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

07 4 TEM				Return completed workbook by email to:
		FOR COPYRIGHT OFFICE USE ONLY		by email to.
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instruc	ctions are located of this workbook	2/21/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
		Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
В	•		sidiary of another corporation, give the full co	rporate
B	title of the subsidiary, not that of the par	rent corporation.		
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should s nting period.	submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	24981
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	1	
	NORTHWEST COMMUNITY COMM	UNICATIONS		
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	т)	
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		

(Number, street, rural route, apartment, or suite number)

AMERY, WI 54001 (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

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

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 fing, a determination that would be made by a court of law.

С

System

1

2

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

NEW RICHMOND

City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI					
Humo	NORTHWEST COMMUNITY COMMUNICATIONS	249					
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 Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	NEW RICHMOND	WI					
Community	SOMERSET	WI					
	STAR PRAIRIE	WI					
dd Rows as Necessary	ST JOSEPH	WI					
		12 0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1					

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							-2E. PAGE
Name	NORTHWEST COMMUNITY COMMUNICATIONS								2498
					ATE0				
E	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								
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the							ting on the	
Transmission	last day of the accounting period	·				,	ala avatam	. hualian	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					•		
Rates	each category by counting the n			•		•			
	separately for the particular serv		0	•••				0	
	Rate: Give the standard rate of	-		•				-	
	unit in which it is generally billed					rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable	
	systems most commonly provide	•		•					
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count ur	der "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system	0			· · ·	service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.								
	BLO	DCK 1					BLOCH		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	COBCONID		TOTE	0/11		(TIOL	CODOCINIDEINO	1011
	Service to first set		1,480	46.26					
	Service to additional set(s)		.,	-10120					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		275	5.00					
	Converter		210	0.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
-	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								
F	not covered in space E, that is, those services that are not offered in combination with any secondary transmission								
Comilana	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services								
Services Other Than	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,								
Secondary	enter only the letters "PP" in the rate column.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	TUTE		ation: Non-res		TUTE	ONTEO		1011
	• Pay cable			tel, hotel					
	• Pay cable—add'l channel		•	mmercial					
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential			e protection					
	• First set	50.00		rglar protection					
	Additional set(s)	25.00		services:					
	• FM radio (if separate rate)	_0.00	•	connect		25.00			
	• Converter			sconnect		20.00			
	0011101101								
			• Ou	tlet relocation		30.00			
				tlet relocation	ress	30.00 25.00			

unting Period: 2	2021/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#				
	NORTHWEST COMM	IUNITY COMMUNICATIONS		24981				
G	In General: In space G, ide	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, <i>except</i> (1) stations carried only on a part-time basis under						
PrimaryFCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sectionsPrimary76.59(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 aansmitters:substitute program basis, as explained in the next paragraph.								
Television	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	rules, regulations, or authorizations: re in space G—but do list it in space I (th	he Special Statement and Program	Log)—if the				
	basis. For further information Column 1: List each station	ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	, see page (v) of the general instruct program services such as HBO, ESI	tions. PN, etc. Identify each				
	"WETA-2" as the same on a Column 2: Give the channed of license. For example, W	the form. nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community				
	educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location	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.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATI		4. LOCATION OF STATION				
	ТРТ	2	E	ST PAUL, MN				
	wcco	4	N	MINNEAPOLIS, MN				
Rows as Necessary	KSTP	5	Ν	ST PAUL, MN				
	KMSP	9	I	MINNEAPOLIS, MN				
	KARE	11	N	MINNEAPOLIS, MN				
	ТРТ	17	E	ST PAUL, MN				
	WQOW	25	N	EAU CLAIRE, WI				
	WUCW	23	l	MINNEAPOLIS, MN				
	МНМС	28	E	MENOMONIE, WI				
	WFTC	29	l	MINNEAPOLIS, MN				
	КРХМ	41	l	MINNEAPOLIS, MN				
	KSTC	48	I	CHIPPEWA FALLS, WI				

EGAL NAME OF			OMMUNICATIONS					SYSTEM I 249
	every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si	it is carried by nonitoring, to rmation abou m. entify the call tate whether t	y the sys be recein at the Co sign of the static	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st Jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
ignal, indicate t Column 4: G	his by placing ive the statior	g a chec n's locati	k mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
· · · · · · · · · · · · · · · · · · ·						·		

Accounting Perio	od: 2021/2						FORM	1 SA1-2E. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	NORTHWEST COMMU	INITY CO	MMUNICATI	ONS				24981	
					_				
	SUBSTITUTE CARRIAG				-				
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMEN				0		•••		
Special	 During the accounting per 				sis, any nonr	network telev	ision progr	am	
Statement and Program Log	broadcast by a distant sta	•					YES	XNO	
Trogram Log	2				"Maa"	 • • • • • • • • • • • • • • • •			
	Note: If your answer is "No	, leave the	rest of this pa	ige blank. If your answer is	s res, your	nust complet	te the prog	ram	
	log in block 2. 2. LOG OF SUBSTITUTI		MS						
	In General: List each subs			ate line. Use abbreviations	wherever p	ossible. if the	ir meaning	ıis	
	clear. If you need more spa	ace, please	add additional	rows to the tables.					
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	m titles, for e	example, "I L	ove Lucy"	or	
	"NBA Basketball: 76ers vs.	Bulls."					-		
				er "Yes." Otherwise enter " asting the substitute progr					
				the community to which the		censed by the	e FCC or.	in	
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which the	e station is id	entified).			
			when your sy	stem carried the substitute	program. U	se numerals,	with the m	nonth	
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	cable system	m I ist the tir	nes accura	ately	
	to the nearest five minutes.							loly	
	stated as "6:00–6:30 p.m."								
				n was substituted for progr					
	to delete under FCC rules a was substituted for program							bgram	
	effect on October 19, 1976	•	, ,						
						N SUBSTIT		7. REASON FOR	
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCU 6. TIN		DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то		
						_			
						_			
							-		
						_			
						_			
1								1	

Accounting Period:	2021/2		FORM	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHWEST COMMUNITY COMMUNICATIONS		Ş	8YSTEM ID# 24981
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	secondary transm w to compute this	iission service amount, see \$4 2	
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 but less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600 tion.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 ar	ıd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K	···		
	5. Enter the amount from line 3	··· <u> </u>		
	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 (b	ut less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	425,785.20		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	161,985.20		
	4. Multiply line 3 by .01	\$	1,619.85	
	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	\$	2,938.85
			•	,
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,938.85	
540	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		\$	2,958.85
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CA			SYSTEM ID# 24981
M Channels	 to its subscribers, and (2) the 1. Enter the total number of cl system carried television bro 2. Enter the total number of a on which the cable system carried 	cable system's total numb channels on which the cabl oadcast stations activated channels carried television broadcas		13 74
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this stat		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name SCOTT.	JENSEN	Telephone	715-268-7101
	(Number, stre AMERY, (City, town, st	RRIMAN AVE N set, rural route, apartment, or sui WI 54001 tate, zip) SJENSEN@AMERYTEI		94
			tified and signed in accordance with Copyright Office regulations)	
O Certification	 I, the undersigned, hereby ce (Owner other than (Agent of owner ot in line 1 of space X (Officer or partner in line 1 of space I have examined the statement 	ertify that (Check one, <i>but on</i> corporation or partnershi ther than corporation or p as B and that the owner is no r) I am an officer (if a corpor as B. ent of account and hereby de at to the best of my knowlede		e B; or e system as identified wner of the cable system
		Enter an	/S/ SCOTT JENSEN electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
			SCOTT JENSEN PRESIDENT on held in corporation or partnership)	
		Date:	2/21/22	

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ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RTHWEST COMMUNICATIONS	24981
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days 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@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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