# THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2017 If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

### SA1-2 Short Form

(202) 707-8150

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/24/23	\$ ALLOCATION NUMBER					

Return to: Library of Congress Copyright Office-LS 101 Independence Avenue SE Washington, DC 20557-6400

For courier deliveries, see page ii of the general instructions.

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)								
Accounting	■ January 1–June 30 2023								
Period	(Year)								
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  In line 2, list any other 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 Section. 63527  1 LEGAL NAME OF OWNER OF CABLE SYSTEM:  Sac County Mutual Telephone Company 63527  2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):  Odebolt CATV								
	3 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)								
<b>C</b> System	Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.  IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:  (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip)								
Area Served	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 fillings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN STATE CITY OR TOWN STATE								
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Community									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			· I				
			00507	Name			
Sac County Mutual Telephone Cor	npany		63527				
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: Entitles and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
identified city.							
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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.

BLOCK	1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: •Service to first set	535	\$89.40	RES 1ST SET (rate change)	258	.\$97.40.
<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel Commercial	4	\$1,189.02	COMMERCIAL (rate change)	2	51,295.42
Converter					.,
Residential     Nonresidential					

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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			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'I channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$15.95 \$16.95  \$30.00	Commercial     Pay cable     Pay cable—add'l channel     Fire protection     Burglar protection	\$30.00 \$30.00 \$15.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM:		Name
Sac County Mutual Telephone Company	63527	

#### 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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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.

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
KTIV	7	N	SIOUX CITY
KPTH	4	N	SIOUX CITY
KCAU	12	N	SIOUX CITY
KMEG	10	N	SIOUX CITY
IPTV	11	N	SIOUX CITY
E-MARCH -			
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		-	4/4/2015/7/1997

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Primary Transmitters: Television

		***************************************		***************************************				FORM SA1-2. PAGE 4
Name	LEGAL NAME OF O			i: ne Company				63527
Primary Transmitters: Radio	all-band basi Special Instr receivable if ( the basis of m detailed infor Column 1:	List every races whose sign uctions Con 1) it is carried nonitoring, to mation about I dentify the	dio stands we neernide by the termination of the te	c: RADIO  tion carried on a separate alere generally receivable by young All-Band FM Carriage: Use system whenever it is received at the headend, with the Copyright Office regulating of each station carried.	our cable syst Inder Copyrigh ved at the syst ne system's FN	em during th at Office regu em's header I antenna, de	ie acc ilation id; an uring c	counting period.  Is, an FM signal is generally  Id (2) it can be expected, on certain stated intervals. For
	Column 3: signal, indica Column 4:	: If the radio te this by pla : Give the sta	statior scing a ation's	o's signal was electronically proceed in the "S/D" con location (the community to fany, the community with with the community with	lumn. which the stat	ion is licens	ed by	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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O/III/O/II E/I/I/GE C/								
LEGAL NAME OF OWNER OF CABLE SYSTEM Sac County Mutual Telephor		any			63527		Name	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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 explanation of the programming that must be included in this log, see page (v) of the general instructions.								
<ol> <li>SPECIAL STATEMENT COM</li> <li>During the accounting period broadcast by a distant station</li> <li>Note: If your answer is "No," leading in block 2.</li> </ol>	, did your 1?	cable system o	carry, on a substitute ba	Yes	s ⊠No		Special Statement and Program Log	
2. LOG OF SUBSTITUTE PRO In General: List each substitute clear. If you need more space, p Column 1: Give the title of e period, was broadcast by a dista under certain FCC rules, regula Do not use general categories I "NBA Basketball: 76ers vs. Bull Column 2: If the program wa Column 3: Give the call sign Column 4: Give the broadca the case of Mexican or Canadia Column 5: Give the month at first. Example: for May 7, give " Column 6: State the times w to the nearest five minutes. Exal as "6:00–6:30 p.m." Column 7: Enter the letter "F to delete under FCC rules and re was substituted for programming	e programolease attavery nonnant stations, or a sike "movies." as broadca of the station' an stations of the s	ach additional petwork television and that your couthorizations. Sees" or "basketh ast live, enter "tion broadcast is location (the s, if any, the coen your system ubstitute program carried leted program win effect during	pages. on program ("substitute able system substitute see page (v) of the genoall." List specific programs." Otherwise, entering the substitute programmunity to which the manuality with which the carried the substitute parm was carried by your by a system from 6:01:1 as substituted for programs are substituted for programs as substituted for programs are substituted for p	e program") d for the program titles, for "No." am station is a station is in program. U cable systems of p.m. to 6: ramming the enter the leters of the program of the cable systems.	that, during the a gramming of anoi tions for further in or example, "I Low s licensed by the dentified), se numerals, with em. List the times (28:30 p.m. should at your system weatter "P" if the lister	accounting ther station of the Lucy" or FCC or, in the month accurately d be stated as required and program		
on October 19, 1976.	STITUTE	PROGRAM			SUBSTITUTE GE OCCURRED	7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:
***************************************	Sac County Mutual Telephone Company 63527
K Gross Receipts	Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the general instructions.  - 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.
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: 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 \$263,800  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 for more information.
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 · · · · · · · · · · · · · · · · · ·
	Line 3. Filing Fee \$ 15.00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.  Add lines 1, 2 and 3 \$ 67.00
	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
	9. Filing Fee
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.  Add lines 7, 8 and 9 \$\$
	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, Dast anothe and statutory formula.
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	or respany and on the max cases of groot records to tradition from the max cases.
	6. Interest Charge. Enter the amount from line 4, space Q, page 8  7. Filing Fee. \$20.00
	/. rining ree.
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7
	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights. See page i of the general instructions for more information.

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Sac County Mutual Telephone Company 63527	Name
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.  5	M Channels
Enter the total number of activated     channels on which the cable system carried television broadcast stations     and nonbroadcast services.  60	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N
Name Melissa Pierce Telephone 712-668-2200  Address 108 S Maple St (Number, street, rural route, apartment, or suite number)  Odebolt, IA 51458 (City, town, state, zip)  Email (optional) scmtco@netins.net Fax (optional)	Individual to Be Contacted for Further Information
Cinal (optional)	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0
I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	Certification
(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. [See 18 U.S.C. sec.1001]	
Handwritten signature: WWW SNUM	
Typed or printed name: Ronald Sorensen	
Title: General Manager (Title of official position held in corporation or partnership)	
Date: 08/23/2023	

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		10
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sac County Mutual Telephone Company	63527
Special Statement Concerning Gross Receipts Exclusions	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 subscribers 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 (vi) of the general instructions.  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?  INO  YES. Enter the total here and list the satellite carrier(s) below	
	Name Mailing address	
Q Interest Assessment	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 (vi) of the general instructions.  Line 1. Enter the amount of late payment or underpayment	
	Line 2. Multiply line 1 by the interest rate* and enter the sun	x
	Line 3. Multiply line 2 by the number of days late and enter	the sum here,x00274
	Line 4, Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6	
	**This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
	ID number	mber, and accounting period as given in the original filing.
	First community served	
	According beand	

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