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
04/07/2023	\$ 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	ACC	OUNTING 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 COON RAPIDS MUNICIPAL CABLE SYSTEM							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		123 3RD AVENUE SOUTH; PO BOX 207 (Number, street, rural route, apartment, or suite number)							
		COON RAPIDS, IA 50058 (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 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.

	2022/2	FORM SA1-2E. PAGE 1
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	COON RAPIDS MUNICIPAL CABLE SYSTEM	
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor 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 fill Note: Entities and properties such as hotels, apartments, condominiums, or more than the second secon	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter knowings.
Area Served	identified city.	nobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	COON RAPIDS	IOWA
Community		
d Rows as Necessary	0.0000	

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

COON RAPIDS MUNICIPAL CABLE SYSTEM

0

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	BLOCI	K 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	22	89.95	Expanded Bundle	35	91.05
 Service to additional set(s) 					
 FM radio (if separate rate) 			Family Choice Bundle	260	91.05
Motel, hotel					
Commercial	24	89.95			
Converter			Nursing Home	45	20.95
Residential					
Non-residential					
		T		· [

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	18.95	Motel, hotel		Pay Channel (C-Max)	15.95
 Pay cable—add'l channel 	11.00	Commercial	20.00		
Fire protection		• Pay cable		Pay additional	14.00
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	20.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	20.00		
		 Move to new address 	20.00		

unting Period: 2022/2 FORM SA1-2E. PAGE 3 SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM Name COON RAPIDS MUNICIPAL CABLE SYSTEM In General: In space G, identify every television station (including translator stations and low power television stations) G ried 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 Primary 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 Transmitters: 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 Television pasis 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 othe 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 noncommercia 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. LOCATION OF STATION woı 5 N DES MOINES, IOWA KDSM 17 DES MOINES, IOWA DES MOINES, IOWA KCCI 8 KDIN JOHNSTON, IOWA 11 wно 13 DES MOINES, IOWA KCWI 23 ANKENY, IOWA KDSM DT DES MOINES, IOWA 17.1 WOI DT DES MOINES, IOWA 5.1 KCCI DT DES MOINES, IOWA 8.1 NBC DT 13.1 DES MOINES, IOWA KDIN DT 11.1 JOHNSTON, IOWA CW 23.1 ANKENY, IOWA LAFF 5.2 DES MOINES, IOWA GRIT 5.3 DES MOINES, IOWA COZI 5.4 DES MOINES, IOWA ME TV DES MOINES, IOWA 8.2 HNI 8.3 DES MOINES, IOWA IPTV KIDS 11.2 JOHNSTON, IOWA IPTV WORLD JOHNSTON, IOWA 11.3 IPTV SD3 11.4 JOHNSTON, IOWA COMET 17.2 DES MOINES, IOWA KDSM CHARGE! 17.3 DES MOINES, IOWA TBD DES MOINES, IOWA 17.4

19.1

23.2

23.3

13.2

13.3

13.4

23.4

DES MOINES, IOWA

ANKENY, IOWA

ANKENY, IOWA

N

N

DES MOINES, IOWA

DES MOINES, IOWA

DES MOINES, IOWA

ANKENY, IOWA

KDMI

ESCAPE

BOUNCE

WHO WEATHER

WHO NBCSD

QUEST

WHO ANTENNA TV

U.S. Copyright Office

SYSTEM ID#

COON RAPIDS MUNICIPAL CABLE SYSTEM

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	ΛM 05 ΓM	e/D	LOCATION OF STATION	CALLSION	ΛM ας ΓΜ	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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counting Perio	od: 2022/2 ILEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	M SA1-2E. PAGE 5 SYSTEM ID#
Name	COON RAPIDS MUNIC			М				(
	SUBSTITUTE CARRIAG	E. SDECI	AI STATEME	ENT AND DROCDAM I C)G			
Substitute	In General: In space I, idensubstitute basis during the a explanation of the programn	tify every no accounting p	nnetwork telev period, under sp	ision program, broadcast by pecific present and former F	y a <i>distant</i> sta FCC rules, reg	gulations, c	or authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				aro goriorai in	ou douono	iii alo papor c	, (1 2 101111.
Special	During the accounting pe	_			ısis, any non	network te	elevision prog	ram
atement and rogram Log	broadcast by a distant sta	•	•	•			YES	X NO
logium Log	Note: If your answer is "No		roct of this n	ago blank. If your answer i	c "Voc " vou	must com		
	log in block 2.	, leave tile	e rest or triis po	age blank. If your answer i	s res, you	must com	piete trie prot	gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no of distant sta egulations, ries like "mo Bulls." m was broa sign of the addcast stati addant stati anth and day ve "5/7." les when th . Example: ter "R" if the and regulat	add additional connetwork telection and that your authorization ovies" or "bask adcast live, entite station broade ion's location (ons, if any, they when your sy e substitute program care listed program ions in effect of	Il rows to the tables. Evision program ("substitute vour cable system substitute vour cable system substitute vour cable system substitute vour cable system substitute programs." Otherwise enter casting the substitute program unity to which the community with which the votem carried the substitute vogram was carried by you ried by a system from 6:00 m was substituted for programing the accounting period unity in the substituted for program was substituted for program was substituted for program was substituted for programing the accounting period vision of the system of	e program") ted for the program titles, for "No." ram. te station is le station is le program. Le program. Le cable system is 1:15 p.m. to to tramming the pod; enter the	that, during rogrammin tions for fu example, di icensed by dentified). Ise numera em. List the 6:28:30 p.i t your sys letter "P" i	g the accounting of another urther informa "I Love Lucy" the FCC or, als, with the retimes accurm, should be tern was required.	ing station tion. or in nonth ately
	effect on October 19, 1976				II WHE	N SUBS	TITUTE	
	S	UBSTITUT	E PROGRAM	1		IAGE OC	-	7. REASON FO
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
								
						-		
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Accounting Period: 2	2022/2 FORM SA1-2E. PAGE	6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COON RAPIDS MUNICIPAL CABLE SYSTEM)# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. \$ 189,345.64 IMPORTANT: You must complete a statement in space P concerning gross receipts.	
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 \$263,800 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.	
	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 six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period	
	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 \$ 263,800.00 2. Enter amount of gross receipts from space K \$ 189,345.64	
	3. Subtract line 2 from line 1 \$ 74,454.36 4. Enter the amount of gross receipts from space K \$ 189,345.64	
	5. Enter the amount from line 3 \$ 74,454.36 6. Subtract line 5 from line 4 \$ 114,891.28	
	7. Multiply line 6 by .005 (enter figure here) \$ 574.46 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	
	3. Subtract line 2 from line 1	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	4
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	
	EFT Trace # or TRANSACTION ID # 274T1THM	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/2 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COON RAPIDS MUNICIPAL CABLE SYSTEM 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 and nonbroadcast services. 1. In the total number of channels on which the cable system carried television broadcast stations and nonbroadcast services.
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Kari Woodard Telephone 712-999-2225
	Address 123 3rd Avenue South (Number, street, rural route, apartment, or suite number)
	Coon Rapids, IA 50058 (City, town, state, zip)
	Email kari.woodard@crmu.net Fax (optional)
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)
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 system as identified in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system 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 herein 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)]
	X /s/ Kari Woodard
	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: Kari Woodard
	Title: Director of Finance & Accounting (Title of official position held in corporation or partnership)
	Date: 04/07/2023

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: COON RAPIDS MUNICIPAL CABLE SYSTEM 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? NO 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@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

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ID number

First community served Accounting period