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

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	1/22/2020	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2013/2	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Sac County Mutual Telephone Company	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Odebolt CATV	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		108 S Maple St, PO Box 488 (Number, street, rural route, apartment, or suite number)	
		Odebolt, IA 51458	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes 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.	e
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1E SYSTEM ID#
Name		
	Sac County Mutual Telephone Company	63527
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ODEBOLT	IOWA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	Sac County Mutual Tele	phone Com	pany						6352
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND R	ATES				
E	In General: The information in s		-	-	-	rtransmission s	ervice of th	ne cable	
	system, that is, the retransmission	on of television	and rad	dio broadcasts	by your sys	stem to subscrib	pers. Give	information	
Secondary	about other services (including p						hose existi	ng on the	
ransmission	last day of the accounting period						1	hand have	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					,		
Rates	each category by counting the nu								
	separately for the particular serv							ental get	
	Rate: Give the standard rate c								
	unit in which it is generally billed.				ny standar	d rate variations	s within a p	articular rate	
	category, but do not include disc				ion of one	ndan (tranamia	aian aan <i>i</i> a	a that apple	
	Block 1: In the left-hand block systems most commonly provide	•		•					
	that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca	ble service to a	addition	al sets would b	e included	in the count un	der "Servio	e to the	
	first set" and would be counted o						-1: <b>66</b>	4h	
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.	nu rates, in the	; ngnt-i	Iand Diock. A ti		e-word descripti			
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:						-		
	Service to first set		982	80.75					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		6	1,073.88					
	Converter		Š.	1,070.00					
	Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ansmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				SHEU. LISU			IOIIII OI A	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	15.95	• Mo	tel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	16.95	• Co	mmercial		30.00			
	<ul> <li>Fire protection</li> </ul>		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l cł	annel				
	Installation: Residential		• Fir	e protection					
	• First set	30.00	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)			connect		30.00			
	Converter			connect					
	Converter		• ∩ יו	tlet relocation					
	Converter			tlet relocation	ess	15.00			

е	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYST
9	Sac County Mutual T	elephone Company		
	PRIMARY TRANSMITTERS:	TELEVISION		
ry tters: ion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	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- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orgram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education citions in the paper SA1-2 form. the community to which the station	ime basis under ims [sections tions carried on a bostitute program Log)—if the o on some other ons. PN, 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
	κτιν	7	N	SIOUX CITY
	КРТН	4	N	SIOUX CITY
essary	KCAU	12	N	SIOUX CITY
coodiy	KMEG	10	N	
				ISIOUX CITY
		11		SIOUX CITY
	IPTV	11	N	
		11		
		11		
		11		
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		11		
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		11		
		11		
		11		
		11		
		11		

Accounting P	Period: 2019	/2					FORM	I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID#
Sac County	Mutual Tel	epnone	e Company					6352
all-band basis w Special Instruct receivable if (1) on the basis of the For detailed info paper SA1-2 for Column 1: Ic	t every radio s whose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the call	station ca were ge rning Al y the sys be recei it the Co I sign of o	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the opyright Office regulations on the each station carried.	ble system during Copyright Office r t the system's he system's FM ante	the accountin regulations, an adend, and (2 enna, during co	ng perioo n FM sig 2) it can ertain st	d. Inal is generally be expected, tated intervals.	H Primary Transmitters: Radio
			on is AM or FM. nal was electronically process	ed by the cable of	svetem as a cr	anarate	and discrete	
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
ON LE CION		0,0		CALL CICIL		0,0		
						<b></b>		
	+					/	t	
						·	ļ]	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Sac County Mutual Te	lephone (	Company					63527
	SUBSTITUTE CARRIAGI	E: SPECIA			3			
	In General: In space I, identi					ion that voi	ır cable syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televi	sion progran	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the prograi	m
	log in block 2.				-			
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS					
	In General: List each subst				wherever pos	sible, if thei	ir meaning is	5
	clear. If you need more spa			ows to the tables. sion program ("substitute p	program") tha	t during th	e accounting	1
	period, was broadcast by a							
	under certain FCC rules, re							n.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lo	ove Lucy" or	
	-		dcast live, ente	"Yes." Otherwise enter "N	0."			
				sting the substitute program				
	the case of Mexican or Can			e community to which the			e FCC or, in	
				tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
	Column 6: State the time to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example. a	i program cam	ed by a system norm 0.01.1	5 p.m. to 0.2	o.ou p.m. s		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa	s permitted to delete under	FCC fulles a	nu regulatio		
	s	UBSTITUT	E PROGRAM	I		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH			DELETION
	I. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	]
								1
							_	
							_	
								1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Name	Sac County Mutual Telephone Company		63527
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ential amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	<b>,257.05</b> ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		
	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		
	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		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		-
	FILING FEE AND TOTAL REMITTANCE DOE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 20200121		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		DF OWNER OF CABLE SYSTEM: Mutual Telephone Company	SYSTEM ID# 63527
M Channels	to its subscrib 1. Enter the to	: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ried television broadcast stations	5
	on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	91
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom act about this statement of account.)	
for Further Information	Name	Melissa Pierce Telephone 712	2-668-2202
	Address	108 S Maple St, PO Box 488 (Number, street, rural route, apartment, or suite number)	
		Odebolt, IA 51458	
		(City, town, state, zip)	
	Email	scmtco@netins.net Fax (optional) 712-668-2100	
0	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersi	igned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ov	wner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Ag	gent 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	
	<u> </u>	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of t in line 1 of space B.	the cable system
	are true, comp	ined the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ection 1001(1986)]	
		X /s/Ronald Sorensen	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Ronald Sorensen	
		Title: Manager (Title of official position held in corporation or partnership)	
		Date: 01/21/2020	

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unting Period: 2019/2	FORM SA1-2E. F
L NAME OF OWNER OF CABLE SYSTEM:	SYST
County Mutual Telephone Company	6
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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners?	basic lude sub- 119." Concerning Ge Receipts Exclu
X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	2 form. Q Interest Assess
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	2 form. Q Interest Assess  days 
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	2 form. Q Interest Assess days - 274 -
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2         Line 1       Enter the amount of late payment or underpayment	2 form. Q Interest Assess  days  274  harge)
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