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					
02/21/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A		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.
		T
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Webster-Calhoun Cooperative Telephone Association
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		w
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		(Number, street, rural route, apartment, or suite number)
		(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 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:
		PO Box 475
	2	(Number, street, rural route, apartment, or suite number)
		Gowrie, Iowa 50543 (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:	2018/2	FORM 044 OF DAGE 41							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#							
Name	Webster-Calhoun Cooperative Telephone Association	63088							
	Instructions: List each separate community served by the cable system. A "comm								
<b>D</b>	"a separate and distinct community or municipal entity (including unincorporated								
D	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								
	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, or mobile home parks should be reported in parentheses below the								
Served	identified city.								
	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 Farnhamville	lowa Iowa							
	Clare	lowa							
	Boxholm	lowa							
	Paton	lowa							
	I aton	IOWA							

Accounting Period: 2018/2

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	135	28.95	Basic	661	75.80		
<ul> <li>Service to additional set(s)</li> </ul>			Extended	772	95.40		
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							

# F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set		Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
• FM radio (if separate rate)		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## 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	<b>E</b>	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	<u>l</u>	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	<b>E</b>	Des Moines
WHODT	13.1	<b>E</b>	Des Moines
WHOD2	13.2	E	Des Moines
WHOD3	13.3	<b>E</b>	Des Moines
WOI	5	<b>E</b>	Des Moines
WOI	5.1	<b>E</b>	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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<b></b>						
	<b></b>						
	T						
						l	
	T						
	T						
						<u> </u>	

A	1. 2040/2						FOR	101105 51055	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM <sup>.</sup>				FORM	SYSTEM ID#	
Name	Webster-Calhoun Coo			Association				63088	
Substitute Carriage: Special	SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN	ify every no ccounting p ning that mu	nnetwork televi eriod, under sp st be included	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE	a distant sta CC rules, reg he general ins	ulations, or structions in	r authorization n the paper S	ns. For a further A1-2 form.	
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Program Log	Note: If your answer is "No		rest of this pa	age blank. If vour answer is	s "Yes." vou r	l must comp	YES	X NO	
	log in block 2.  2. LOG OF SUBSTITUTE				, <b>,</b>	<u>'</u>		,	
	In General: List each subs clear. If you need more spa Column 1: Give the title 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 mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant sta egulations, or ries like "mo Bulls." m was broa sign of the adcast stati andian stati anth and day ve "5/7." es when the Example: a er "R" if the and regulati nming that	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask dcast live, ent- station broadd on's location ( ons, if any, the when your sy e substitute pro a program car elisted prograr- ions in effect of	I rows to the tables. vision program ("substitute our cable system substitute our cable system substitute ins. See page (v) of the general or "Yes." Otherwise enter "casting the substitute programe 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 programing the accounting period	e program") the dofor the program instruct am titles, for each of the station is like a station is id a program. Using the cable system in the station is the cable system in the station is the cable system in the station is the station in the sta	hat, during ogramming ions for ful example, "leave entified). se numera m. List the 5:28:30 p.n. t your systeletter "P" if	the account g of another striber informal I Love Lucy" the FCC or, als, with the nutrines accurant, should be sem was required.	ing station tion. or  in nonth ately	
	effect off October 19, 1970	-			WHF	N SUBST	TITUTE		
	S	UBSTITUT	E PROGRAM	1		AGE OCC		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		TIMES — TO	DELETION	

Accounting Period:	2018/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Webster-Calhoun Cooperative Telephone Association			,	63088
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.  IMPORTANT: You must complete a statement in space P concerning gross	system's s tion of how	econdary trans to compute this	mission servi s amount, se	
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 \$137,10  Use block 3 if the amount of gross receipts in space K is more than \$263,80  See page (vi) of the general instructions located in the paper SA1-2 form for more  BLOCK 1: GROSS RECEIPTS OF \$13	0 but less thinformation	nan \$527,60(	\$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00			his six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE				
	Base amount under statutory formula	. \$	263,800.00	_	
	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 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26:	3,800 (but I	ess than \$527	600)	
	Enter the amount of gross receipts from space K	. \$	333,926.00		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	70,126.00	•	
	4. Multiply line 3 by .01		\$	701.26	
	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 .		\$	2,020.26
	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)		. \$	2,020.26	
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			\$	2,040.26
	EFT Trace # or TRANSACTION ID #				
	<u>Important:</u> Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	: 2018/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Webster-Calhoun Cooperative Telephone Association	SYSTEM ID# 63088
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carrie to its subscribers, and (2) the cable system's total number of activated channels during the	
	Enter the total number of channels on which the cable     system carried television broadcast stations	23
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	180
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify a we can contact about this statement of account.)	in individual to whom
for Further Information	Name Marcie Boerner	Telephone (515) 352-3151
	Address 1106 Beek Street, PO Box 475 (Number, street, rural route, apartment, or suite number)  Gowrie, Iowa 50543	
	(City, town, state, zip)  Email marcieb@wccta.com	Fax (optional) 5153523025
	CERTIFICATION (This statement of account must be certified and signed in accordance w	ith Copyright Office regulations)
O Certification	• 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 syst	em as identified in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorize in line 1 of space B and that the owner is not a corporation or partnership; or	ed agent of the owner of the cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) in line 1 of space B.	) of the legal entity identified as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all s are true, complete, and correct to the best of my knowledge, information, and belief, and are [18 U.S.C., Section 1001(1986)]	
	X /s/ Daryl Carlson	
	Enter an electronic signature on the line abov Enter signature using an "/s/ signature" (e.g.,	•
	Typed or printed name: Daryl Carlson	
	Title: EVP/General Manager (Title of official position held in corporation or partnership)	
	Date:	2/21/2019

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ounting Period: 2018/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ebster-Calhoun Cooperative Telephone Association	63088
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served Accounting period	

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