

This form is effective beginning with the July 1 to December 30, 2025, accounting period (2025/2).  
If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

## SA3E Long Form

### STATEMENT OF ACCOUNT for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in  
the first tab of this workbook.

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 7/27/2026                     | \$                |
|                               | ALLOCATION NUMBER |

Return completed workbook by  
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Office Licensing Section at  
(202) 707-8150.

| <b>A</b><br>Accounting<br>Period                                       | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b><br><br><b>2026/1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                       |          |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------|--|--------------|-------|--|--|-----------------------|-------|------------|----------|------|----|---|---|----------|----|---|---|--------|----|---|---|
| <b>B</b><br>Owner                                                      | <b>Instructions:</b><br>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.<br>List any other name or names under which the owner conducts the business of the cable system.<br><i>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.</i><br><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. <b>61128</b><br><br><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br><b>Board of Water Electric and Communications Trustees</b><br><b>Muscatine Power &amp; Water</b><br><br><b>3205 Cedar Street</b><br><b>Muscatine, IA 52761</b><br><br><b>6112820261</b><br><b>61128 2026/1</b> |                                                                                                                                       |          |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| <b>C</b><br>System                                                     | <b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |          |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
|                                                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>IDENTIFICATION OF CABLE SYSTEM:</b>                                                                                                |          |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
|                                                                        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>(Number, street, rural route, apartment, or suite number)<br>(City, town, state, zip code) |          |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| <b>D</b><br>Area<br>Served<br><br>First<br>Community<br><br><br>Sample | <b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.<br><table><thead><tr><th>CITY OR TOWN</th><th>STATE</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table><br>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.<br><table><thead><tr><th>CITY OR TOWN (SAMPLE)</th><th>STATE</th><th>CH LINE UP</th><th>SUB GRP#</th></tr></thead><tbody><tr><td>Alda</td><td>MD</td><td>A</td><td>1</td></tr><tr><td>Alliance</td><td>MD</td><td>B</td><td>2</td></tr><tr><td>Gering</td><td>MD</td><td>B</td><td>3</td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |          |  | CITY OR TOWN | STATE |  |  | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | Alda | MD | A | 1 | Alliance | MD | B | 2 | Gering | MD | B | 3 |
| CITY OR TOWN                                                           | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |          |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |          |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| CITY OR TOWN (SAMPLE)                                                  | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CH LINE UP                                                                                                                            | SUB GRP# |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| Alda                                                                   | MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A                                                                                                                                     | 1        |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| Alliance                                                               | MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B                                                                                                                                     | 2        |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |
| Gering                                                                 | MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B                                                                                                                                     | 3        |  |              |       |  |  |                       |       |            |          |      |    |   |   |          |    |   |   |        |    |   |   |

**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:

**SYSTEM ID#**  
**61128**

## Board of Water Electric and Communications Trustees

**Instructions:** List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.

**Note:** Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 8).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 8 of the DSE Schedule) in the appropriate columns below.

**D**  
**Area**  
**Served**

[illegible]

**First  
Community**

See instructions for additional information on alphabetization.

dd rows as necessary.

Form SA3E Long Form (Rev. 05-17)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name \_\_\_\_\_

## Board of Water Electric and Communications Trustees

### 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 located in the paper SA3 form.

**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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

**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 (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

**Column 6:** 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.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

## CHANNEL LINE-UP AA

| 1. CALL SIGN  | 2. B'CAST NUMBER | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |
|---------------|------------------|--------------------|----------------------------|--------------------------------------|------------------------|
| ANTENNA TV    |                  | N-M                |                            |                                      | MOLINE, IL             |
| BOUNCE        |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| COZI          |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| Court/Mystery |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| GRIT          |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| IPTV          |                  | E-M                |                            |                                      | IOWA CITY, IA          |
| IPTV WORLD    |                  | E-M                |                            |                                      | MOLINE, IL             |
| IPTV-KIDS     |                  | E-M                |                            |                                      | MOLINE, IL             |
| KDIN          |                  | E-M                |                            |                                      | IOWA CITY, IA          |
| KGCW          |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| KGCW-HERO     |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| KGCW-START    |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| KLJB          |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| KLJB          |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| KWQC          |                  | N                  |                            |                                      | DAVENPORT, IA          |
| LAFF          |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| ME TV         |                  | N-M                |                            |                                      | DAVENPORT, IA          |
| TBN           |                  | N                  |                            |                                      | GALESBURG, IL          |
| Rewind        | 26-2             | N-M                |                            |                                      | DAVENPORT, IA          |
|               |                  |                    |                            |                                      |                        |
|               |                  |                    |                            |                                      |                        |
|               |                  |                    |                            |                                      |                        |
|               |                  |                    |                            |                                      |                        |
|               |                  |                    |                            |                                      |                        |

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

## Board of Water Electric and Communications Trustees

### 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.

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**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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**Column 6:** 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.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

## CHANNEL LINE-UP AB

[illegible]

## G

**Primary Transmitters:**  
**Television**

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Board of Water Electric and Communications Trustees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SYSTEM ID#</b><br><b>61128</b> | <b>Name</b>                                                                                                                                                            |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of 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, see page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) during the accounting period.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | <b>K</b><br><b>Gross Receipts</b>                                                                                                                                      |
| <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                        |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br>• Complete block 1, showing your minimum fee.<br>• Complete block 2, showing whether your system carried any distant television stations.<br>• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.<br>• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.<br>▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.<br>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | <b>L</b><br><b>Copyright Royalty Fee</b>                                                                                                                               |
| Block 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K. <span style="float: right;">\$ 1,434,277.90</span><br>Line 2. Multiply the amount in line 1 by 0.01064.<br>Enter the result here.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                                                                        |
| This is your minimum fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ 15,260.72                      |                                                                                                                                                                        |
| Block 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.<br>• Did your cable system carry any distant television stations during the accounting period?<br><input type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                        |
| Block 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. <span style="float: right;">\$ -</span><br>Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. <span style="float: right;">0.00</span><br>Line 3. Add lines 1 and 2 and enter here. <span style="float: right;">\$ -</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                                                                        |
| Block 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. <span style="float: right;">\$ 15,260.72</span><br>Line 2. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) <span style="float: right;">0.00</span><br>Line 3. <b>FILING FEE.</b> <span style="float: right;">\$ 725.00</span><br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here <span style="float: right;">\$ 15,985.72</span><br><div style="margin-top: 10px;"> <b>EFT Trace # or TRANSACTION ID #</b> <span style="border: 1px solid black; padding: 2px 20px;">EFT000000041565</span> </div> <div style="margin-top: 10px;"> <a href="#">Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)</a> </div> |                                   |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees. |

| Name                                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Board of Water Electric and Communications Trustees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SYSTEM ID#<br><b>61128</b> |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>M</b><br>Channels                                           | <b>CHANNELS</b><br><b>Instructions:</b> 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.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>24</b><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>224</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
| <b>N</b><br>Individual to Be Contacted for Further Information | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <b>Eric Wigand</b> Telephone <b>563-262-3414</b><br><br>Address <b>3205 Cedar Street</b><br>(Number, street, rural route, apartment, or suite number)<br><b>Muscataine, IA 52761</b><br>(City, town, state, zip)<br><br>Email <b>eric.wigand@mpw.org</b> Fax (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |
| <b>O</b><br>Certification                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or<br><br><input type="checkbox"/> (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<br><br><input checked="" type="checkbox"/> (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.<br><br>• 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.<br>[18 U.S.C., Section 1001(1986)]<br><br> <b>X</b> <b>/s/ Erika Cox</b><br><br>Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.<br><br>Typed or printed name: <b>/s/ Erika Cox</b><br><br>Title: <b>Director, Customer &amp; Tech Experience</b><br>(Title of official position held in corporation or partnership)<br><br>Date: <b>July 27, 2026</b> |                            |

**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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>SYSTEM ID#</b>                                     | <b>Name</b>                                                                         |
| <b>Board of Water Electric and Communications Trustees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>61128</b>                                          |                                                                                     |
| <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br>"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."<br><br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.<br><br>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?<br><br><input checked="" type="checkbox"/> NO<br><br><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ |  |                                                       | <p><b>P</b></p> <p><b>Special Statement Concerning Gross Receipts Exclusion</b></p> |
| Name _____<br>Mailing Address _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Name _____<br>Mailing Address _____<br>_____<br>_____ |                                                                                     |
| <b>INTEREST ASSESSMENTS</b><br><br>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 in the paper SA3 form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                       |                                                                                     |
| Line 1   Enter the amount of late payment or underpayment . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | \$ -                                                  | <p><b>Q</b></p> <p><b>Interest Assessment</b></p>                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | x 1%                                                  |                                                                                     |
| Line 2   Multiply line 1 by the interest rate* and enter the sum here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | -                                                     |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | x 200 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** enter here and on line 3, block 4,<br>space L (page 7) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | \$ -<br>(interest charge)                             |                                                                                     |
| * To view the interest rate chart click on <a href="http://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 <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                       |                                                                                     |
| ** 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, accounting period, and ID number as given in the original filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                       |                                                                                     |
| Owner _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                       |                                                                                     |
| Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                       |                                                                                     |
| First community served _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                       |                                                                                     |
| Accounting period _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                       |                                                                                     |
| ID 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.

Add rows as necessary.  
Remember to copy all formula into new rows.

| Name                                                                                                                                                                                                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Board of Water Electric and Communications Trustees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SYSTEM ID#<br><b>61128</b>                    |                                            |                                  |                  |                             |                                 |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|----------------------------------|------------------|-----------------------------|---------------------------------|--------|
| <b>3</b><br><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel<br>Capacity                                                                                           | <b>Instructions: CAPACITY</b><br><b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).<br><b>Column 2:</b> For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.<br><b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.<br><b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."<br><b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                | <b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. NUMBER<br>OF HOURS<br>CARRIED BY<br>SYSTEM | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR | 4. BASIS OF<br>CARRIAGE<br>VALUE | 5. TYPE<br>VALUE | 6. DSE                      |                                 |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
| <b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 2 of part 5 of this schedule, .....▶ <span style="border: 1px solid black; padding: 2px 10px;">0.00</span>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                             |                                 |        |
| <b>4</b><br><br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations                                                                                                                                                    | <b>Instructions:</b><br><b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:<br>• Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and<br>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).<br><b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.<br><b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).                                                                                                                         |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                | <b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. NUMBER<br>OF<br>PROGRAMS                   | 3. NUMBER<br>OF DAYS<br>IN YEAR            | 4. DSE                           | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS | 3. NUMBER<br>OF DAYS<br>IN YEAR | 4. DSE |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
| <b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 3 of part 5 of this schedule, .....▶ <span style="border: 1px solid black; padding: 2px 10px;">0.00</span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                             |                                 |        |
| <b>5</b><br><br>Total Number<br>of DSEs                                                                                                                                                                                        | <b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                | 1. Number of DSEs from part 2 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | _____▶                                     |                                  | _____▶           |                             | <b>0.00</b>                     |        |
|                                                                                                                                                                                                                                | 2. Number of DSEs from part 3 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | _____▶                                     |                                  | _____▶           |                             | <b>0.00</b>                     |        |
|                                                                                                                                                                                                                                | 3. Number of DSEs from part 4 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | _____▶                                     |                                  | _____▶           |                             | <b>0.00</b>                     |        |
|                                                                                                                                                                                                                                | TOTAL NUMBER OF DSEs _____▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                            |                                  |                  |                             | <b>0.00</b>                     |        |

LEGAL NAME OF OWNER OF CABLE SYSTEM:  
**Board of Water Electric and Communications Trustees**

SYSTEM ID#  
**61128**

Name

**Instructions:** Block A must be completed.  
In block A:  
• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.  
• If your answer if "No," complete blocks B and C below.

**BLOCK A: TELEVISION MARKETS**

Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?  
☐ Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.  
☒ No—Complete blocks B and C below.

**BLOCK B: CARRIAGE OF PERMITTED DSEs**

Column 1:  
CALL SIGN

Column 2:  
BASIS OF  
PERMITTED  
CARRIAGE

Column 3:

| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE |
|--------------|--------------------|--------|--------------|--------------------|--------|--------------|--------------------|--------|
|              |                    |        |              |                    |        |              |                    |        |
|              |                    |        |              |                    |        |              |                    |        |
|              |                    |        |              |                    |        |              |                    |        |
|              |                    |        |              |                    |        |              |                    |        |
|              |                    |        |              |                    |        |              |                    |        |
|              |                    |        |              |                    |        |              |                    |        |
|              |                    |        |              |                    |        |              |                    |        |
|              |                    |        |              |                    |        |              |                    |        |

0.00

**BLOCK C: COMPUTATION OF 3.75 FEE**

Line 1: Enter the total number of DSEs from part 5 of this schedule

Line 2: Enter the sum of permitted DSEs from block B above

Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.  
(If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)

Line 4: Enter gross receipts from space K (page 7)

Line 5: Multiply line 4 by 0.0375 and enter sum here

Line 6: Enter total number of DSEs from line 3

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)

-

-

0.00  
0.00

x 0.0375

x

-

0.00

6

Computation of 3.75 Fee

Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions.

SYSTEM ID#

61128

Name

## 6

### Computation of 3.75 Fee

Form SA3E Long Form (Rev. 05-17)

|                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Name</b>                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"><div>LEGAL NAME OF OWNER OF CABLE SYSTEM:<br/><b>Board of Water Electric and Communications Trustees</b></div><div style="text-align: right;"><b>SYSTEM ID#</b><br/><b>61128</b></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            |  |
| <div style="font-size: 2em; font-weight: bold;">7</div> <div style="text-align: left; padding-top: 10px;"><b>Computation<br/>of<br/>Base Rate Fee</b></div> | <b>Instructions:</b><br>You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. <ul style="list-style-type: none"><li>In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li><li>If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.</li><li>If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank.</li></ul> <b>What is a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. |                                                                                                                                                                                            |  |
|                                                                                                                                                             | <b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |  |
|                                                                                                                                                             | • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><div style="display: flex; justify-content: space-between; align-items: center;"><div><input checked="" type="checkbox"/> Yes—Complete part 8 of this schedule.</div><div><input type="checkbox"/> No—Complete the following sections.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |  |
|                                                                                                                                                             | <b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |  |
|                                                                                                                                                             | Section<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ _____                                                                                                               |  |
|                                                                                                                                                             | Section<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes,"<br>use the total number of DSEs from part 5.). . . . . ▶ _____ |  |
| Section<br>3                                                                                                                                                | <p>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank.<br/>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1). . . . . ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1). . . . . ▶ _____</p> <p>C. Subtract 1.000 from total DSEs<br/>(the figure in section 2) and enter here. . . . . ▶ _____ -</p> <p>D. Multiply line B by line C and enter here. . . . . ▶ \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here<br/>and in block 3, line 1, space L (page 7)</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div><b>Base Rate Fee.</b> . . . . . ▶</div><div style="border: 1px solid black; padding: 5px; text-align: right; width: 150px;"><b>0.00</b></div></div>             |                                                                                                                                                                                            |  |

|                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SYSTEM ID#                                                                                                                                                   | Name |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
|                     | <b>Board of Water Electric and Communications Trustees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>61128</b>                                                                                                                                                 |      |
| Section<br><b>4</b> | <p>If the figure in section 2 is <b>more than 4,000</b>, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ..... ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs<br/>(the figure in section 2) and enter here ..... ▶ _____</p> <p>F. Multiply line D by line E and enter here ..... ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your base rate fee.<br/>Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7</b><br><br><b>Computation<br/>of<br/>Base Rate Fee</b>                                                                                                  |      |
|                     | <p><b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p><b>In General:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p><b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p><b>NOTE:</b> If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p><b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p><b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p><b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li> <li>• If:             <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> <li>2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.</li> <li>• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul> | <b>8</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations, and<br/>for Partially<br/>Permitted<br/>Stations</b> |      |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                        |     |                             |                          |                                   |     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------|-----|-----------------------------|--------------------------|-----------------------------------|-----|--------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Board of Water Electric and Communications Trustees</b>                                                                |     |                        |     |                             |                          | <b>SYSTEM ID#</b><br><b>61128</b> |     | Name                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                        |     |                             |                          |                                   |     |                                                                                      |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                            |     |                        |     |                             | SECOND SUBSCRIBER GROUP  |                                   |     |                                                                                      |  |
| COMMUNITY/ AREA <b>Muscatine</b>                                                                                                                                  |     |                        |     |                             | COMMUNITY/ AREA <b>0</b> |                                   |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN              | DSE | CALL SIGN                   | DSE                      | CALL SIGN                         | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                        |     |                             |                          |                                   |     |                                                                                      |  |
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|                                                                                                                                                                   |     |                        |     |                             |                          |                                   |     |                                                                                      |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>            |     | Total DSEs                  |                          | <b>0.00</b>                       |     |                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 1,273,137.00</b> |     | Gross Receipts Second Group |                          | <b>\$ 0.00</b>                    |     |                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b>         |     | Base Rate Fee Second Group  |                          | <b>\$ 0.00</b>                    |     |                                                                                      |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                            |     |                        |     |                             | FOURTH SUBSCRIBER GROUP  |                                   |     |                                                                                      |  |
| COMMUNITY/ AREA <b>Mediapolis</b>                                                                                                                                 |     |                        |     |                             | COMMUNITY/ AREA <b>0</b> |                                   |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN              | DSE | CALL SIGN                   | DSE                      | CALL SIGN                         | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |                        |     |                             |                          |                                   |     |                                                                                      |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>            |     | Total DSEs                  |                          | <b>0.00</b>                       |     |                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 161,140.90</b>   |     | Gross Receipts Fourth Group |                          | <b>\$ 0.00</b>                    |     |                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b>         |     | Base Rate Fee Fourth Group  |                          | <b>\$ 0.00</b>                    |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                        |     |                             |                          |                                   |     | <b>\$ 0.00</b>                                                                       |  |