an officer (in n line 1 of space B.	artnership artnership ttion or pa e owner is f a corpora hereby dec y knowled Enter an o Enter sign	ritified and signed in accordance with Only one, of the boxes.) ip) I am the owner of the cable system a partnership) I am the duly authorized ags not a corporation or partnership; or ration) or a partner (if a partnership) of the declare under penalty of law that all statenedge, information, and belief, and are made and the declare under penalty of law that all statenedge, information, and belief, and are made and the declare under penalty of law that all statenedge, information, and belief, and are made and the declared using an "/s/ signature" (e.g., /s/ second penalty of law that all statenedge, information, and belief, and are made and the declared using an "/s/ signature" (e.g., /s/ second penalty of law that all statenedge, information, and belief, and are made and the declared using an "/s/ signature" (e.g., /s/ second penalty of law that all statenedge, information, and belief, and are made and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using an "/s/ signature" (e.g., /s/ second penalty signature) and the declared using a s	es identified in line 1 of space E ent of the owner of the cable s the legal entity identified as own ments of fact contained herein de in good faith.	ystem as identified
		Title: (Tit Date:		PRESIDENT Il position held in corporation or partnership)	8/17/21	

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Accounting Period: 2021/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24981 NORTHWEST COMMUNITY COMMUNICATIONS 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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name 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. Interest Assessment 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 * 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

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Address

ID number

First community served Accounting period