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	ACCC	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		
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
		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 unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
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)

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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM					
Name	Venture Communications Coop.	328					
	Instructions: List each separate community served by the cable system. A "comm						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereat						
_							
	as the "first community." Please use it as the first community on all future filings						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	ile home parks should be reported in parentheses below the					
Served	identified city.						
55.752							
	CITY OR TOWN	STATE					
First	Tolstoy	SD					
Community	Bowdle	SD					
Community							
	Hoven	SD					
Rows as Necessary	Onaka	SD					
	Roscoe	SD					
	Seneca	SD					

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Venture Communications Coop.

32882

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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	395	80.95	Core	26	19.95	
 Service to additional set(s) 			My Choice	30	48.00	
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	I'''''	1		T		

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	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable	13.95	Motel, hotel	49.95	set top box	9.50
 Pay cable—add'l channel 	18.95	Commercial	49.95		
 Fire protection 		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	49.95	Burglar protection			
 Additional set(s) 	30.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.95		
Converter		Disconnect			
		Outlet relocation	49.95		
		Move to new address	49.95		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 32882

4. LOCATION OF STATION

Venture Communications Coop.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

KPRY Ν RELIANCE, SD **KDLT** 5 N SIOUX FALLS, SD **KPLO** 6 N **RELIANCE, SD KUSD** 10 Ε SIOUX FALLS, SD **KTTW** 12 Ν SIOUX FALLS, SD **KWSD** SIOUX FALLS, SD 14

3. TYPE OF STATION

Add Rows as Necessary

KWSD	14	IN	SIOUX FALLS, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Venture Communications Coop.

32882

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
	 						
							
							
	 						
							
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Accounting Perio	punting Period: 2019/2 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#		
Name	Venture Communication	ns Coop	<u> </u>					32882		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEME	NT AND PROGRAM LO	DG					
	In General: In space I, identif	v everv nor	nnetwork televis	sion program, broadcast b	v a distant sta	tion, that voi	ur cable svste	m carried on a		
-	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant station?									
r rogram Log										
	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	PROGRA	MS							
	In General: List each substi			te line. Use abbreviations	wherever pos	ssible, if the	ir meaning is	i		
	clear. If you need more space	ce, please a	add additional r	ows to the tables.			_			
	Column 1: Give the title of									
	period, was broadcast by a cunder certain FCC rules, rec									
	Do not use general categoric									
	"NBA Basketball: 76ers vs. I					·	•			
	Column 2: If the program Column 3: Give the call s									
	Column 4: Give the broa					ensed by the	e FCC or. in			
	the case of Mexican or Cana	adian statio	ns, if any, the o	community with which the	station is ide	ntified).				
	Column 5: Give the mont		when your syst	tem carried the substitute	program. Use	e numerals,	with the mor	nth		
	first. Example: for May 7 giv Column 6: State the time		substitute pro	aram was carried by you	r cahle system	l ist the tin	nes accurate	lv		
	to the nearest five minutes.							ıy		
	stated as "6:00–6:30 p.m."	·			·					
	Column 7: Enter the lette									
	to delete under FCC rules a was substituted for program							am		
	effect on October 19, 1976.	ining that y	our byotom wa	o permitted to delete und	or r oo raics t	and regulati	0110 111			
								1		
	SI	IBSTITUT	E PROGRAM	1		EN SUBST LIAGE OCC		7. REASON FOR		
			3. STATION'S		5. MONTH		TIMES	DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM	— то			
						-				
							_			
							_			
							_			
							_			
							_			
								'		

Accounting Period:	2019/2		1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Venture Communications Coop.	SY	STEM ID# 32882					
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. \$ 54,782.70							
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros						
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 \$2 • 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							
	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 \$137,1							
	1. Base amount under statutory formula							
	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	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	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)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	EFT Trace # or TRANSACTION ID # 26NS16B8							
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m							

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN Venture Communi	NER OF CABLE SYSTEM:				SYSTEM ID# 32882
M Channels	CHANNELS Instructions: You n to its subscribers, ar 1. Enter the total nur system carried tele 2. Enter the total nur on which the cable and nonbroadcast	202				
N Individual to Be Contacted	INDIVIDUAL TO BE		IER INFO	RMATION IS NEEDED (Identify an indi		
for Further Information	Address P	rad Ryan O Box 157 umber, street, rural route, apartn	ment, or su	te number)	Telephone	605 852-2224
		ighmore, SD 57345 tty, town, state, zip) bryan@ventured		et	Fax (optional)	
O Certification	I, the undersigned, h (Owner of in line X (Officer of in line I have examined the	nereby certify that (Check on her than corporation or pa owner other than corporat 1 of space B and that the ov or partner) I am an officer (if 1 of space B.	artnership tion or pa wner is no f a corpora hereby de knowledg	tified and signed in accordance with Coly one, of the boxes.) D) I am the owner of the cable system as intereship) I am the duly authorized agent at a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all statemele, information, and belief, and are made in I/s/ Randy Houdek Randy W. Houdek Randy W. Houdek	identified in line 1 of space B at of the owner of the cable sy legal entity identified as own ents of fact contained herein in good faith.	/stem as identified
		Title: (Title of of		ral Manager on held in corporation or partnership)		
		Date:			2/27/2020	

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counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
enture Communications Coop.	32882
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	_
* 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	111111111
ID number First community served Accounting period	

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