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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
General instru	erns (Short Form) ctions are located of this workbook	7/9/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
Accounting Period	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31 - see instructions)	
B Owner	of the subsidiary, not that of the parent List any other name or names under wh If there were different owners during th single statement of account and royalty	corporation. ich the owner conducts the business of t	he last day of the accounting period should s ing period.	
	SPENCER MUNICIPAL UTILITIES	NG ADDRESS OF CABLE SYSTEM)	
	MAILING ADDRESS OF OWNER C 520 2ND AVE E STE 1 (Number, street, rural route, apartment, or suit SPENCER, IA 51301 (City, town, state, zip)			
C System	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In lin	e 2, give the mailing address of the		
	1 MAILING ADDRESS OF CABLE SYSTE 2 (Number, street, rural route, apartment, or suit)	EM:		
	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SPENCER MUNICIPAL UTILITIES	0
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	y" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community		
s Necessary		
	ความหมายและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและแก่งและ	

							FORM SA1-	
Name			:				515	TEM ID
	SPENCER MUNICIPAL	UTILITIES						
Е	SECONDARY TRANSMISSION							
E	In General: The information in s	•		-	•			
Secondary	system, that is, the retransmission about other services (including particular services)							
Transmission	last day of the accounting period					chose existing	on the	
Service: Sub-	Number of Subscribers: Both	·			,	ble system, bi	roken	
scribers and	down by categories of secondar	y transmission	service. In ger	neral, you can co	mpute the number	er of subscribe	ers in	
Rates	each category by counting the n		5 0			,	arged	
	separately for the particular serv						and the	
	Rate: Give the standard rate of unit in which it is generally billed							
	category, but do not include disc					5 within a par		
	Block 1: In the left-hand block		•		condary transmi	ssion service t	that cable	
	systems most commonly provide							
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca					•		
	first set" and would be counted of						lo li le	
	Block 2: If your cable system	0		()		e different fron	n those	
	printed in block 1 (for example, t	iers of services	s that include o	ne or more seco	ndary transmissi	ons), list them	, together	
	with the number of subscribers a	and rates, in th	e right-hand bl	ock. A two- or thi	ree-word descript	ion of the serv	vice is	
	sufficient.	DCK 1				BLOCK 2		
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RA	TE CAT	TEGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Residential:		4.044	~ ~ ~				
	Service to first set		1,841	88.45				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
-	In General: Space F calls for ra				all your cable sys	stem's service	s that were	
F	not covered in space E, that is, t							
. .	service for a single fee. There an	•		•		• • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		usually billed.	I ally fales are o	charged on a van	able per-prog	Taill Dasis,	
Transmissions:	Block 1: Give the standard rate		the cable syste	m for each of the	e applicable servi	ces listed.		
Rates	Block 2: List any services that							
	listed in block 1 and for which a		•		st these other ser	vices in the fo	orm of a	
	brief (two- or three-word) descrip	otion and inclue	de the rate for	each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY (OF SERVICE	RATE	CATEGOR	Y OF SERVICE	RATE
	Continuing Services:		Installation: I	Non-residential				
	• Pay cable		 Motel, hot 	el		SHOWTIN	ΛE	13.0
	 Pay cable—add'l channel 		 Commerci 	al		CINEMAX	(7.5
	Fire protection		 Pay cable 			STARZ		8.0
	•Burglar protection		• Pay cable	-add'l channel		НВО		15.0
	Installation: Residential		• Fire protect	ction				
	• First set	45.00	• Burglar pro	otection				
	 Additional set(s) 		Other service					
		1	D		45.00			
	• FM radio (if separate rate)		 Reconnect 	t	45.00			
	 FM radio (if separate rate) Converter 		Reconnec Disconnec		45.00			
	, ,			t				
	, ,		Disconnec	et ecation	45.00 45.00 45.00			

ounting Period: 2	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	SPENCER MUNICIPAL			
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, s's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra 31(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each
	of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast),	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio	noncommercial endent), "I-M"
	Column 4: Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station he community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κτιν	41	N	SIOUX CITY, IA
	KMEG	39	N	SIOUX CITY, IA
ows as Necessary	KTIN	21	E	FORT DODGE, IA
	KCAU	9	N	SIOUX CITY, IA
	KSFY	13	Ν	SIOUX FALLS, SD
	KEYC	12	Ν	MANKATO, MN
	······			

	OWNER OF OUT							SYSTEM
	every radio s	station ca	arried on a separate and discre					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Identify the call tate whether the the radio stat this by placing tive the station	y the sys be recein at the Co l sign of o the static ion's sign g a checl n's locati	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S, II AIIY,		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN			LOCATION OF STATION	CALL SIGN		5/D	LOCATION OF STATION	
KICD	FM	X	SPENCER, IA					
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	SPENCER MUNICIPAL		S					0
	SUBSTITUTE CARRIAG			NT AND PROGRAM I)G			
1	In General: In space I, ident	-	-			tion that vo	ur cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this pr	an blank. If your answer	• "Voo " vou	⊐ must somnl	_	
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer	s res, your	must compi	ete the prot	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if th	neir meanin	a is
	clear. If you need more spa				oo o o o o			9.0
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			Liet op como progr			2010 200)	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by t	the ECC or	in
	the case of Mexican or Car						ine FCC or,	In
				stem carried the substitut			s, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	ned by a system norm 0.0	1. 15 p.m. to t	.20.30 p.m	. Should be	
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete un	der FCC rules	s and regula	ations in	
		•						
					WHE	N SUBSTI	TUTE	
	S	1	E PROGRAM	1		AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	DELETION
		100 01 110	0/122 01011		7.1.0 07.1			
							_	
							_	
								"
							<u> </u>	
							_	
							_	
								"
							_	
							_	
								"
							_	
							_	
								+
							_	
] [_]
						L	-	

Accounting Period:	2020/1			FORM S	GA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPENCER MUNICIPAL UTILITIES			ŝ	SYSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanal 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	secondary trans to compute this	mission servie amount, se \$ 32	
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 i) but less t	han \$527,60(\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00 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	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	,	· · · ·	/	
	2. Enter amount of gross receipts from space K				
	Subtract line 2 from line 1				
	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 \$263	3,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	323,743.48		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	59,943.48		
	4. Multiply line 3 by .01		\$	599.43	
	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	1, 5, and 6 .		\$	1,918.43
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,918.43	
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			\$	1,938.43
	EFT Trace # or TRANSACTION ID #			[
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SPENCER MUNICIPAL UTILITIES	SYSTEM ID# 0
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 on which the cable system carried television broadcast stations and nonbroadcast services	10 . 110
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name TRISH BRUNING Telephone	9 <u>712.580.5800</u>
	Address 520 2ND AVE E, SUITE 1 (Number, street, rural route, apartment, or suite number) SPENCER, IA 51301 (City, town, state, zip)	
	Email trish.bruning@smunet.net Fax (optional) 712.580.58	38
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	e B; or e system as identified wner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	-
	Typed or printed name: Trish Bruning Title: Accountant (Title of official position held in corporation or partnership)	
	Date: 7/9/2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ENCER MUNICIPAL UTILITIES	
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.	P Special Statement Concerning Gross 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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 hade (VIII) of the deneral instructions located in the haber SA1-2 form	Q
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	La Interest Assessmer
	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Landerest Assessme

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.