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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
8/7/2023	\$							
	ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Sandhill Telephone Cooperative
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 519, 122 S. Main Street
		(Number, street, rural route, apartment, or suite number)
		Jefferson, SC 29718 (City, town, state, zip)
С		EUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

Accounting Period:	2023/1									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#								
Name	Sandhill Telephone Cooperative	63366								
D	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									
Area Served	identified city.									
	CITY OR TOWN	STATE								
First	Bethune	SC								
Community	Chesterfield	SC								
	Jefferson	SC								
Add Rows as Necessary	McBee	SC								
	Pageland	SC								
	Patrick	SC								
	Ruby	SC								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Sandhill Telephone Cooperative

63366

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	1,605	37.45	Additional Tier	1,944	65.00		
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1					
E CAT	EGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RA
Insta	allation: Non-residential				
• N	Motel, hotel			Starz/Encore	12
• (Commercial			MGM+	7
• F	Pay cable				
• F	Pay cable-add'l channel				
• F	Fire protection				
• E	Burglar protection				
Othe	er services:				
• F	Reconnect				
• [Disconnect				
• (Outlet relocation	90.00			
• N	Move to new address	-			
	Inst	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation 90.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation 90.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation 90.00

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Sandhill Telephone Cooperative

63366

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WACH 48 Columbia, SC WAXN-DT 50 ı Kannapolis, NC 23 Ν WBTV-DT Charlotte, NC I WHKY 40 Hickory, NC **WCCB-DT** Charlotte, NC 27 ı 27.1 WCCB-DT3 I-M Charlotte, NC WCNC-DT 22 Ν Charlotte, NC **WIS** 10 Ν Columbia, SC Ν WISDT2 10.2 Columbia, SC WJPM-DT2 45.1 E-M Florence, SC WJPM-DT3 45.2 E-M Florence, SC WJPM-TV 45 E-M Florence, SC **WJZY** 46 Belmont, NC Ν WLTX 17 Columbia, SC **WMYT** 55 Rock Hill, SC **WOLO-TV** 8 Ν Columbia, SC **WOLO-DT** 8.1 N-M Columbia, SC WSOC-DT 34 Charlotte, NC WSOC-DT2 34.1 N-M Charlotte, NC

Add Rows as Necessary

Accounting Period: 2023/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Sandhill Telephone Cooperative

63366

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		,					
						-	
		·					

Accounting Perio	ing Period: 2023/1 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#	
Name	Sandhill Telephone Co	operativ	е						63366	
	SUBSTITUTE CARRIAGE	: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant station?									
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	2. LOG OF SUBSTITUTE	PROGRA	AMS							
	In General: List each subst		•		s w	herever po	ossible, if t	heir meaning	g is	
	clear. If you need more spa			rows to the tables. vision program ("substitut	a ni	rogram") tl	hat during	the account	ina	
	period, was broadcast by a									
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ge	ener	al instruct	ions for fui	ther informa	tion.	
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progr	am	titles, for e	example, "	Love Lucy"	or	
			dcast live, ent	er "Yes." Otherwise enter	"No	o."				
	Column 3: Give the call	sign of the	station broado	asting the substitute prog	ram	٦.				
	Column 4: Give the broathe case of Mexican or Can		,	the community to which the			•	the FCC or,	in	
				stem carried the substitut			,	ls, with the m	nonth	
	first. Example: for May 7 giv	/e "5/7."				_				
				ogram was carried by you		•			ately	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program can	ried by a system from 6:0	1:10	5 p.m. to 6	:28:30 p.n	i. snould be		
	Column 7: Enter the lette			n was substituted for prog						
	to delete under FCC rules a								ogram	
	was substituted for programeffect on October 19, 1976.	•	your system w	as permitted to delete un-	der	FCC rules	and regul	ations in		
							N SUBST			
	St		E PROGRAM		CARRIAGE OCCURRED 5 MONTH 6. TIMES			7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	FROM	— TO		
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Accounting Period:	2023/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sandhill Telephone Cooperative			(63366
					03300
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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.	ystem's secon of how to	condary transmi compute this a	ssion service mount, see	
_	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 less Use block 3 if the amount of gross receipts in space K is more than \$263,800 less See page (vi) of the general instructions located in the paper SA1-2 form for more in 	but less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	is six-month	
	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 lin	nes 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	00)	
	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			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but l	ess than \$527,	,600)	
	Enter the amount of gross receipts from space K	\$	366,710.40		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	102,910.40		
	4. Multiply line 3 by .01		\$	1,029.10	
	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	· · · · · · · · · · · · · · · · · · ·	\$	2,348.10
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,348.10	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .	• • • • • • • • • • • • • • • • • • • •	\$	20.00	,
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,368.10
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		ghts!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.			
Name		OWNER OF CABLE SYSTEM: hone Cooperative				SYSTEM ID#			
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the car	number of channels on which television broadcast stations. number of activated channels	the cable		counting period.	19			
N Individual to Be Contacted		BE CONTACTED IF FURTHI		RMATION IS NEEDED (Identify an ind	lividual to whom				
for Further Information	Name	Missy Sikes			Telephone	843-658-6850			
	Address	P.O. Box 519 (Number, street, rural route, apartr Jefferson, SC 29718 (City, town, state, zip)	nent, or sui	te number)					
	Email	missy.sikes@m	ysandhill	l.net	Fax (optional)				
	CERTIFICATION	(This statement of account mu	ıst be cer	tified and signed in accordance with C	copyright Office regulations)				
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (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 (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								
	I have examined	e, and correct to the best of my	-	clare under penalty of law that all statem e, information, and belief, and are made					
			Enter an	/s/ C Lee Chambers electronic signature on the line above to conature using an "/s/ signature" (e.g., /s/ Jo	-				
		Typed or printed	name:	C. Lee Chambers					
		Title: (Title of of		Manager on held in corporation or partnership)					
		Date:			08/04/2023				

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ndhill Telephone Cooperative	63366
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include 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 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? NO YES. Enter the total here and list the satellite carrier(s) below	- Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line C. Multiply line 4 by the interest notes and enter the game have	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	,
Owner Address	
ID number First community served Accounting period	

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