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	copli			
3/11/24	\$	For a conta			
	ALLOCATION NUMBER	(202)			

Return completed workbook by

coplicsoa@copyright.gov

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

Α	OUNTING PERIOD COVERED BY THIS S	TATEMENT: (YYYY/(Period))						
	2023/2 Period 1 = Jan	uary 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 of the subsidiary, not that of the parent corporation.	If the owner is a subsidiary of another corporation, give the full corporate title						
Owner	List any other name or names under which the owner co	ducts the business of the cable system.						
	If there were different owners during the accounting per single statement of account and royalty fee payment cov	od, only the owner on the last day of the accounting period should submit a ring 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						
	Inter County Cable Company							
	BUSINESS NAME(S) OF OWNER OF CABLE SYS	TEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYS PO Box 578	EM .						
	(Number, street, rural route, apartment, or suite number)							
	Brooklyn, IA 52211 (City, town, state, zip)							
С	, 6	names used to identify the business and operation of the system unless these ailing address of the system, if different from the address given in space B						
System	IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	(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 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.

	<u></u>	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Nume	Inter County Cable Company	275
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list was the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Brooklyn	lowa
1 D		
d Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27525

Inter County Cable Company

Ε

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		BLOCH	BLOCK 2		
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	189	88.09				
Service to additional set(s)	0					
• FM radio (if separate rate)	0					
Motel, hotel	0					
Commercial	0					
Converter	0					
Residential	0					
Non-residential	0					
		1				

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 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	16.95	Motel, hotel	-	
 Pay cable—add'l channel 	8.95	Commercial	-	
Fire protection	-	Pay cable	-	
 Burglar protection 	-	Pay cable-add'l channel	-	
Installation: Residential		Fire protection	-	
• First set	25.00	Burglar protection	-	
 Additional set(s) 	-	Other services:		
 FM radio (if separate rate) 	-	Reconnect	15.00	
Converter	-	Disconnect	-	
		Outlet relocation	Varies	
		Move to new address	15.00	

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

27525

Name Inter County Cable Company

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCCI	8	N	Des Moines, IA
KCRG	9	N	Cedar Rapids, IA
KDIN	11	E	Des Moines, IA
WHO	13	N	Des Moines, IA
KDSM	23	N	Des Moines, IA
KFPX	39	<u> </u>	Cedar Rapids, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Inter County Cable Company

27525

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.

Н

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).

	T =	I a:-	I	1	I	I o:-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
	l					 	<u> </u>
							l
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							l
							
							
							
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	1 0000/0								
Accounting Perio	d: 2023/2 LEGAL NAME OF OWNER OF	CARLE SVS	TEM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	Inter County Cable Co		I LIVI.					27525	
	inter county cubic oc	пірапу						21323	
Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programn	tify every nor accounting poining that mu	nnetwork televi eriod, under sp st be included i	sion program, broadcast by ecific present and former F in this log, see page (v) of the	a <i>distant</i> sta CC rules, reg	ulations, c	or authorizatio	ns. For a further	
Carriage: Special	1. SPECIAL STATEMEN	_		-					
Statement and Program Log	t and Log broadcast by a distant station? 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								
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broom the case of Mexican or Calumn 5: Give the monofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	titute progra ace, please of every no of distant state egulations, of ries like "mo Bulls." m was broad adcast static addast static andian static andian static andies when the Example: a ter "R" if the and regulati mming that y	am on a separadd additional connetwork televition and that your authorization ovies" or "bask dcast live, enterstation broadcon's location (tons, if any, the when your system of the substitute program carrollisted program carrollisted program carrollisted program cons in effect d	rows to the tables. vision program ("substitute our cable system substitutes. See page (v) of the geretball." List specific program er "Yes." Otherwise enter "asting the substitute programe community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01 in was substituted for programing the accounting perio	program") the d for the proper instruct m titles, for each of the station is like a station is id program. Use cable systems:15 p.m. to 6 tramming that d; enter the like of the program to the systems.	hat, during ogrammin ions for fu example, ' censed by entified). se numera m. List the c:28:30 p.1	g the accoung of another urther informatic love Lucy" the FCC or, als, with the retimes accurum, should be tern was required the listed principles.	ting station ation. or in month rately	
	,	effect on October 19, 1976. WHEN SUBSTITUTE							
		UBSTITUT	F PROGRAM	1				7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	7. REASON FOR DELETION	
					CARRI	AGE OC	CURRED		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES		

ccounting Period:	2023/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:		A1-2E. PAGE YSTEM II
Name	Inter County Cable Company	3	2752
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission service s amount, se	9,411.77
	COPYRIGHT ROYALTY FEE		
Copyright Royalty Fee	Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00.	this six-month	
	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,	100)	
	1. Base amount under statutory formula	-	
	2. Enter amount of gross receipts from space K	=	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	-	
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance Due	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
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 # 27C9EN8D]	
	Important: Your remittance must be in the form of an electronic payment payable to the Regist		_
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n	nore information	<u>1</u> .

Accounting Period:	2023/2 FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Inter County Cable Company 27525
M Channels	CHANNELS Instructions: 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 6 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 73
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name Jody Davidson Telephone 641-522-7000
Information	Address PO Box 578, 127 Jackson St (Number, street, rural route, apartment, or suite number) Brooklyn, IA 52211
	(City, town, state, zip) Email jodyacct@netins.net Fax (optional) 641-522-5001
	CERTIFICATION (This statement of account must be certified and signed in accordance with 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 in line 1 of space B.
	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. [18 U.S.C., Section 1001(1986)]
	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: Tim Atkinson
	Title: General Manager (Title of official position held in corporation or partnership)
	Date: 2/28/2023

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counting Period: 2023/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
er County Cable Company	27525
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 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 inclusively and amounts collected from subscribers receiving secondary transmissions pursuant to section 1	asic ude sub- Special Statement
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.	Necespta Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transm made by satellite carriers to satellite dish owners?	issions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 underpa	ayment.
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	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	dove
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 74
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	<u>-</u>
(interest ch	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	e please
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original	•
Owner	
Address	
ID number	11111111111111111111111111111111111111
First community served	
Accounting period	

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

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