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						
08/17/2021	\$ 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					
		20211 Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
_		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					
В		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		**CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	-	IDENTIFICATION OF CABLE SYSTEM:					
	-	THE WAS ADDRESS OF CARLE OVERTILE.					
		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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Venture Communications Coop.	2797
_	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li 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 h	st will serve as a form of system identification hereafter knowr
Area	identified city.	ionie parks snould be reported in parentneses below the
Served	luentined city.	
	CITY OR TOWN	STATE
First	Rosholt	SD
Community		
dd Rows as Necessary		

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2797

Venture Communications Coop.

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 	197	108.95	Core	11	47.95
 Service to additional set(s) 			My Choice	15	51.00
 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE			CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	13.95	 Motel, hotel 	150.00	5	set top box	9.50
 Pay cable—add'l channel 	18.95	Commercial	150.00			
 Fire protection 		• Pay cable				
 Burglar protection 		 Pay cable-add'l channel 				
Installation: Residential		 Fire protection 				
• First set	150.00	 Burglar protection 				
 Additional set(s) 	-	Other services:				
 FM radio (if separate rate) 		 Reconnect 	49.95			
Converter		Disconnect				
		 Outlet relocation 	49.95			
		 Move to new address 	49.95			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

2797

Venture Communications Coop.

PRIMARY TRANSMITTERS: TELEVISION

G

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.

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
KTTW	7	N	SIOUX FALLS, SD
KABY	9	N	SIOUX FALLS, SD
KDSD	10	E	ABERDEEN, SD
KWCM	10	E	APPLETON, MN
KWSD	36	I	SIOUX FALLS, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Venture Communications Coop.

2797

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 CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF	0411 0:0:	l and	0.5		T 0411 0:0::	T and	0.5	
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A	.d. 2021 /1						FORM	4044 OF DAOF 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM [.]				FORI	SYSTEM ID#
Name								2797
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carriage: as explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the special sement and the programming period, did your cable system carry, on a substitute basis, any nonnetwork television program.						tem carried on a ns. For a further A1-2 form. ram x NO gram g is ing station tion. or	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat nming that ;	ions in effect d your system w	ras permitted to delete und	d; enter the ler FCC rules	letter "P" if s and regu N SUBST	f the listed prolations in	ogram
	S		E PROGRAM 3. STATION'S	1		AGE OCO	TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Venture Communications Coop.	SY	STEM ID# 2797
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transı (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.	mission service amount, se	,590.68
	IMPORTANT. For music complete a statement in space if concerning gross receipts.	(Amount of gro	ss 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 1. 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.	\$263,80(
	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 t accounting period is \$52.00	his six-month	
	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	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K.		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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)		
	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)	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 # 26SVILPP		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF OVER CONTROL COMMUNICATION					SYSTEM ID# 2797
M Channels	· ·	e cable system's total n	umber of activate	e cable system carried television de channels during the accounti		
						7
	O Foston the Act of a conclusion of	and the state of the same of the				_
	Enter the total number of on which the cable system and nonbroadcast services	carried television broad				187
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this sta		IFORMATION IS	NEEDED (Identify an individua	al to whom	
for Further Information	Name Brad Ry	yan			Telephone 605	852-2224
	Address PO Box	c 157 reet, rural route, apartment, o	r suite number)			
	Highmo	ore, SD 57345	. Salie Hambery			
	(City, town, s	state, zip)				
	Email	bryan@venturecom	n.net	Fax	(optional)	
	CERTIFICATION (This staten	nent of account must be	certified and sig	ned in accordance with Copyriç	ght Office regulations)	
O Certification	• I, the undersigned, hereby c	ertify that (Check one, <i>bu</i>	t only one, of the	boxes.)		
	(Owner other than	n corporation or partne	rship) I am the o	wner of the cable system as ider	ntified in line 1 of space B; or	
		other than corporation ace B and that the owner		am the duly authorized agent of on or partnership; or	the owner of the cable system	m as identified
	(Officer or partner in line 1 of sparent		rporation) or a pa	artner (if a partnership) of the leg	al entity identified as owner o	of the cable system
		ct to the best of my know		penalty of law that all statements n, and belief, and are made in go		
		<u> </u>	〈 /s/ Rand	y W. Houdek		
				nature on the line above to certify n "/s/ signature" (e.g., /s/ John Sr		
		Typed or printed nam	e: Randy V	V. Houdek		
			neral Manag	er ration or partnership)		
		Date:			8/17/2021	

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ccounting Period: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
enture Communications Coop.	2797
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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmise by satellite carriers to satellite dish owners?	the basic of include sub-ction 119." Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 un For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	
	.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	-
· ·	st charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assi contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	stance please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the or	•
Owner	
Address	
ID number	
First community served Accounting period	

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