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				
01/25/2019	\$ 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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20182 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/MAILING ADDRESS OF CABLE SYSTEM
		City of Hawarden
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1150 Central Ave (Kumber, street, rural route, apartment, or suite number)
		Hawarden, IA 51023 (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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI						
Name								
	City of Hawarden 6219							
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.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, o	r mobile home parks should be reported in parentheses below the						
Served	identified city.							
_	CITY OR TOWN	STATE						
First Community	Hawarden	IA						
Community								
d Rows as Necessary								
	L							

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Hawarden

SYSTEM ID#

62197

## 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.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	564	67.00	Local	46	28.95	
Service to additional set(s)			Digital	50	33.95	
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	[	T		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 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel		Cinemax Premium	10.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Showtime Premium	15.00
<ul> <li>Fire protection</li> </ul>		• Pay cable		Starz/Encore Premium	15.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		HBO Premium	20.00
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2018/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

62197

PRIMARY TRANSMITTERS: TELEVISION

City of Hawarden

# 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
KCASU-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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

City of Hawarden 62197

#### 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
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID# 62197
Special Statement and	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting periodicast by a distant state	y every nor ecounting pe ng that mus CONCER od, did you	network televis griod, under spe t be included in NING SUBST	ion program, broadcast cific present and former this log, see page (v) of TUTE CARRIAGE	by a <i>distant</i> sta FCC rules, regu the general ins	ulations, or a tructions in t	uthorizations. he paper SA1 ision progran	For a further -2 form.
Program Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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 "57."  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 during the accounting period; enter the letter "P" if the listed program							
	was substituted for programming that your system was permitted to delete undeffect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S					EN SUBST	TITUTE	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATIO	N AND DAY			

ccounting Period:	•				A1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of Hawarden			5	YSTEM ID					
<b>K</b> 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 of 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, see 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.  \$ 221,063.65  IMPORTANT: You must complete a statement in space P concerning 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 \$13  Use block 2 if the amount of gross receipts in space K is mor  Use block 3 if the amount of gross receipts in space K is mor  See page (vi) of the general instructions located in the paper SA1.	e than \$137,100 but le e than \$263,800 but le	ess than \$527,600							
	BLOCK 1: GROSS REC	EIPTS OF \$137,100	OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 accounting period is \$52.00	or less, the royalty fee t	hat you must pay f	or this six-month						
	Line 1. Royalty fee for accounting period									
	Line 2. Interest charge. Enter the amount from line 4, space Q,				0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2									
	BLOCK 2: GROSS RECEIPTS OF \$2									
	Base amount under statutory formula	263,800.00	<u>)                                    </u>							
	2. Enter amount of gross receipts from space K	221,063.6	5_							
	3. Subtract line 2 from line 1	<b>\$</b>	42,736.3	5_						
	4. Enter the amount of gross receipts from space K		<u>.</u> \$	221,063.65						
	5. Enter the amount from line 3		\$	42,736.35						
	6. Subtract line 5 from line 4		\$	178,327.30						
	7. Multiply line 6 by .005 (enter figure here)			\$	891.64					
	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									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)									
	Enter the amount of gross receipts from space K									
	Base amount under statutory formula			— D						
	Subtract line 2 from line 1			<u> </u>						
	4. Multiply line 3 by .01	·		<u> </u>						
	5. Royalty due on the first \$263,800 of gross receipts (under sta			1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page									
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6									
	FILING FEE AND TOTAL RE	MITTANCE DUE								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, 0	or 3, above)	<u>\$</u>	891.64						
Due	2. Filing Fee (See the instructions for more information on filing	ee calculations)	<u>\$</u>	20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add	ines 2 and 3		\$	911.64					
	Important: Your remittance must be in the form of ar				jhts!					
	See page i of the general instructions in	n the paper SA1-2 form	m for more inform	ation.						

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF OWNER OF City of Hawarden	F CABLE SYSTEM:				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 system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations  1. Enter the total number of activated channels and nonbroadcast services.								
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		RINFORM	IATION IS NEEDED (Identify an i	ndividual to whom				
for Further Information	Name Mike I	DeBruin			Telephone	712-551-4400			
	(Number,	Central Avenue street, rural route, apartment rden, IA 51023 n, state, zip)	nt, or suite n	umber)					
	Email	miked@cityofhawa	arden.cor	n	Fax (optional)				
O Certification	Owner other th  (Agent of owner in line 1 of sp  (Officer or parting in line 1 of sp  I have examined the stater	certify that (Check one, to an corporation or partners) of the than corporation one B and that the owner oner) I am an officer (if a coace B.  The coace B.  The coace B.  The coace B.  The coace B.	but only on nership) I n or partner is not a corporation eby declar owledge, in	am the owner of the cable system and the owner of the cable system and the cable system and the corporation or partnership; or an apartner (if a partnership) of the cable penalty of law that all state information, and belief, and are made	as identified in line 1 of space B gent of the owner of the cable sy the legal entity identified as own ments of fact contained herein	ystem as identified			
		Ent	ter an elec	s/ Mike DeBruin  ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s/					
		Title: <b>Ci</b> (Title of officia	ity Adm	ninistrator neld in corporation or partnership)	01/10/2019				
		Date:			01/10/2019				

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counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ity 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."	P Special Statement Concerning Gross
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.	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	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 Address	
ID number First community served Accounting period	

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