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					
	\$					
02/28/2020	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20192 Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
		Laboration .						
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		VALLEY TELECOMMUICATIONS COOP ASSOCIATION INC.						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO BOX 7 (Number, street, rural route, apartment, or suite number)						
		HERREID, SD 57632						
		(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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System		DENTIFICATION OF CABLE SYSTEM:						
	1							
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
	_							
	1	(City, town, state, zip code)						

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

Accounting Period:	2019/2								
	2013/2	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	VALLEY TELECOMMUICATIONS COOP ASSOCIATION INC.	2995							
	Instructions: List each separate community served by the cable system. A "communit								
D	"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.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
001700									
	CITY OR TOWN	STATE							
First	HERREID	SD							
Community	HOSMER	SD							
	EUREKA	SD							
Add Rows as Necessary	IPSWICH	SD							
	LEOLA	SD							
	LONG LAKE	SD							
	GLENHAM	SD 							
	POLLOCK	SD							
	MOUND CITY	SD							
		0.0000							
		0.0000							
		0.0000							
		0.0000							

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2995

VALLEY TELECOMMUICATIONS COOP ASSOCIATION 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.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,405	12.99	Local Broadcast Retrans Fe	1,405	16.70	
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel			BASIC	64.22
 Pay cable—add'l channel 		Commercial			BASIC PLUS	73.82
 Fire protection 		• Pay cable			EXPANDED	73.66
 Burglar protection 		 Pay cable-add'l channel 			EXPANDED PLUS	83.13
Installation: Residential		Fire protection			HBO	16.99
• First set		 Burglar protection 			CINEMAX	12.99
 Additional set(s) 		Other services:			SHOWTIME	13.99
• FM radio (if separate rate)		• Reconnect			STARZ/ENCORE	12.99
• Converter		Disconnect			NFL REDZONE	12.99
		Outlet relocation				
		Move to new address				

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

VALLEY TELECOMMUICATIONS COOP ASSOCIATION INC.

2995

G

Primary Transmitters: Television 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
KDLO	3.1	N	Sioux Falls, SD
KDLO-2	3.2	N-M	Sioux Falls, SD
KFYR	5.1	N	Bismarck, ND
KTTW	7.1	N	Sioux Falls, SD
KTTW-2	7.2	N-M	Sioux Falls, SD
KTTW-3	7.3	N-M	Sioux Falls, SD
KELO-2	11.2	N-M	Sioux Falls, SD
KELO-4	11.4	N-M	Sioux Falls, SD
KXMB	12.1	N	Bismarck, ND
KSFY	13.1	N	Sioux Falls, SD
KSFY-2	13.2	N-M	Sioux Falls, SD
KSFY-3	13.3	N-M	Sioux Falls, SD
KCSD	24.1	E	Sioux Falls, SD
KCSD-3	24.3	E-M	Sioux Falls, SD
KCSD-4	24.4	E-M	Sioux Falls, SD
КСРО	26.1	<u> </u>	Sioux Falls, SD
KDLT	46.1	N	Sioux Falls, SD
KDLT-2	46.2	N-M	Sioux Falls, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

VALLEY TELECOMMUICATIONS COOP ASSOCIATION INC.

299

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
3				5 5. 5. 5. 1		_,_	
							

	4. 2010/2						FOR	M 0 A 4 0 E D A 0 E E		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORI	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	VALLEY TELECOMMU			SOCIATION INC.				2995		
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every no accounting p ning that mu	nnetwork televi period, under sp est be included	ision program, broadcast by ecific present and former F in this log, see page (v) of t	/ a distant sta CC rules, reg	ulations, d	or authorizatio	ns. For a further		
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2. 2. LOG OF SUBSTITUTION			g	- · · , , · · ·		,,,,,,			
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broothe case of Mexican or Cal Column 5: Give the molfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	of every not distant state gulations, or estimated in the state of the	onnetwork tele- tion and that your authorization ovies" or "bask adcast live, entrastation broadcon's location (foons, if any, the owner when your sy e substitute program carrolle listed program carrolle listed program ions in effect d	vision program ("substitute our cable system substitute our cable system substitutens. See page (v) of the ge etball." List specific program of the substitute program was carried by you ried by a system from 6:01 n was substituted for proguring the accounting period.	ted for the proneral instruct am titles, for endinger from the station is like a station is like a program. Using the station is the program. The station is the program of the system o	ogrammir ions for fu example, censed by entified). se numer m. List the 5:28:30 p. t your sys letter "P" i	og of another urther informa "I Love Lucy" by the FCC or, als, with the retimes accurm. should be tem was requifithe listed pr	station tion. or in month ately		
		•			WHE	N SUBS	TITUTE			
	S		E PROGRAM	<u> </u>			CURRED	7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO			
								"		
							_			
							_			
							,	"		
								"		
								.,		
							_			
							_			
								 		
								 		
										

Accounting Period:	2019/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: VALLEY TELECOMMUICATIONS COOP ASSOCIATION INC.	\$	2995
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	nission service amount, se	
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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,80(
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th	is 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		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)	
	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	59,846.88	
	5. Enter the amount from line 3	3,953.12	
	6. Subtract line 5 from line 4	55,893.76	
	7. Multiply line 6 by .005 (enter figure here)		1,279.47
	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	\$	1,279.47
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	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	0.00	
	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)	1,279.47	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	1,299.47
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: COMMUICATIONS COOP	ASSOCI	ATION INC.		SYSTEM ID# 2995
M Channels	to its subscribers 1. Enter the total system carried	, and (2) the cable system's t number of channels on which television broadcast stations	otal number	on which the cable system carried television broadcast er of activated channels during the accounting period.	stations	18
	on which the ca	number of activated channels ble system carried television ast services	broadcast	stations		189
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name Address	Marcia Huber PO Box 7		T	elephone	605-437-2615
		(Number, street, rural route, aparts Herreid, SD 57632-00 (City, town, state, zip)		e number)		
	Email	marcia.h@valle	eytel.coop	Fax (optional)		
0	CERTIFICATION	This statement of account m	ust be cert	ified and signed in accordance with Copyright Office req	gulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check o	one,but onl	y one, of the boxes.)		
	(Owne	r other than corporation or p	partnershi	p) I am the owner of the cable system as identified in line	1 of space	B; or
	in I	ine 1 of space B and that the c	owner is no	artnership) I am the duly authorized agent of the owner of t a corporation or partnership; or		
	in I	ine 1 of space B.		ation) or a partner (if a partnership) of the legal entity iden		·
		e, and correct to the best of my		clare under penalty of law that all statements of fact conta e, information, and belief, and are made in good faith.	ined hereir	1
			X	/s/ Jeff Symens		
				electronic signature on the line above to certify this statementature using an "/s/ signature" (e.g., /s/ John Smith)	nt.	
		Typed or printed	d name:	Jeff Symens		
		Title:		al Manager/CEO n held in corporation or partnership)		
		Date:		February 21, 20	20	

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Accounting Period: 2019/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 2995 VALLEY TELECOMMUICATIONS COOP ASSOCIATION INC. 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 fol-P lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name Name Mailing Address Mailing Address **INTEREST ASSESSMENT** You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 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 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number

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First community served Accounting period