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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8-27-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20191 Barcode Data Filing Period (optional - see instructions)	
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.	2797
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Venture Communications Coop.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 157	
		(Number, street, rural route, apartment, or suite number)	
		Highmore, SD 57345 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in a	
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)	

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N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Venture Communications Coop.	2797
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Served		
	CITY OR TOWN	STATE
First	Rosholt	SD
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM IC
Name	Venture Communication							010	279
	Venture communication	13 COOP.							
Е	SECONDARY TRANSMISSION In General: The information in s			-	-	/ transmission s	envice of t	ne cable	
—	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, n	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period							hasten	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny standar		o within a p		
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. <b>Note</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		-		1	· · ·			
	BLOCK 1						BLOC	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	• Service to first set		221	80.95	Core			13	19.
	Service to additional set(s)		221	00.95	My Cho	Nice		15	48.
	• FM radio (if separate rate)					/////		13	
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,			, ,			
F	not covered in space E, that is, the service for a single fee. There are					,	,		
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un	it in which it is							
Secondary	enter only the letters "PP" in the		ha aabla	avetem for or	oh of tho o	anliantia convic	oo liatad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	<b>Block 2:</b> 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) descrip	tion and includ	le the rat	te for each.			r		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER tion: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services		installa		idential	49.95	set top	box	9.
	Continuing Services:		• Mot	al hotal			301 100	DUA	5.
	• Pay cable	13.95		el, hotel nmercial		49 95			
	• Pay cable • Pay cable—add'l channel		• Con	nmercial		49.95			
	• Pay cable	13.95	• Con • Pay	-	annel	49.95			
	Pay cable     Pay cable—add'l channel     Fire protection	13.95	• Con • Pay • Pay	nmercial cable	annel	49.95			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	13.95	• Con • Pay • Pay • Fire	nmercial cable cable-add'l ch	annel	49.95			
	Pay cable     Pay cable     Pay cable—add'l channel     Fire protection     Burglar protection Installation: Residential	13.95 18.95 49.95	• Con • Pay • Pay • Fire • Burç	nmercial cable cable-add'l ch protection	annel	49.95			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	13.95 18.95 49.95	• Con • Pay • Pay • Fire • Burg <b>Other s</b>	nmercial cable cable-add'l ch protection glar protection	annel	49.95			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	13.95 18.95 49.95	• Con • Pay • Pay • Fire • Burg <b>Other s</b> • Rec	nmercial cable cable-add'l ch protection glar protection <b>ervices:</b>	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	13.95 18.95 49.95	• Con • Pay • Pay • Fire • Burç <b>Other s</b> • Rec • Disc	nmercial cable cable-add'l ch protection glar protection <b>ervices:</b> onnect	annel				

ounting Period: 2	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Venture Communicat	•		2797
G Primary ansmitters: Felevision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	of (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDLO	3	N	FLORENCE, SD
	KDLT	5	N	SIOUX FALLS, SD
ecessary	WDAY	6	Ν	FARGO, ND
	кттw	7	Ν	SIOUX FALLS, SD
	KABY	9	Ν	ABERDEEN, SD
	KDSD	10	E	PIERPONT, SD
	KWCM	10	E	APPLETON, MN
	KWSD	14	N	SIOUX FALLS, SD

Accounting F							FORM	I SA1-2E. PAGE 4
LEGAL NAME OF Venture Con								SYSTEM ID
	innunicatio		op.					279
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain sl jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the			r		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Peric	od: 2019/1					F	ORM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	Venture Communication	ons Coop					2797
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, identi	fy every nor	nnetwork televis	sion program, broadcast by	a distant stat	on, that your cable s	stem carried on a
-	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE			
Special	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television prog	ıram
Statement and Program Log	broadcast by a distant stat	tion?				YES	
r rogram Log	Note: If your answer is "No'	loovo tho	ract of this pag	io blank. If your answor is '			
	-	, leave life	rest or tills pag	je blatik. Il your allswel is	res, you mu		giaili
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their meanin	a is
	clear. If you need more spa						910
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, reg Do not use general categori						
	"NBA Basketball: 76ers vs.		vies of baske	toall. List specific program		imple, Those Lucy	0I
			lcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
				e community to which the			in
	the case of Mexican or Can	th and day	ns, if any, the o when your sys	tem carried the substitute	station is iden	unea).	month
	first. Example: for May 7 giv		when your sys			numerais, with the i	nonun
			substitute pro	gram was carried by your o	cable system.	List the times accur	ately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."		lists d was succes				, in a
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						ogram
	effect on October 19, 1976.	5,		· · · · · · · · · · · · · · · · · · ·			
					П		
	s	UBSTITUT	E PROGRAM	1		N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	)
						—	

Accounting Period:	2019/1 FORM SA1-26	E. PAGE 6.
Name		FEM ID#
	Venture Communications Coop.	2797
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 (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.	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$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 located in the paper SA1-2 form 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-mon accounting period is \$52.00	
	Line 1. Royalty fee for accounting period \$ 5	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 \$ 5	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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 \$263,800 (but less than \$527,600)	
	4. Entry the employet of group require from energy 1/	
	1. 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)	
	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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 75822632375	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: nmunications Coop.	SYSTEM ID# 2797
<b>M</b> Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast station ers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ed television broadcast stations	s 
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Brad Ryan Telephor	ne 605 852-2224
	Address	PO Box 157 (Number, street, rural route, apartment, or suite number)	
		Highmore, SD 57345 (City, town, state, zip)	
	Email	bryan@venturecomm.net Fax (optional)	
O Certification	I, the undersig     (Ow     (Ag     X     (Of     I have examinare true, comp	(This statement of account must be certified and signed in accordance with Copyright Office regulations gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herei lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] X /s/ Randy Houdek Enter an electronic signature on the line above to certify this statement.	B; or system as identified wner of the cable system
		Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Randy W. Houdek         Title:       General Manager (Title of official position held in corporation or partnership)	
		Date: 8/27/2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ture Communications Coop.	279
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 normant or undernormant	
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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