This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
8/9/21	\$							
	ALLOCATION NUMBER							

Return completed workbook by email to:

## coplicsoa@loc.gov

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

_										
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
	20211 Barcode Data Filing Period (optional - see instructions)									
Accounting	20211									
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.									
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									
	Northland Communications, Inc.									
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
	PO Box 66 (Number, street, rural route, apartment, or suite number)									
	Clear Lake, IA 50428									
	(City, town, state, zip)  INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these									
С	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B									
System	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 suffciency of the fling, a determination that would be made by a court of law.

	I	FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	Northland Communications, Inc.	618
	Instructions: List each separate community served by the cable system. A "cor	
D	"a separate and distinct community or municipal entity (including unincorpora	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filir	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Served	identified city.	
Convou		
	CITY OR TOWN	STATE
First	Ventura	IA
Community		
d Daniel and Name		
d Rows as Necessary		
ļ		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61822

Northland Communications, Inc.

Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	120	\$38.95	
<ul> <li>Service to additional set(s)</li> </ul>	227	\$4.95	
• 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Cinemax Plex	\$14.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		HBO Plex	\$18.95
Fire protection		• Pay cable		HBO & Cinemax	\$32.95
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		Showtime Plex	\$14.95
Installation: Residential		Fire protection		Starz Plex	\$12.95
• First set	\$99.95	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	\$90.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$35.00		
Converter		Disconnect			
• Ou		Outlet relocation	\$90.00		
	Move to new address		\$99.95		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61822

Northland Communications, Inc.
PRIMARY TRANSMITTERS: TELEVISION

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
KIMT	3	N	MASON CITY IOWA
KIMT-MY3.2	3.2	N-M	MASON CITY IOWA
KIMT-ION	39	N-M	MASON CITY IOWA
KIMT 3.4	3.4	N-M	MASON CITY IOWA
KAAL	6	N	AUSTIN MINNESOTA
KAAL 6.2	6.2	N-M	AUSTIN MINNESOTA
KXLT	47	N	ROCHESTER MINNESOTA
KXLT 47.2	47.2	N-M	ROCHESTER MINNESOTA
KXLT 47.3	47.3	N-M	ROCHESTER MINNESOTA
KXLT 47.4	47.4	N-M	ROCHESTER MINNESOTA
KXLT 47.5	47.5	N-M	ROCHESTER MINNESOTA
кттс	10	N	ROCHESTER MINNESOTA
KTTC-CW	10.2	l	ROCHESTER MINNESOTA
KTTC 10.3	10.3	N-M	ROCHESTER MINNESOTA
KTTC 10.4	10.4	N-M	ROCHESTER MINNESOTA
KTTC 10.5	10.5	N-M	ROCHESTER MINNESOTA
KYIN	11	<b>E</b>	MASON CITY IOWA
KYIN11.2	11.2	E-M	MASON CITY IOWA
KYIN11.3	11.3	E-M	MASON CITY IOWA
KYIN11.4	11.4	E-M	MASON CITY IOWA
KSMQ-PBS	20	<b>E</b>	AUSTIN MINNESOTA

Accounting Period: 2021/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Northland Communications, Inc.

61822

## 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.

H

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
NONE							
NOINE							
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A	J. 2024 /4									500	1101105 01055
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STFM:							FORI	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	Northland Communic										61822
	Northana Commanic	ution3, iii	<b>.</b>								01022
Substitute Carriage:											
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										ram
Statement and											
Program Log	-					<i>(</i> 2.4. II)				YES	
	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.	E DROGR	AMS.								
	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 "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in										ting station tion. or  in month ately
		LIDOTITLIT	TE DDOODAA	_				N SUBS			7 BEASON FOR
	S		E PROGRAM	1				AGE OC	CURI TIME		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		STATION'S LOCATION	5. MON'		FROM		TO	
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counting Period:	2021/1	FORM SA	I-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Communications, Inc.	SY	STEM II							
	Northland Communications, Inc.		6182							
1.7	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter	the total of								
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this am-	ion service								
oroco recorpto	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	37	,137.16							
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	s receipts)							
1	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:									
Copyright	Complete block 1, block 2, or block 3.									
Royalty Fee	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263</li> </ul>	3,800								
	<ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>									
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS									
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	s six-mon								
	Line 1. Royalty fee for accounting period	\$	52.00							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100	)								
	1. Base amount under statutory formula									
	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 \$263,800 (but less than \$527,60	0)								
	Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula									
	3. Subtract line 2 from line 1									
	4. Multiply line 3 by .01									
		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									
	FILING FEE AND TOTAL REMITTANCE DUE									
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00								
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	i	67.00							
	Important Volumental and the form of the form of the first o		4-1							
	Important: Your remittance must be in the form of an electronic payment payable to the Register  See page i of the general instructions in the paper SA1-2 form for more information		io!							

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER  Northland Communi				SYSTEM ID# 61822
<b>M</b> Channels	to its subscribers, and of the	(2) the cable system's to	the cable		
N Individual to Be Contacted for Further	we can contact about the	ONTACTED IF FURTHI his statement of account rah McChesney		ATION IS NEEDED (Identify an individual to whom  Telephon	e 641-357-2111
Information	Address PO (Numb	Box 66 ber, street, rural route, apartin ar Lake, IA 50428	nent, or suite nur	mber)	
	(City,	town, state, zip)  cltelacctg@cltel.	.com	Fax (optional) 641-357-88	.00
O Certification		statement of account mu		d and signed in accordance with Copyright Office regulations	
				am the owner of the cable system as identified in line 1 of space	
	in line 1 o	of space B and that the ov	wner is not a d	ership) I am the duly authorized agent of the owner of the cable corporation or partnership; or  n) or a partner (if a partnership) of the legal entity identified as c	
	I have examined the st	tatement of account and I correct to the best of my		re under penalty of law that all statements of fact contained here information, and belief, and are made in good faith.	ein
			Enter an elect	tronic signature on the line above to certify this statement. re using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed	name: <b>T</b> I	homas A. Lovell	
		Title: (Title of off	General I	Manager Id in corporation or partnership)	
		Date:		8/9/2021	

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Accounting Period: 2021/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61822 Northland Communications, Inc. 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 fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 0.00274 Line 4 Multiply line 3 by 0.00274\*\* and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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