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.

		Return completed workbook by	
FOR COPYRIGH	email to		
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
08/28/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	Barcode Data Filing Period (optional - see instructions)								
Accounting									
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								
	Grand Mound Cooperative Telephone Association								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	PO Box 316								
	(Number, street, rural route, apartment, or suite number)								
	Grand Mound, IA 52751-0316 (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 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:	2023/1								
		FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	Grand Mound Cooperative Telephone Association	38634							
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commununincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as community." Please use it as the first community on all future filings.	ities within unincorporated areas and including single, discrete s a form of system identification hereafter known as the "first							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First									
Community	Grand Mound	IA IA							
	DeWitt (formerly 063295)	IA							
Add Rows as Necessary									

126.9

Accounting Period: 2023/1

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Grand Mound Cooperative Telephone Association

38634

## 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		BLOCH	BLOCK 2		
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	189	111.90	Light Package IPTV	14	46.15	
Service to additional set(s)			Extended Package IPTV	6	#####	
• 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	RATE	CA	TEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection						
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set		Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	20.00	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>	20.00	Reconnect	30.00			
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

**Grand Mound Cooperative Telephone Association** 

SYSTEM ID# 38634

# G

#### Primary Transmitters: Television

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
WHBF	4	N	ROCK ISLAND, IL
WHBF - Simulcast	4	N-M	ROCK ISLAND, IL
WHBF-DT3	4.3	N-M	ROCK ISLAND, IL
WHBF-DT4	4.4	N-M	ROCK ISLAND, IL
KWQC	6	N	DAVENPORT, IA
KWQC-Simulcast	6	N-M	DAVENPORT, IA
KWQC DT2	6.2	N-M	DAVENPORT, IA
KWQC DT3	6.3	N-M	DAVENPORT, IA
WQAD	8	N	MOLINE, IL
WQAD-Simulcast	8	N-M	MOLINE, IL
WQAD-DT2	8.2	N-M	MOLINE, IL
WQAD DT3	8.3	N-M	MOLINE, IL
KDIN	11	E	DAVENPORT, IA
KDIN-Simulcast	11	E-M	DES MOINES, IA
KDIN DT2	11.2	E-M	DES MOINES, IA
KDIN DT3	11.3	E-M	DES MOINES, IA
KLJB	18	N	DAVENPORT, IA
KLJB-Simulcast	18	N-M	DAVENPORT, IA
WQPT	24	E	DAVENPORT, IA
WQPT-Simulcast	24	E-M	DAVENPORT, IA
WQPT DT2	24-2	E-M	DAVENPORT, IA
KGCW	26	N	DAVENPORT, IA
KGCW-Simulcast	26	N-M	DAVENPORT, IA
KGCW DT2	26.2	N-M	DAVENPORT, IA

KGCW DT2 26.2 N-M DAVENPORT, IA KGCW DT3 26.3 N-M DAVENPORT, IA

Accounting Period: 2	FORM SA1-2E. PAGE 3.									
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
Name	Grand Mound Cooperative Telephone Association  PRIMARY TRANSMITTERS: TELEVISION									
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable system	during the accounting period, except	translator stations and low power telev (1) stations carried only on a part-time ne carriage of certain network program	e basis under						
Primary		, , , ,	1(e)(2) and (4))]; and (2) certain station	-						
Transmitters:		explained in the next paragraph.								
Television			arried by your cable system on a subst	tute program						
			ne Special Statement and Program Log	a)—if the						
	• List the station here, and a	lso in space I, if the station was carried	d both on a substitute basis and also or	n some other						
	•	,	see page (v) of the general instruction							
			orogram services such as HBO, ESPN,	•						
	multicast stream associated "WETA-2" as the same on the	G	e-air designation. For example, report	multistream						
			vision station for broadcasting over the	e air in its community						
		RC 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 no	ncommercial						
	1	` ,	for network multicast), "I" (for independent	,·						
	1, ,,	,,	or "E-M" (for noncommercial education	al multicast).						
		ms, see page (iv) of the general instru of each station. For U.S. stations, list	ictions in the paper SA1-2 form. the community to which the station is l	licensed by the						
			ne community with which the station is	•						
		, ,,,	,							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KGCW DT4	26.4	N-M	DAVENPORT, IA						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Grand Mound Cooperative Telephone Association**

38634

#### 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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio							FORM	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF O			ciation				38634		
	CURCUITUTE CARRIAGE	. CDECIA	CTATEMEN	T AND DDOCDAM I OC						
<b> </b> Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non	network televisi	ion program, broadcast by cific present and former FC	a <i>distant</i> stati CC rules, regul	ations, or autho	rizations. F	or a further		
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special	During the accounting per				sis, any nonne	twork televisio	n program			
Statement and Program Log	proadcast by a distant station?									
	·	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.  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								th y		
	effect on October 19, 1976.		WH	EN SUBSTITU	JTE					
	S	UBSTITUT	E PROGRAM	T	CARF	RIAGE OCCUP		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM	ES TO	DELETION		
		Tes or No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROW —	10			
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YSTEM I 386	S			ssociation	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Grand Mound Cooperative Telepho	Name
300						
8,852.13	ission service mount, see	secondary transm to compute this a	e system's tion of how	ystem by subscribers for the veriod. For a further explanat e paper SA1-2 form. ary transmission service(s)	GROSS RECEIPTS Instructions: The figure you give in this s all amounts (gross receipts) paid to your o (as identified in space E) during the accou page (vii) of the general instructions locate Gross receipts from subscribers for s during the accounting period	<b>K</b> ross Receipts
oss receipts)	(Amount of gro		receipts.	n space P concerning gross	IMPORTANT: You must complete a state	
	263,800.	than \$527,600.	0 but less	ace K is \$137,100 or less. ace K is more than \$137,10 ace K is more than \$263,80	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee yo Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipt Use block 2 if the amount of gross receipt See page (vi) of the general instructions locate	L Copyright Royalty Fee
		RLESS	37,100 OF	GROSS RECEIPTS OF \$1	BLOC	
	nis six-month	you must pay for t	lty fee that	of \$137,100 or less, the roya	Instructions: As a cable system with gross reaccounting period is \$52.00.	
					Line 1. Royalty fee for accounting period	
0.00				4, space Q, page 8	Line 2. Interest charge. Enter the amount fro	
					Line 3. TOTAL ROYALTY FEE PAYABLE I	
	00)		`	EIPTS OF \$263,800 OR LE		
		263,800.00			Base amount under statutory formula	
		148,852.13			Enter amount of gross receipts from spac	
					3. Subtract line 2 from line 1	
	48,852.13				Enter the amount of gross receipts from s	
	14,947.87				5. Enter the amount from line 3	
	33,904.26	\$			6. Subtract line 5 from line 4	
169.52	\$				7. Multiply line 6 by .005 (enter figure here)	
0.00				pace Q, page 8	8. Interest charge. Enter the amount from lin	
169.52	\$		7 and 8	UNTING PERIOD. Add lines	9. TOTAL ROYALTY FEE PAYABLE FOR	
	600)	it less than \$527	63,800 (bu	IPTS OF MORE THAN \$26	BLOCK 3: GROSS	
				[	Enter the amount of gross receipts from s	
		263,800.00	\$		Base amount under statutory formula	
		•			3. Subtract line 2 from line 1	
					4. Multiply line 3 by .01	
						i
	1,319.00	\$		ots (under statutory formula) .	5. Royalty due on the first \$263,800 of dross	1
	1,319.00 0.00				Royalty due on the first \$263,800 of gross     Interest charge. Enter the amount from lir	
	0.00			pace Q, page 8	Interest charge. Enter the amount from lin	
	0.00			pace Q, page 8		
	0.00		4, 5, and 6	pace Q, page 8	Interest charge. Enter the amount from lin     TOTAL ROYALTY FEE PAYABLE FOR	
	0.00		4, 5, and 6	DITOTAL REMITTANCE D	Interest charge. Enter the amount from lin     TOTAL ROYALTY FEE PAYABLE FOR	iling Fee and
	0.00	\$	4, 5, and 6	D TOTAL REMITTANCE D	6. Interest charge. Enter the amount from lin 7. TOTAL ROYALTY FEE PAYABLE FOR FILING FE	
189.52	169.52	<u>\$</u>	4, 5, and 6  UE	D TOTAL REMITTANCE D  In block 1, 2, or 3, above)	6. Interest charge. Enter the amount from lin 7. TOTAL ROYALTY FEE PAYABLE FOR FILING FE  1. Royalty Fee Payable for Accounting Period	al Remittance
189.52	169.52	<u>\$</u>	4, 5, and 6  UE	D TOTAL REMITTANCE D  In block 1, 2, or 3, above)	6. Interest charge. Enter the amount from lin 7. TOTAL ROYALTY FEE PAYABLE FOR  FILING FE  1. Royalty Fee Payable for Accounting Perio 2. Filing Fee (See the instructions for more in 3. TOTAL AMOUNT DUE FOR ACCOUNTI	al Remittance

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER	R OF CABLE SYSTEM: perative Telephone As	ssociati	on		SYSTEM ID# 38634
M Channels	to its subscribers, and  1. Enter the total num system carried tele	d (2) the cable system's	total nun	els on which the cable system carried te nber of activated channels during the ac ple	counting period.	26
		system carried televisio services				181
N Individual to Be Contacted		CONTACTED IF FURTH		ORMATION IS NEEDED (Identify an ind	lividual	
for Further Information	Name <b>Ter</b>	ri Bumann			Telephone [	(563) 847-3002
	(Num Gra	5 Clinton St., PO B ther, street, rural route, apartn and Mound, IA 527 town, state, zip)	nent, or su	ite number)		
	Email	tbumann@gmct	а.соор		Fax (optional (563) 847-300	11
O Certification	I, the undersigned, her  (Owner othe  (Agent of own in line)  X (Officer or prince in line)  I have examined the signal in the	reby certify that (Check or er than corporation or partner other than corpora e 1 of space B and that the partner) I am an officer (in e 1 of space B.	artnersh tion or p e owner is	ritified and signed in accordance with Conly one, of the boxes.)  ip) I am the owner of the cable system as artnership) I am the duly authorized agers not a corporation or partnership; or ration) or a partner (if a partnership) of the eclare under penalty of law that all statemed to the information, and belief, and are made as /s/Terri Bumann	identified in line 1 of space B  nt of the owner of the cable sy  legal entity identified as owner ents of fact contained herein	rstem as identified
		Typed or printed  Title:	Enter sig	electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Joh Terri Bumann		
				l position held in corporation or partnership)	August 25, 2023	

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.

ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
and Mound Cooperative Telephone Association	38634
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?	P Special Statement Concerning Gross Receipts Exclusion
NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see 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	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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