This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

63061

STATEMENT OF AC	COUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:	
for Secondary Transmissi	ons by	DATE RECEIVED	AMOUNT	- coplicsoa@loc.gov	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		01/08/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING		BY THIS STATEMENT: (YY) Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31		
Period					
<b>B</b> of the subsidi	iary, not that of the parent co		ary of another corporation, give the full corp cable system.	orate title	
If there were	different owners during the a	accounting period, only the owner on the	e last day of the accounting period should sul	bmit a	

single statement of account and royalty fee payment covering the entire accounting period.
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
Mahaska Communication Group LLC

(City, town, state, zip code)

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Mahaska Communication Group LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 1038 (Number, street, rural route, apartment, or suite number)
		Oskaloosa, IA 52577 (City, town, state, zip)
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	4	IDENTIFICATION OF CABLE SYSTEM:
	I	MCG
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Mahaska Communication Group LLC	630
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated c	
_	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 kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	OSKALOOSA	IA
Community	BEACON	IA
	INDIANOLA	
		IA
d Rows as Necessary	KEOMAH VILLAGE	IA
	UNIVERSITY PARK	IA
	NEW SHARON	IA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							SA1-2E. PAGE	
Name	Mahaska Communicatio							Ū	6306	
			C							
Е	SECONDARY TRANSMISSION									
	In General: The information in sp system, that is, the retransmissio			-						
Secondary	about other services (including pa									
Transmission	last day of the accounting period	, ,	,		,			9 011 010		
Service: Sub-	Number of Subscribers: Both									
scribers and	down by categories of secondary			•	•					
Rates	each category by counting the nu separately for the particular servi	•		• • •				harged		
	Rate: Give the standard rate ch							and the		
	unit in which it is generally billed.	-	-				-			
	category, but do not include disco									
	Block 1: In the left-hand block									
	systems most commonly provide that applies to your system. Note									
	categories, that person or entity s			-		-				
	subscriber who pays extra for cal						•			
	first set" and would be counted or									
	Block 2: If your cable system h	-		•						
	printed in block 1 (for example, ti									
	with the number of subscribers an sufficient.	nd rates, in the	right-ha	and block. A two	o- or three-	-word descriptio	n of the se	rvice is		
		DCK 1					BLOC	٢2		
		NO. OF		DATE	CAT			NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CAT	EGORY OF SEI	<b>VICE</b>	SUBSCRIBER	S RATE	
	Service to first set		2,414	\$33/mth						
	Service to additional set(s)		_,	<i><b>v</b>oo,</i>						
	• FM radio (if separate rate)									
	Motel, hotel		279	\$9/mth						
	Commercial		5	\$9/mth						
	Converter		Ŭ	ψ3/11.11						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO	ONDARY TRA	NSMISS	SIONS: RATES						
F	In General: Space F calls for rate	•	,		•					
<b>I</b>	not covered in space E, that is, th service for a single fee. There are					,	,			
Services	furnished at cost or (2) services of									
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the r	ate column.	-	-		-		-		
Fransmissions:	Block 1: Give the standard rate									
Rates	Block 2: List any services that									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVI		
	Continuing Services:		1	ation: Non-resi						
	• Pay cable		• Mo	tel, hotel						
	Pay cable—add'l channel		• Cor	mmercial						
	Fire protection		• Pay	/ cable						
	•Burglar protection		• Pay	∕ cable-add'l ch	annel					
	Installation: Residential		• Fire	e protection						
	First set		• Bur	glar protection						
	<ul> <li>Additional set(s)</li> </ul>			services:						
	• FM radio (if separate rate)			connect						
	• Converter		• Dis	connect						
				tlet relocation						
				ve to new addre	ess					

ccounting Period: 2	2018/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	Mahaska Communica	tion Group LLC		63061
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting ti e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c: iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WOI-DT	5.1	<u>N</u>	
	WOI-DT2,3	5.2, 5.3	N-M	DES MOINES IA
ws as Necessary	KCCI	8.1	N	DES MOINES IA
	KCCI-DT2,3	8.2, 8.3	N-M	
	KDIN-TV	11.1	E	
	KDIN-DT2,3,4	11.2, 11.3, 11.4	E-M	
	WHO-DT	13.1	N	DES MOINES IA
	WHO-DT2,3,4	13.2, 13.3, 13.4	N-M	DES MOINES IA
	KDSM-TV	17.1	Ν	DES MOINES IA
	KDSM-DT2,3	17.2,17.3	N-M	DES MOINES IA
	KCWI-TV	23.1	N	DES MOINES IA
	KCWI-DT2,3	23.2, 23.3	N-M	DES MOINES IA
	KFPX-TV	39.1	Ν	NEWTON IA
	KFPX-DT2,3	39.2, 39.3	N-M	NEWTON IA
		•		

Accounting F							FORM	/I SA1-2E. PAGE 4
LEGAL NAME O								SYSTEM ID#
Mahaska Co	ommunicati	ion Gro						6306
all-band basis v <b>Special Instru</b> e	st every radio s whose signals <b>ctions Conce</b>	station ca were ge rning Al	arried on a separate and disco nerally receivable by your cal I-Band FM Carriage: Under	ble system during Copyright Office i	the accountin	ng perioo n FM sig	d. nal is generally	H Primary
on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	monitoring, to ormation abou- orm. dentify the cal State whether f the radio state this by placing Give the station	be receint the Co I sign of the static tion's sig g a chec n's locati	stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	system's FM ante this point, see pa sed by the cable s he station is licen	enna, during c ge (v) of the g system as a se sed by the FC	ertain si jeneral i eparate	ated intervals. nstructions in the. and discrete	Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KBOE	FM	3,0	OSKALOOSA IA	GALL OIGH		5,0	LOOMING STATION	
NDUE			USKALOUSA IA					
	+	+						
	+							
	+							
	+	+						
	+	+						
	+							
	+							
	+							

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Mahaska Communicat	ion Grou	o LLC					63061
	SUBSTITUTE CARRIAGE				2			
	In General: In space I, identi					ion that you	ır cahla svete	m carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	at be included in	this log, see page (v) of the	e general instr	uctions in th	ne paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT							
Special Statement and	<ul> <li>During the accounting period</li> </ul>	•	r cable system	carry, on a substitute basis	s, any nonne	twork televi	ision progran	
Program Log	broadcast by a distant stat	tion?				l	YES	× NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complet	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa-	itute progra	m on a separa	te line. Use abbreviations v	wherever pos	sible, if the	ir meaning is	<b>i</b>
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."				ampio, i E		
				r "Yes." Otherwise enter "N				
				sting the substitute programe community to which the		nsed by the	ECC or in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the s	station is ider	tified).	,	
			when your sys	tem carried the substitute p	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your c	able system.	List the tin	nes accurate	lv
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	should be	.,
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for preserve	mming that y	ourovotom	wee require	d
	to delete under FCC rules a			was substituted for progra ring the accounting period:				
	was substituted for program	ming that y						
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROIVI	— то	
							_	
							_	
								"
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1							—	

Accounting Period:	2018/2			FORM S	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mahaska Communication Group LLC				SYSTEM ID 6306
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross	e system's ation of how	secondary trans v to compute thi	mission serv s amount, ser \$ 4	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,10 • Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	lty fee that	you must pay for	this six-month	ı
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add I	ines 1 and	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K		· · <u> </u>		-
	5. Enter the amount from line 3				-
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (bu	t less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K	\$	491,556.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	227,756.00		
	4. Multiply line 3 by .01		. \$	2,277.56	-
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	-
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6		\$	3,596.56
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	3,596.56	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. <b>\$</b>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,616.56
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ights!

Accounting Period:	2018/2						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: munication Group LLC					SYSTEM ID# 63061
M Channels	<ul><li>to its subscriber</li><li>1. Enter the tota system carried</li><li>2. Enter the tota on which the o</li></ul>	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channe cable system carried televisior cast services	total numb ch the cable s els n broadcas	per of activated chanr e st stations	nels during the a	ccounting period.	23
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEED	ED (Identify an ir	dividual to whom	
for Further Information	Name	Mark Falck				Telephon	e <u>641-676-2740</u>
	Address	210 S D St (Number, street, rural route, apar Oskaloosa, IA 52577 (City, town, state, zip)		ite number)			
	Email	mark.falck@m	ahaska.or	rg		Fax (optional)	
O Certification	I, the undersign     (Own     (Ager     in     X     (Offic     in     in     I have examine	I (This statement of account m red, hereby certify that (Check of er other than corporation or p nt of owner other than corpora line 1 of space B and that the of cer or partner) I am an officer ( in line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	partnership ation or pa owner is no (if a corpora hereby dec y knowledge	<i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of th <b>artnership)</b> I am the du ot a corporation or part ation) or a partner (if a clare under penalty of	e cable system a uly authorized ag nership; or partnership) of th law that all stater lief, and are made <b>EN</b>	s identified in line 1 of space ent of the owner of the cable : he legal entity identified as ow nents of fact contained herein a in good faith.	B; or system as identified mer of the cable system
		Typed or printer Title:	Gener	Frank Hansen ral Manager			
		(Title of Date:	official positio	ion held in corporation or	partnership)	01/08/2019	

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unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
aska Communication Group LLC	630
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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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.