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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) actions are located of this workbook	08/17/2021	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2021	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		diary of another corporation, give the full cor	rporate title
Owner	List any other name or names under whi	ch the owner conducts the business of th	he cable system.	
	If there were different owners during the single statement of account and royalty i		he last day of the accounting period should s ing period.	ubmit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	4810
	LEGAL NAME OF OWNER/MAILIN			
	Venture Communications Coop.			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)	)	
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM		
	PO Box 157 (Number, street, rural route, apartment, or suite	number)		
	Highmore, SD 57345 (City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busi names already appear in space B. In line			

	oystem	4	DENTIFICATION OF CABLE OF OTEM.
			MAILING ADDRESS OF CABLE SYSTEM:
		2	(Number, street, rural route, apartment, or suite number)
			(City, town, state, zip code)
I	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
		•	statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone ou 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

IDENTIFICATION OF CABLE SYSTEM:

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 telephon 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 filing, a determination that would be made by a court of law.

System

.....

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Venture Communications Coop.	48
D	Instructions: List each separate community served by the cable system. A "commun "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.	mmunities within unincorporated areas and including single
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
First		
Community	CITY OR TOWN	STATE
	Highmore	SD
dd Rows as Necessary	Blunt	SD
	Bowdle	SD
	Cresbard	SD
	East Onida	SD
	Faulkton	SD
	Gettysburg	SD
	Harrold	SD
	Hoven	SD
	Lebanon	SD SD
	Onaka	SD
	Onida	SD
	Orient	SD
	Pierre	SD
	Ree Heights	SD
	Roscoe	SD
	Selby	SD
	Seneca	SD
	Tolstoy	SD
	West Onida	SD

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name	Venture Communication							010	481
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of t	he cable	
_	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p					•			
Transmission	last day of the accounting period	·				,			
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Rutes	separately for the particular serv		<i>,</i>	0 , (			0	onargea	
	Rate: Give the standard rate of								
	unit in which it is generally billed					ard rate variation	ns within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondon transmi	ssion convic	o that cable	
	systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity	should be cour	nted as a	a subscriber in	n each app	licable category	y. Example:	a residential	
	subscriber who pays extra for ca					d in the count u	nder "Servio	ce to the	
	first set" and would be counted o	0			( )		a different fr	and the sec	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,		
	sufficient.		og						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				-		-		
	Service to first set		2,375	108.95	Core			143	47.9
	<ul> <li>Service to additional set(s)</li> </ul>				My Cho	oice		240	51.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for ra								
Г	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		υ ( )		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-		0	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) description		,		lisileu. Lisi				
	CATEGORY OF SERVICE	BLO RATE		ORY OF SEF		RATE	CATEO	BLOCK 2 RY OF SERVICE	
	Continuing Services:	NATE		tion: Non-res		NATE	CATEGO	KT OF SERVICE	RATE
	• Pay cable	13.95		el, hotel		150.00	set top	box	9.5
	• Pay cable—add'l channel	18.95	• Com	mercial		150.00			
	Fire protection			cable					
	•Burglar protection		5	cable-add'l cl	hannel				
			5	protection					
	Installation: Residential								
	<b>v</b> .	150.00	• Burc	•	ו				
	Installation: Residential • First set	150.00 -	-	lar protection	1				
	Installation: Residential • First set • Additional set(s)	150.00 -	Other s	lar protection	1	49 95			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	150.00 -	Other s	glar protection ervices: onnect	1	49.95			
	Installation: Residential • First set • Additional set(s)	150.00	Other so • Reco • Disc	Jar protection ervices: onnect onnect	1				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	150.00	Other s • Reco • Disc • Outle	glar protection ervices: onnect		49.95 49.95 49.95			

ccounting Period: 2	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Venture Communicati	ons Coop.		4810
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-tin he carriage of certain network program	ne basis under ns [sections
Transmitters: Television	Substitute Basis Stations: basis under specific FCC ru	explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:		
	station was carried only on	e in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrie		
	basis. For further informatio <b>Column 1:</b> List each station	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	, see page (v) of the general instructio program services such as HBO, ESPN	ns. N, etc. Identify each
	"WETA-2" as the same on the channel of the channel	5		
	<b>Column 3:</b> Indicate in each educational station, by ente	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	(for network multicast), "I" (for indeper	ndent), "I-M"
	For the meaning of these te <b>Column 4:</b> Give the location	rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSFY	4	N	PIERRE, SD
	KDLT	5	N	SIOUX FALLS, SD
d Rows as Necessary	KPLO	6	Ν	RELIANCE, SD
-	кттw	7	N	SIOUX FALLS, SD
	KCSD	10	E	PIERRE, SD
	KWSD	36	I	SIOUX FALLS, SD

EGAL NAME OF								SYSTEM I 48
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein the Co sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem 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 the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
						·		

Accounting Perio	od: 2021/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Venture Communication	ons Coop	).					4810
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	evision prog	r <u>am</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer i	s "Yes " vou i	must comp	_	
	log in block 2.			ige blank. If your answer i	5 103, your	inust comp		grann
	2. LOG OF SUBSTITUTE	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if tl	neir meaning	g is
	clear. If you need more spa			l rows to the tables. vision program ("substitute	program") t	hat during	the account	ting
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for fur	ther informa	ition.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	-		dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
	Column 4: Give the broat the case of Mexican or Car			the community to which the			the FCC or,	in
				stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi	ve "5/7."						
	Column 6: State the tim to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a piografii car	ned by a system norm 0.0	i. io p.iii. to c	.20.30 p.m	. Should be	
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regul		
					WHE	N SUBSTI	TUTE	
	S		E PROGRAM		-	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. I FROM	IMES — TO	DELETION
							_	
							_	
								"
							_	
							_	
								"
							_	
							_	
								+
								+

Accounting Period:	<b>2021/1</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II
	Venture Communications Coop. 48'
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 c 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, se 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	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>
	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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$137,100)
	1. Base amount under statutory formula <b>\$ 263,800.00</b>
	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. 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)
	1. Enter the amount of gross receipts from space K \$ 375,839.64
	2. Base amount under statutory formula \$ 263,800.00
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 2,439.40
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
	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 \$ 2,459.40
	EFT Trace # or TRANSACTION ID # 26SVILPP
	<b>Important:</b> 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:	2021/1					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: nunications Coop.				SYSTEM ID# 4810
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's to I number of channels on which television broadcast stations . I number of activated channels able system carried television t	otal number the cable		counting period.	6
N Individual to Be Contacted		BE CONTACTED IF FURTHI about this statement of account		RMATION IS NEEDED (Identify an inc	lividual to whom	
for Further Information	Name	Brad Ryan			Telephone	e 605 852-2224
	Address	PO Box 157 (Number, street, rural route, apartm Highmore, SD 57345 (City, town, state, zip)		: number)		
	Email	bryan@ventured	comm.net	t	Fax (optional)	
O Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     I have examined	ed, hereby certify that (Check or er other than corporation or part t of owner other than corpora line 1 of space B and that the or cer or partner) I am an officer (if line 1 of space B. d the statement of account and I ce, and correct to the best of my	artnership) artnership) ation or par wner is not if a corporal hereby dec	ified and signed in accordance with C <i>y one</i> , of the boxes.) <b>b)</b> I am the owner of the cable system a <b>rtnership)</b> I am the duly authorized ag t a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all stated e, information, and belief, and are mad	is identified in line 1 of space ent of the owner of the cable ne legal entity identified as o ments of fact contained here	e B; or e system as identified wner of the cable system
			Enter an el	/s/ Randy W. Houdek lectronic signature on the line above to o ature using an "/s/ signature" (e.g., /s/ J	•	-
		Typed or printed Title: (Title of off	Genera	Randy W. Houdek al Manager n held in corporation or partnership)		
		Date:			8/17/2021	

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

ounting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ture Communications Coop.	481
<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> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessmen
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	Q Interest Assessment
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	Q Interest Assessment
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	Q Interest Assessme
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	Q Interest Assessme
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	Q Interest Assessme
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	Q Interest Assessme
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	Q Interest Assessme
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	Q Interest Assessme

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