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 COPYRIGH	IT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
07/19/22	\$
	ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Bellevue Municpal Cable
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Town of Bellevue
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		106 North Third Street (Number, street, rural route, apartment, or suite number)
		Bellevue, IA 52031 (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:
	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 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 filing, a determination that would be made by a court of law.

Accounting Period	<i>,</i> -	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Bellevue Municpal Cable	0
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	ed communities within unincorporated areas and including single, bu list will serve as a form of system identification hereafter known gs.
Area Served	identified city.	sile nome parke should be reported in parentineses sellow the
	CITY OR TOWN	STATE
First	Bellevue	lowa
Community		
Add Rows as Necessary		

Accounting Period: 2022/1 FORM SA1-2E, PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Bellevue Municpal Cable

SYSTEM ID#

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.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	502	96.00	Enhanced	209	#####	
Service to additional set(s)			Commercial Enhanced	6	#####	
 FM radio (if separate rate) 			Lifeline Basic	52	45.00	
Motel, hotel			Basic	313	96.00	
Commercial	26	96.00	НВО	25	20.00	
Converter			Cinemax	8	13.00	
 Residential 	502		Showtime	7	17.00	
Non-residential	26					

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

accounting Period: 2	2022/1			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
	Bellevue Municpal Ca			0				
Primary Transmitters: Television	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.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
Add Rows as Necessary								
	ļ		 					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Bellevue Municpal Cable

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 CICK	AM 6 - EN4	C/D	LOCATION OF STATION	-1	CALL CION	AM 6 EN 4	C/D	LOCATION OF STATION
CALL SIGN	AIM OF FM	S/D	LOCATION OF STATION	4	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KGAN 2.1, .3	2,21		CEDAR RAPIDS, IA					
KLJB 18.14	5,43,430,43	1	DAVENPORT, IA					
KWQC 6.1	6		DAVENPORT, IA					
KWQC 6.35	30,42,46		DAVENPORT, IA					
KWWL 7.13	7,31,32		WATERLOO, IA					
KCRG 9.13	9,31,33		CEDAR RAPIDS, IA					
KDIN 11.14	13,14,15,23		CEDAR RAPIDS, IA					
KXPR 48.13	16,17,18		CEDAR RAPIDS, IA					
WQPT 24.1:	19,20		CEDAR RAPIDS, IA					
							\	
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			1				l	l

ccounting Perio	od: 2022/1 LEGAL NAME OF OWNER OF	CABLE SVS	TEM:				FORM	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	Bellevue Municpal Cal		of Livi.					0 0		
	SUBSTITUTE CARRIAG	F: SPECIA	AL STATEME	NT AND PROGRAM I O	G					
Substitute	In General: In space I, ident substitute basis during the a	ify every no	nnetwork televis	sion program, broadcast by ecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatio	ns. For a further		
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	During the accounting per				sis, any noni	network te	levision prog	r <u>am</u>		
Program Log	broadcast by a distant sta	tion?					YES	X NO		
	Note: If your answer is "No	." leave the	s "Yes." vou i	must com	olete the proc					
	log in block 2.	,		,	, ,		, ,	,		
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their medical 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 acception, was broadcast by a distant station and that your cable system substituted for the programming of and under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further in Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love I "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 FC 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 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 to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shou 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 to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the list was substituted for programming that your system was permitted to delete under FCC rules and regulations									
	effect on October 19, 1976				WHEN SUBSTITUTE					
	S	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	<u> </u>	5. MONTH	AGE OC	CURRED TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
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Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Bellevue Municpal Cable	SYSTEM ID#
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service
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 than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800
	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 the accounting period is \$52.00.	his six-month
	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 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)
	1. Base amount under statutory formula	,
	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	
	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,	600)
		,
	1. 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	696.76
	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	\$ 2,015.76
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and		0.045.70
Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	2,015.76
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	\$ 2,035.76
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> 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 and the Excel instructions tab for mo	

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Bellevue Municpal Cab					SYSTEM ID# 0
M Channels	to its subscribers, and (2) 1. Enter the total number of	the cable system's tot of channels on which to broadcast stations of activated channels on carried television by	tal number o the cable			178 178
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ATION IS NEEDED (Identify an in	dividual	
for Further Information	Name Emily	Medinger			Telephone 5	663/872/4456
	(Number,	orth Third Street street, rural route, apartme rue, IA 52031 n, state, zip)	t ent, or suite nur	mber)		
	Email	emily.medinger@	bellevueia	.gov	Fax (optional) 563/872/4094	
O Certification	I, the undersigned, hereby (Owner other the signal of the signal o	r other than corporation or particular and that the owner) I am an officer (if coace B. ment of account and herect to the best of my key	ine, but only or intnership) is ion or partne wher is not a construction a corporation	d and signed in accordance with (ne, of the boxes.) am the owner of the cable system a ership) I am the duly authorized accorporation or partnership; or n) or a partner (if a partnership) of the cable system accorporation or partnership; or n) or a partner (if a partnership) of the cable system accorporation or partnership; or n) or a partner (if a partnership) of the cable system accorporation, and belief, and are made	as identified in line 1 of space B gent of the owner of the cable sy the legal entity identified as own ements of fact contained herein	ystem as identified
			Enter an elect	/ Emily Medinger tronic signature on the line above to re using an "/s/ signature" (e.g., /s/ J		
			Assistant	mily Medinger t City Clerk		
		(Title of office	cial position hel	ld in corporation or partnership)	07/12/2022	

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scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	SYSTEM ID#
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? NO	0
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? NO	
YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	iterest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 (interest charge)	
* 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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