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						
8/19/2021	\$	For add				
	ALLOCATION NUMBER	(202) 7				

Return completed workbook by

coplicsoa@copyright.gov

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

Α	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
Accounting	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 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							
	Alliance Communications Cooperative, Inc.							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 349							
	(Number, street, rural route, apartment, or suite number)							
	Garretson, SD 57030							
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames 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	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 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 filling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:						
Name	Alliance Communications Cooperative, Inc.							
	Instructions: List each separate community served by the cable system. A "co							
D	"a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or many condominiums.	ated communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known ngs.						
Area Served	identified city.	iobile frome parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	Howard	SD						
Community	Carthage	SD						
	Oldham	SD						
dd Rows as Necessary	Ramona	SD						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Alliance Communications Cooperative, Inc.

SYSTEM ID#

665

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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set			Basic	766	49.95
Service to additional set(s)			Elite	543	15.00
• FM radio (if separate rate)			Limited	15	11.95
Motel, hotel	33	9.00			
Commercial					
Converter			Nursing Home	58	\$9.00
Residential			Nursing Home	11	8.00
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		Motel, hotel		Music	3.95
 Pay cable—add'l channel 		Commercial		НВО	16.95
Fire protection		• Pay cable		Cinemax	9.95
•Burglar protection		 Pay cable-add'l channel 		Showtime	13.95
Installation: Residential		 Fire protection 		Starz/Encore	9.95
• First set	51.00	 Burglar protection 			
 Additional set(s) 	26.00	Other services:			
 FM radio (if separate rate) 		Reconnect	35.00		
Converter	8.00	Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

Alliance Communications Cooperative, Inc.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KELO-CBS	11.1	N	Sioux Falls, SD
KELO-MyUTV	11.2	I-M	Sioux Falls, SD
KTTW-Fox	7.1	N	Sioux Falls, SD
KTTW-This TV	7.2	I-M	Sioux Falls, SD
KTTW-Cozi	7.3	I-M	Sioux Falls, SD
KDLT-NBC	46.1	N	Sioux Falls, SD
KDLT-Antenna TV	46.2	I-M	Sioux Falls, SD
KSFY-ABC	13.1	N	Sioux Falls, SD
KSFY-CW	13.2	I-M	Sioux Falls, SD
KSFY-Me TV	13.3	I-M	Sioux Falls, SD
КСРО	26	<u> </u>	Sioux Falls, SD
KCSD	24.1	E	Sioux Falls, SD
KCSD-EW	24.2	E-M	Sioux Falls, SD
KCSD-EC	24.3	E-M	Sioux Falls, SD
KSCB	53	<u> </u>	Sioux Falls, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Alliance Communications Cooperative, Inc.

665

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
			L	L		l	<u> </u>

Accounting David	.d. 2021 /1						FOR	A CA4 OF DACE F
Accounting Perio		CABLE SYS	TEM:				FURI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Alliance Communicati			-				665
	LEGAL NAME OF OWNER OF Alliance Communicati SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subsclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broot the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 given.	E: SPECIA ify every non accounting p ning that mu T CONCEF riod, did you tion? "" leave the E PROGRA titute progra ace, please of every non distant star egulations, or ies like "mo Bulls." m was broa sign of the adcast stati hadday ve "5/7." es when the	AL STATEME nnetwork televiceriod, under sp st be included i RNING SUBS ur cable system rest of this pa am on a separa add additional connetwork televicerion and that your authorization povies" or "bask dcast live, ente station broadc on's location (tons, if any, the when your system e substitute pro-	NT AND PROGRAM LO sion program, broadcast by ecific present and former F n this log, see page (v) of the stem carry, on a substitute battle line. Use abbreviations rows to the tables. Vision program ("substitute our cable system substitutes. See page (v) of the gete etball." List specific program or "Yes." Otherwise enter asting the substitute program the community with which the community with which the stem carried the substitute or gram was carried by your	a distant sta CC rules, reg ne general ins sis, any nonr s "Yes," you r s wherever po e program") the ed for the pro- neral instruct am titles, for ea tho." ream. e station is lide e program. Use r cable system	ulations, of structions network te must com ossible, if hat, during ogrammin ions for fue example, ' censed by entified). se numera	your cable sys or authorizatio in the paper S elevision prog YES plete the prog their meaning g the account g of another urther informa "I Love Lucy" y the FCC or, als, with the r e times accur-	tem carried on a ns. For a further A1-2 form. Tram X NO gram g is station tion. or in nonth
		and regulati	ons in effect d		d; enter the I	etter "P" i and regu	f the listed prulations in	
	c	I IDOTITI IT	E PROGRAM			N SUBS		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		O. MOITH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
								
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Accounting Period:	2021/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 665
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 transi (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
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 \$0.00 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 the accounting period is \$52.00.	his six-month
	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 \$137,1)	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	52.40
	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	\$ 1,371.40
	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)	1,371.40
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	\$ 1,391.40
	EFT Trace # or TRANSACTION ID # 26T2GE8R	
	<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 more	

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Alliance Communic	R OF CABLE SYSTEM: ations Cooperative, I	Inc.			SYSTEM ID# 665
M Channels	to its subscribers, and 1. Enter the total numb system carried televis 2. Enter the total numb on which the cable sy	(2) the cable system's to per of channels on which sion broadcast stations. per of activated channels ystem carried television	the cabl		ecounting period.	16 285
N Individual to Be Contacted		ONTACTED IF FURTH		DRMATION IS NEEDED (Identify an in	dividual	
for Further Information	Name Kar	i J. Flanagan			Telephone ((605)594-8228
	(Num	Box 349 ber, street, rural route, apartin rretson, SD 57030 town, state, zip)		ite number)		
	Email	karif@alliance.c	оор		Fax (optional)	
O Certification	Owner othe (Agent of owner in line 1 of the line 1 of th	reby certify that (Check of than corporation or provider of than corporation of space B and that the orporation B artner) I am an officer (in off space B. Itatement of account and correct to the best of my	ne, but or artnersh tion or p wner is n f a corpor	ritified and signed in accordance with only one, of the boxes.) ip) I am the owner of the cable system a partnership) I am the duly authorized agot a corporation or partnership; or ration) or a partner (if a partnership) of the eclare under penalty of law that all state ge, information, and belief, and are made	as identified in line 1 of space E gent of the owner of the cable s the legal entity identified as own ements of fact contained herein	system as identified ner of the cable system
				/s/Kari J. Flanagan electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/J	•	
		Typed or printed	CFO	Kari J. Flanagan		
		(Title of off	ficial position	on held in corporation or partnership)	8-16-2021	

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ccounting Period: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
liance Communications Cooperative, Inc.	665
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable sy service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursu. For more information on when to exclude these amounts, see the note on page (vii) of the general located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for second by satellite carriers to satellite dish owners?	stem for the basic shall not include sub- ant to section 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 for an explanation of interest assessment, see page (viii) of the general instructions located in the	
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	-
,	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	
<u> </u>	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 fur 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 Collist below the owner, address, first community served, ID number, and accounting period as given	., .
Owner	
Address	
ID number	
First community served	
Accounting period	

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