THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

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					
02/10/21	\$ ALLOCATION NUMBER					

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202)707-8150

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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)							
Accounting Period	January 1-June 30(Year)		July 1-December 31 2021 (Year)					
B	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 sub 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.							
	PALMETTO RURAL TELE	PHONE COOPERA	TIVE, INC.					
	2 BUSINESS NAME(S) OF OWNER							
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: PO DRAWER 1577 (Number, street, rural route, apartment, or suite number)							
	WALTERBORO, SC 29488 (City, town, state, zip)							
С			dentify the business and operation of the system, if different from the address given					
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or sulte number) (City, town, state, zip)							
D 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 filings. 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				
First ▶	WALTERBORO	sc	RIDGEVILLE	sc				
First ► Community		sc sc	RIDGEVILLE ROUND O RUFFIN					

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:					
PALMETTO RURAL TELEPHONE	COOPERATIVE,	INC.		Name	
Instructions: List each separate community in FCC rules: "a separate and distinct communeas and including single, discrete unincorp of system identification hereafter known as the Note: Entities and properties such as hotels, applications."	munity or municipal ent porated areas)." 47 C.F. the "first community." P	ity (including unincorporated communities R. §76.5(dd). The first community that you I lease use it as the first community on all fut	within unincorporated ist will serve as a form ure filings.	D Area Served	
identified city.			parotti ato		
CITY OR TOWN	STATE	CITY OR TOWN	STATE	1	
ISLANDTON	SC	OH TON TOWN	SIAIL	14/12/2	
SMOAKS LODGE JACKSONBORO	SC SC SC			◀ First Community	
YEMASSEE	SC				
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SEASON SECURITION AND SECURITION AND AND AND AND AND AND AND AND AND AN					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PALMETTO RURAL TELEPHONE COOPERATIVE, INC.

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.

BLOCK	1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set • Service to additional set(s)	2,482 3,710	\$17.98 \$0.00	VARIETY HISPANIC TIER	431 9	\$11.99 \$7.99
•FM radio (if separate rate) Motel, hotel					
Commercial	112	\$29.99	• • • • • • • • • • • • • • • • • • • •		
Converter					
Residential Nonresidential		ļ			

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: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$75.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection	\$25.00	HBO SHOWTIME STARTZ	\$19.99 \$10.99 \$17.99

PRIMARY TRANSMITTERS: TELEVISION

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	
WCBD	50.1	N-M	CHARLESTON, SC	
WCBD-CW	50	1	CHARLESTON, SC	
WCBD-NBC	50	N	CHARLESTON, SC	
WCIV	36	N	CHARLESTON, SC	
WCIV HD	36.1	N-M	CHARLESTON, SC	
WCSC HD	47.1	N-M	CHARLESTON, SC	
WCSC-TV	47	N	CHARLESTON, SC	
WITV	7	E	CHARLESTON, SC	
WITV HD	7.1	E-M	CHARLESTON, SC	
WMMP	36.2	1	CHARLESTON, SC	
WMMP HD	36.3	I-M	CHARLESTON, SC	
WTAT	24		CHARLESTON, SC	
WTAT HD	24.1	N-M	CHARLESTON, SC	

G

Primary
Transmitters:
Television

								FORM SA1-2. PAGE 4	
Name	PALMETTO RURAL TELEPHONE COOPERATIVE, INC.								
Primary Transmitters: Radio	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. 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 the Copyright Office regulations on this point, see page (iv) of the general instructions. 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	
	AUTT AIGHA	VIALOL I-IAI	9,0	LOOKING OF STATION	III OALL SIGN	WIN OLLIN	3,0	COUNTON OF SIMILON	
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FORM SA1-2. PAGE 5.									
LEGAL NAME OF OWNER OF CABLE SYST PALMETTO RURAL TELE		OOPERATIV	/E INC				Name		
SUBSTITUTE CARRIAGE In General: In space I, ident system carried on a substitute tions, or authorizations. For a the general instructions.	SPECIA ify every no basis durin	L STATEMEN nnetwork televing the account	NT AND PROGRAM vision program, broadca ing period, under specifi	ast by a <i>dis</i> ic present a	and former FCC ru	ıles, regula-	Substitute Carriage:		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes No 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 PR In General: List each substite clear. If you need more space Column 1: Give the title of period, was broadcast by a dis under certain FCC rules, regu Do not use general categories "NBA Basketball: 76ers vs. Br Column 2: If the program v Column 3: Give the call sig Column 4: Give the broadce the case of Mexican or Canad Column 5: Give the month first. Example: for May 7, give Column 6: State the times to the nearest five minutes. Ex as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and was substituted for programm on October 19, 1976.	ute program, please atta every nonnestant stations, or as s like "movieulls." vas broadca prof the station dan stations and day when the su ample: a pro- "R" if the lis regulations	ach additional setwork televis and that your suthorizations. es" or "basket ast live, enter "tion broadcast's location (the s, if any, the coen your system obstitute program carried ted program win effect during	pages. ion program ("substitute cable system substitute See page (v) of the gen ball." List specific progr 'Yes.". Otherwise, enter ting the substitute progr community to which the manunity with which the married the substitute am was carried by your by a system from 6:01:1 vas substituted for progr g the accounting period;	e program" d for the program titles, for "No." ram. ne station is program. U cable syste 5 p.m. to 6 ramming the center the left) that, during the ogramming of anotions for further it or example, "I Los slicensed by the identified), is enumerals, with the List the times :28:30 p.m. shoul at your system wetter "P" if the lister	accounting other station information. ve Lucy" or FCC or, in in the month is accurately did be stated as required and program			
	BSTITUTE	PROGRAM	W		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: PALMETTO RURAL TELEPHONE COOPERATIVE, INC.
K Gross Receipts	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. (Amount of 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 \$52.00
	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
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	t. base amount dider 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 \$20.00
	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. Base amount under statutory formula \$263,800
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	4. Islanding line 5 by 301
	o, regard and on the most except of grown records of and of statutery formally
	6. Interest Charge. Enter the amount from line 4, space Q, page 8 7. Filling Fee.
	7. Filling Foc.
	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: PALMETTO RURAL TELEPHONE COOPERATIVE, INC.	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.	M				
Enter the total number of channels on which the cable system carried television broadcast stations. 13					
Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 378					
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N				
Name VALERIE ANCRUM Telephone (843)538-9383 (Area code) Address PO DRAWER 1577 (Number, street, rural route, apartment, or suite number)	Individual to Be Contacted for Further Information				
(Number, street, rural route, apartment, or suite number) WALTERBORO, SC 29488 (City, town, state, zip)					
Email (optional) valerie.ancrum@prtc.us Fax (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.)					
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:					
Typed or printed name: Jason J. Dandridge					
Title: Chief Executive Officer (Title of official position held in corporation or partnership)					
Date: 2/9/2022					

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		TOTAL DATE TAGE O						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PALMETTO RURAL TELEPHONE COOPERATIVE, I	NC.						
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? NO YES. Enter the total here and list the satellite carrier(s) below.							
	Name Mailing address	Mailing address						
Q Interest Assessment	INTEREST ASSESSMENT You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (vii) of Line 1. Enter the amount of late payment or underpayment	the general instructions.						
,	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 herex .00274						
	Line 4, Multiply line 3 by .00274** and enter here and in spa line 2, or block 2, line 8, or block 3, line 6							
	* To view the interest rate chart click on www.copyright.gor contact the Licensing Division at (202) 707-8150 or licens							
	**This is the decimal equivalent of 1/365, which is the inter	est assessment for one day late.						
	Note: If you are filing this worksheet covering a statement of list below the owner, address, first community served, ID nur							
	OwnerAddress							
	ID number							

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