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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	8/24/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		2023/1 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								
		Webster-Calhoun Cooperative Telephone Association BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		1106 Beek Street, PO Box 475 (Number, street, rural route, apartment, or suite number)								
		Gowrie, IA 50543 (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 as 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)								

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Webster-Calhoun Cooperative Telephone Association	630
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
	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 know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Gowrie	lowa
	Pilot Mound	lowa
	Churdan	lowa
ld Rows as Necessary	Vincent	lowa
	Thor	lowa
	Knierim	lowa
	Somers	lowa
	Badger	lowa
	Lanyon	lowa
	Farnhamville	lowa
	Boxholm	lowa
	Duncombe	lowa
	Moorland	lowa
	Barnum	lowa
	Clare	lowa
	Paton	lowa
	Lohrville	lowa
	Manson	lowa
	Rockwell City	lowa
	Lake City	lowa

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Webster-Calhoun Cooperative Telephone Association									
					A.T.F.O.					
E	SECONDARY TRANSMISSION In General: The information in s					ry transmission s	service of t	he cable		
	system, that is, the retransmission	•		-		•				
Secondary	about other services (including p				-		hose exist	ing on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	broken		
scribers and	down by categories of secondar						,	,		
Rates	each category by counting the n			•		•				
	separately for the particular serv					•	,	· · · · · · · · · · · · · · · · · · ·		
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•			-			
	category, but do not include disc						s wiu iir a f			
	Block 1: In the left-hand block					condary transmis	sion servio	e that cable		
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca				••		•			
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-n	and DIOCK. A t	wo- or the	e-word descript		Service is		
		DCK 1					BLOCK	2		
		NO. OF SUBSCRIBE		RATE	CAT			NO. OF	РАТ	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	-R5	RAIE	CAT	EGORY OF SEF	(VICE	SUBSCRIBERS	RAT	
	Service to first set		179	41.95	Standard			530	98.9	
	Service to additional set(s)			71.00	Ultimat			801	###	
	• FM radio (if separate rate)				United at the second se					
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				•	
-	In General: Space F calls for ra					all your cable sys	stem's serv	ices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There as furnished at cost or (2) services				0		υ ()			
Other Than										
Secondary	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.									
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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Installa	tion: Non-res	idential					
	• Pay cable		• Mot	el, hotel						
	 Pay cable—add'l channel 		• Con	nmercial						
	Fire protection		• Pay	cable						
	 Burglar protection 		• Pay	cable-add'l ch	nannel					
	Installation: Residential		• Fire	protection						
	• First set		• Burg	glar protection						
	 Additional set(s) 			ervices:						
	• FM radio (if separate rate)			onnect						
			D:							
	Converter			connect						
	• Converter			connect let relocation						

Nome	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTI	
Name	Webster-Calhoun Coc	operative Telephone Association	on		
	PRIMARY TRANSMITTERS:	TELEVISION			
G	carried by your cable systen	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	t (1) stations carried only on a part	time basis under	
Primary ansmitters: Felevision	76.59(d)(2) and (4), 76.61(e substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca	i1(e)(2) and (4))]; and (2) certain st	ations carried on a	
	• Do <i>not</i> list the station here station was carried <i>only</i> on			0,	
	basis. For further information Column 1: List each station multicast stream associated	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruc program services such as HBO, ES	ctions. SPN, etc. Identify each	
	of license. For example, WR	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.			
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	case whether the station is a network s ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	(for network multicast), "I" (for indep or "E-M" (for noncommercial educa actions in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	IowaPBS -PBS HD	11.1	E	Des Moines	
	IowaPBS -PBS Kids 2		E-M	Des Moines	
Rows as Necessary	IowaPBS -World Cha	11.3	E-M	Des Moines	
	IowaPBS -Create	11.4	E-M	Des Moines	
	KCCI-HD -CBS	8.1	N	Des Moines	
	KCCI-SD -Me-TV	8.2	N-M	Des Moines	
	KCCI-MY -MyN/Heroe	8.3	N-M	Des Moines	
	KCWI-HD -CW	23.1	l	Des Moines	
	KCWI-Quest	23.4	I-M	Des Moines	
	KCWI-GetTV	23.5	N-M	Des Moines	
	KDMI HD -TCT	19.1	I	Des Moines	
	KDSM-FOX	17.1	N	Des Moines	
	KDSM-Comet	17.2	N-M	Des Moines	
	KDSM-Charge!	17.3	N-M	Des Moines	
	KDSM-TBD	17.4	N-M	Des Moines	
	WHO-HD -NBC	13.1	N	Des Moines	
	WHO-DT -Rewind TV		N-M	Des Moines	
	WHO-DT -Antenna TV		N-M	Des Moines	
		13.4	N-M	Des Moines	
	WHO-DT4 -Weather			Des Moines	
	WHO-DT4 -Weather WOI-HD -ABC	5.1	N		
		5.1 5.2	N-M	Des Moines	
	WOI-HD -ABC				
	WOI-HD -ABC WOI-True Crime	5.2	N-M	Des Moines	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	Webster-Calhoun Coc	perative Telephone Association	on	63				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>except</i>	(1) stations carried only on a part-tin	me basis under				
Primary Fransmitters:	76.59(d)(2) and (4), 76.61(e	n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.		-				
Television		With respect to any distant stations ca	arried by your cable system on a sub	stitute 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. <i>Do not</i> 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.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
			3. THE OF STATION					
	WOI-This TV	5.8	N-M	Des Moines				

LEGAL NAME OF	OWNER OF	CABLE S	YSTEM:					SYSTEM ID
Webster-Cal	houn Coo	perativ	e Telephone Associatio	on				6308
PRIMARY TRA				into booin and list	these TM sta	tions of	rried on on	н
			arried on a separate and discr nerally receivable by your cat					••
			II-Band FM Carriage: Under (Primary
-		-	stem whenever it is received a		-	-		Transmitters:
on the basis of r	monitoring, to	be rece	ived at the headend, with the	system's FM ante	enna, during c	ertain s	tated intervals.	Radio
For detailed info paper SA1-2 for		it the Co	pyright Office regulations on t	his point, see pa	ge (v) of the g	eneral ir	nstructions in the.	
•		l sign of	each station carried.					
			on is AM or FM.					
		-	nal was electronically process k mark in the "S/D" column.	sed by the cable s	system as a se	eparate	and discrete	
			on (the community to which th	ne station is licen	sed by the FC	C or, in	the case of	
Mexican or Can	adian stations	s, if any,	the community with which the	e station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Name ECAL INAL OF OWNER OF CARLE SYSTEM. SYSTEM ID# G3088 I SUBSTITUTE CARINGE: SPECIAL STATEMENT AND PROGRAM LOO In General: In space. I. Identify near promoteox feedwiskin program. Innotacast by a distint station, that your cable system carried on a full base base of the programming balance or authorizations. For a full base of the programming balance of the programming balance or authorizations. For a full base of the programming balance of the programming program. In our substitute basis, any normetwork television program. In our discussion program. In our discussion of the programming program. In our discussion of the programming program. In our discussion on a separate line. Use abbreviations wherever possible, if their meening is discussion or program. In the under the programming of another station: The under station of the programming the discussion program. In the under the programming of another station and the your cable system carry, on a substitute of program. In the under the program is the form of the information. Do not use general categories the discussion in the case of the programming of another station in the case of the state of the state of the state of the information. Do not use general categories the substitute program. Is an under state of the information. The case of Maxima and the substitute program. Use use of the information. The case of Maxima of Calman State of the state of the information. The numerial, with the month first. Example: or Maxima balance of the information. The numerial, with the month first. Example: for May 7 give 77." Column 3: Other the independent was permitted to deleter under FCC rules and regulatis on in effect on Ocober 19. 19	Accounting Perio	od: 2023/1						FORM	I SA1-2E. PAGE 5.
Versiter-Cainon Cooperative Telephone Association 63088 I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space 1, 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 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 • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? MO 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. I. GOG F 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 live, enter "No." Column 1: Give the title of the station and that your cable system substitute for gram. Column 2: Give the call sign of the station broadcast live, enter "No." Column 3: Give the call sign of the station broadcast live, enter "No." Column 3: Give the call sign of the station broadcast live program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 4:	Nomo								
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 a uthorizations. For a further 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 During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast 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 substitute 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: "Certain FCC rules, regulations, and that your cable system 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 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 by system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m.". Column 6: State the times	Name	Webster-Calhoun Coo			63088				
Substitute Carriage: Special Statement and Program Log substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 "During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 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 tille of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "Love Lucy" or "NBA Basketball." Teers vs. Bulls." Column 2: If the program was broadcast tive, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcast ting 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 Maxican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Maxican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Maxican or Canadian stations is aprogram was carried by sourceable system. List the times accurately to the nearest five minutes. Examp		SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
Substitute Carriage: Special Statement and Program Log IspECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * Special Statement and Program Log • SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • Message * Mote: 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. • 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 substitute program 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." For your sub in the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations if any, the community to which the station is identified). Column 3: Give the call sign of the substitute program was carried by substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; ente		In General: In space I, ident	ify every noi	nnetwork televi	<i>sion program,</i> broadcast by	a distant sta	tion, that you	ur cable syst	em carried on a
Carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Content of the program content of the prog		0	01	<i>'</i>		, 0	,		
Special Statement and Program Log • During the accounting period, (id your cable system carried by a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Special West States St						he general ins	structions in	the paper S	A1-2 form.
Statement and Program Log building the accounting period, duryout cable system carry, on a substitute basis, any nonnetwork tervision program broadcast by a distant station? Image: Type: Typ	-		-						
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. 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 to which the station is identified). 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 was 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 substituted for programama state is "6:00-6:30 p.m."	Statement and			ur cable system	n carry, on a substitute ba	sis, any nonr	network tele		
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 tille 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 call sign of the station is 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 5: Give the month and day when your 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 uspermitted to delete under FCC rules and regulations in	Program Log	broadcast by a distant sta	tion?					YES	NO
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 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 for 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 to delete under FCC rules and regulations in effect during the accounting period, enter t		Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	ete the prog	ram
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Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Hame	Webster-Calhoun Cooperative Telephone Association	63088							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (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 \$137,100 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	\$263,800							
		his six month							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	his six-month							
	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 \$137,1	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 \$ 436,182.55								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01	1,723.83							
	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	\$ 3,042.83							
	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)	3,042.83							
	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	\$ 3,062.83							
	EFT Trace # or TRANSACTION ID # 27789ES8								
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo								

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER Webster-Calhoun Co	R OF CABLE SYSTEM: coperative Telephone	e Assoc	iation		SYSTEM ID# 63088
M Channels	 to its subscribers, and (1. Enter the total numbersystem carried television) 2. Enter the total numberson which the cable system 	(2) the cable system's to er of channels on which ion broadcast stations er of activated channels stem carried television b	otal numb the cable 	t stations	stations	38 194
N Individual to	INDIVIDUAL TO BE C	ONTACTED IF FURTHE	ER INFO	RMATION IS NEEDED (Identify an individual		
Be Contacted for Further Information	Name Mar	cie Boerner		Te	elephone	(515)-352-3151
	(Numb Gov	6 Beek Street, PO ber, street, rural route, apartme vrie, IA 50543				
	(City, t Email	town, state, zip)	.com	Fax (optional) 51	5-352-302	5
O Certification	I, the undersigned, her (Owner other (Agent of ow in line 1 o X (Officer or p in line 1 o · I have examined the st	eby certify that (Check or r than corporation or pa ner other than corporat f space B and that the ow artner) I am an officer (if f space B. atement of account and h correct to the best of my I 1(1986)] E	ne, <i>but on</i> artnershi tion or pa wner is no f a corpor hereby de knowledg X Enter an e Enter sign	tified and signed in accordance with Copyright Office reg <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 artnership) I am the duly authorized agent of the owner of ot a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity ident beclare under penalty of law that all statements of fact conta ge, information, and belief, and are made in good faith. /s/ Daryl Carlson electronic signature on the line above to certify this statemen ature using an "/s/ signature" (e.g., /s/ John Smith) Daryl Carlson	1 of space the cable lified as ov	system as identified vner of the cable system
				General Manager		
				n held in corporation or partnership) 8/15/2023		

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
bster-Calhoun Cooperative Telephone Association	6308
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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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@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	

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 th 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.