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							
02/09/2018	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

### coplicsoa@loc.gov

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

	1	
A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Deceade Date Fillian Paried (autiend, see instructions)
		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.
		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.
		Check here it this is the system's hist himle, it not, effect the system's 10 humber assigned by the accusing division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Webster-Calhoun Cooperative Telephone Association
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 475 (Number, street, rural route, apartment, or suite number)
		Gowrie, IA 50543
		(City, town, state, zip)
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	<del>урторования производительно принцення принце</del>
		(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:	2017/2	FORM ON OF PAGE 41
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name		
	Webster-Calhoun Cooperative Telephone Association Instructions: List each separate community served by the cable system. A "community served by the cable system."	63088
D	"a separate and distinct community or municipal entity (including unincorporated coldiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Gowrie	lowa
Community	Pilot Mound	lowa
	Churdan	lowa
Add Rows as Necessary	Vincent	lowa
	Thor	lowa
	Knierim	lowa
	Somers	lowa
	Duncombe	lowa
	Badger	lowa
	Moorland	lowa
	Lanyon	lowa
	Barnum	lowa
	Farnhamville	lowa
	Clare	lowa
	Boxholm	lowa
	Paton	lowa

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63088

## Webster-Calhoun Cooperative Telephone Association

## E

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	00000111001110		5.11265111 61 62111162	00000111021110		
<ul> <li>Service to first set</li> </ul>	130	26.95	Basic	715	69.50	
<ul> <li>Service to additional set(s)</li> </ul>			Extended	800	87.50	
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
<ul> <li>Residential</li> </ul>						
Non-residential						

# F

Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		Pay cable		
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set		Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	-	
Converter		Disconnect	-	
		Outlet relocation	-	
		Move to new address	-	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63088

## Webster-Calhoun Cooperative Telephone Association

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
KDIN	11	E	Des Moines
KDINDT	11.1	E	Des Moines
KDIND2	11.2	E	Des Moines
KDINDT3	11.3	E	Des Moines
KCCI	8	E	Des Moines
KCCIDT	8.1	E	Des Moines
KCCID2	8.2	E	Des Moines
KCWI	23	<u> </u>	Des Moines
KCWIDT	23.1	l	Des Moines
KDMI	56.1	<u> </u>	Des Moines
KDSM	17	<u> </u>	Des Moines
KDSMDT	17.1	<u> </u>	Des Moines
KDSMD2	17.2	<u> </u>	Des Moines
KDSMD3	17.3	<u> </u>	Des Moines
WHO	13	E	Des Moines
WHIDT	13.1	E	Des Moines
WHOD2	13.2	E	Des Moines
WHOD3	13.3	E	Des Moines
WOI	5	E	Des Moines
WOI	5.1	E	Des Moines

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Webster-Calhoun Cooperative Telephone Association

63088

### 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).

0411 0101:	I ANA	0.5	LOGATION OF STATISM	0411 01011	I ANA	0.75	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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ccounting Perio	nd: 2017/2						FOP	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#			
Name	Webster-Calhoun Coo	perative '	Telephone A	Association				63088			
I	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a	ify every no	nnetwork televi eriod, under sp	ision program, broadcast by becific present and former F	a distant stat	ulations, d	or authorizatio	ns. For a further			
Substitute	explanation of the programn				he general ins	tructions	in the paper S	SA1-2 form.			
Carriage: Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and											
Program Log	broadcast by a distant sta	tion?					YES	NO			
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you r	nust com	plete the pro	gram			
	log in block 2.  2. LOG OF SUBSTITUTI										
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ace, please of every no distant state auditions, or distant state auditions, or distant state audition state au	add additional onnetwork tele tion and that your authorization ovies" or "bask dcast live, entration broadd on's location (foons, if any, they when your sy e substitute pra program carrions in effect d	rows to the tables. vision program ("substitute our cable system substitute ns. See page (v) of the ge etball." List specific program as the community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01 m was substituted for progluring the accounting period.	e program") the ded for the program titles, for en	nat, durin ogrammir ions for fu example, censed by entified). se numer m. List thu :28:30 p. your sys etter "P" i	g the accounting of another urther information. If Love Lucy the FCC or, als, with the retimes accurum, should be tem was requifithe listed pr	ting station ation. or in month rately			
	effect on October 19, 1976	•			WHE	N SUBS	TITUTE				
	S	UBSTITUT	E PROGRAM	I			CURRED	7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION			
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Accounting Period:	2017/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Webster-Calhoun Cooperative Telephone Association			S	63088
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the state (as identified in space E) during the accounting period. For a further explanation 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.	system's se on of how to	condary transmi o compute this a	ssion service mount, see	6,032.05 oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for t	his six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	nes 1 and 2	!		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore 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				
	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		······.		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	326,032.05		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	62,232.05		
	4. Multiply line 3 by .01		\$	622.32	
	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	4, 5, and 6 .	<u>.</u>	\$	1,941.32
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,941.32	
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			\$	1,961.32
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		_		yhts!

Accounting Period:	2017/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Webster-Calhoun Coop		Assoc	iation	SYSTEM ID# 63088
M Channels	_			s on which the cable system carried television broadcast stations er of activated channels during the accounting period.	
	Enter the total number of system carried television			e 	23
	Enter the total number of on which the cable system and nonbroadcast service.	m carried television bro			. 180
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name <b>Marcie</b>	e Boerner		Telephone	(515) 352-3151
	(Number,	Beek Street, PO E street, rural route, apartmer e, IA 50543 n, state, zip)			
	Email	marcieb@wccta.c	com	Fax (optional) 5153523025	5
O Certification	Owner other th  (Agent of owner in line 1 of sp  X (Officer or part in line 1 of sp  I have examined the states	r certify that (Check one an corporation or part other than corporation acce B and that the own ner) I am an officer (if a pace B.  ment of account and he rect to the best of my kneed by the pace B.	e, but one rtnershi ion or pa ner is no a corpor ereby de inowledg	tified and signed in accordance with Copyright Office regulations)  by one, of the boxes.)  p) I am the owner of the cable system as identified in line 1 of space  artnership) I am the duly authorized agent of the owner of the cable  of a corporation or partnership; or  ation) or a partner (if a partnership) of the legal entity identified as or  eclare under penalty of law that all statements of fact contained here  ge, information, and belief, and are made in good faith.  //s/ Daryl Carlson  electronic signature on the line above to certify this statement.  nature using an "/s/ signature" (e.g., /s/ John Smith)	e B; or e system as identified wner of the cable system
		Typed or printed na		Daryl Carlson	
				ieneral Manager In held in corporation or partnership)  2/9/2018	

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ounting Period: 2017/	/2			FORM SA1-2E. PAGE 8
AL NAME OF OWNER (	OF CABLE SYSTEM:			SYSTEM ID
bster-Calhoun Co	ooperative Telephone Association			6308
The Satellite Home I lowing sentence:  "In determining service of proscribers and For more information located in the paper.	EMENT CONCERNING GROSS RE Viewer Act of 1988 amended Title 17, section Ing the total number of subscribers and the goviding secondary transmissions of primary to amounts collected from subscribers receiving non when to exclude these amounts, see the SA1-2 form. Ing period, did the cable system exclude any triers to satellite dish owners?	n 111(d)(1)(A), of the ross amounts paid to proadcast transmitter g secondary transmite note on page (vii) of	e Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- ssions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
	total here and list the satellite carrier(s) below	<b>w</b>	\$	
Name Mailing Address		Name Mailing Address		
INTEREST ASS	ESSMENT			
•	this worksheet for those royalty payments su of interest assessment, see page (viii) of the			Q
Line 1 Enter the an	nount of late payment or underpayment			Interest Assessment
			Υ	
Line 2 Multiply line	1 by the interest rate* and enter the sum he	re		
Line 2 Multiply line	T by the interest rate and enter the summe			
			xdays	
Line 3 Multiply line	2 by the number of days late and enter the s	sum nere	x 0.00274	
Line 4 Multiply line	3 by 0.00274** and enter here			
in space L, (μ	page 6) block 1, line 2, or block 2 line 8, or b	lock 3 line 6	\$ -	
* To view the inte	overt vete chart eliek en unun en wiedet en "		(interest charge)	
	erest rate chart click on <a href="www.copyright.gov/lensing">www.copyright.gov/lensing Division at (202) 707-8150 or licensing Division At (202) 707-8150 or licensin</a>	-	e.par. For further assistance please	
** This is the dec	cimal equivalent of 1/365, which is the interest	st assessment for on	e day late.	
	ng this worksheet covering a statement of ac , address, first community served, ID numbe			
Owner				
Address				
ID !				
ID number First community serv	NAM .			
Accounting period	VCQ			

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.