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	FNT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
	ary Tr	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	uctions	are located	8/25/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	(YY/(Period))	
		2022/1	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 th of the subsidiary, not that of the parent c		liary of another corporation, give the full corp	orate title
Owner		List any other name or names under whic		ne cable system.	
		If there were different owners during the single statement of account and royalty for		he last day of the accounting period should su ing period.	ıbmit a
		Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	665
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		Alliance Communications Cooperat	tive, Inc.		
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)	<u>, </u>	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 349	umbar)		
		(Number, street, rural route, apartment, or suite n Garretson, SD 57030 (City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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 filing, a determination that would be made by a court of law.

Alliance Communications Cooperative, Inc. 66 D	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Image: a separate and distinct community or municipal entity (including uniccoporated communities within unincoporated areas and including single, discrete unincoporated areas). "47 C.F.R. 76.5(dd). The first community that you ist will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Community CITY OR TOWN STATE Howard SD SD Corty OR TOWN STATE Howard SD SD Corty OR TOWN STATE Howard SD SD Oldham SD SD Note: Entities and properties and model and anotation and the state and the			665
Area identified city. First CITY OR TOWN STATE Community SD SD Roos as Neessary SD SD Roos as Neessary Ramona SD Image: SD SD SD <	D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list was the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single, vill serve as a form of system identification hereafter known
City OR TOWN STATE Howard SD Carthage SD Oldham SD Rors as Neessaw Ramona Image: SD SD Image: SD <			me parks should be reported in parentheses below the
First Community Howard SD Oldham SD Now is in Nectisary Ramona SD	Serveu		
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Oldham SD Rows as Necessary Ramona Ramona Rows as Necessary Ramona Ramon			
Row as Recessive SD Row as Recessive	Community		
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	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID
	Alliance Communicatio	ns Coopera	ative, Ir	IC.					66
F	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRII	BERS AND RA	ATES				
E	In General: The information in s			-		-			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n		0	0,1		•		charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	ne and the	
	unit in which it is generally billed	-	-	•					
	category, but do not include disc	•	,		,				
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t					•	,.		
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-na	and DIOCK. A lv	vo- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SOBOCIVID	LING		UATI		(VIOL	SOBSCILIBEIKS	
	Service to first set				Basic			724	57.9
	Service to additional set(s)				Elite			519	15.0
	• FM radio (if separate rate)				Limited			15	11.9
	Motel, hotel		9	9.00					
	Commercial								
	Converter				Nursing	a Home		7	8.0
	Residential				Nursin	ā		58	9.0
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
F	In General: Space F calls for ra		,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			0		0 ()		
Other Than	amount of the charge and the ur		usually	billed. If any ra	ites are cl	narged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		the eachie	avatana fan ar	ab af tha	annliaghla agus	ann lintad		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•		••		were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and inclu	de the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable		• Mote	el, hotel			Music		3.9
	 Pay cable—add'l channel 			mercial			HBO		16.9
	Fire protection		· ·	cable			Cinema		9.9
	•Burglar protection		-	cable-add'l ch	annel		Showti		13.9
	Installation: Residential			protection			Starz/E	ncore	9.9
	• First set	51.00		lar protection					
	 Additional set(s) 	26.00		ervices:					
	()		· Poo			35.00			
	• FM radio (if separate rate)			onnect					
	()	8.00	• Disc	onnect					
	• FM radio (if separate rate)	8.00	• Disc • Outl						

Name Alliance Communications Cooperative, Inc. PRIMAY TRANSMITER: TELUVISION Primary Remark: in space 6, deatify every television station; including translator; stations and low power television stations; and reference to use 24, 1981, permitting the carriage of event network increases and event television. Primary: For all events in space 6, deatify every television at 810 m; (releving to 7.8.6 fig(2); and (4); 76.6 fig(4); and (4); 7		LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTE
PRMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations carried ony one relevision stations) early the basic system during the accounting period. except (1) stations carried ony a part-time basic under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of oretain network programs (sections 77, 56) (releving 10, 26, 76, 83, (releving 10, 26, 76, 76, 76, 76, 76, 76, 76, 76, 76, 7	lame					
G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under "FC-Culos and requisitions in effect on June 24, 1981, permitting the carriage of cartin network programs [sections 76,59(0)[2] and (4), 76,81(e)[2] and (4), or 76,81(e)[2] and (4)]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Drogram basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute Drogram basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. - 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 boy on a substitute basis and and so no some other basis. For turber information concerning substitute basis station, as engel (v) of the general instructions. Column 3: List each station's call sign. <i>Do not</i> 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, wPC the dation and the station and independent station, paramiter is a network station, an independent station, or a noncommercial ducational station, by entering the letter NF (for network), "NAF (for network), "NAF (for network inclusation)." (for independent multisest)." For the station. For U.S. Stations, list the calculational, and "List on station station. For example, WPC is channel (an Washington, D.C. Column 3: Indicate station. Station. Station Station for the paper SAI-2 form. Column 4: Give the location of a station. For U.S. Stations, list the contunuity divident is litensed by the EFCC. For Mex						
KELO-CBS11.1NSioux Falls, SDKELO-MyUTV11.2I-MSioux Falls, SDKELO-MyUTV11.2I-MSioux Falls, SDKTTW-Fox7.1NSioux Falls, SDKTTW-This TV7.2I-MSioux Falls, SDKTTW-Cozi7.3I-MSioux Falls, SDKDLT-NBC46.1NSioux Falls, SDKDLT-Antenna TV46.2I-MSioux Falls, SDKSFY-ABC13.1NSioux Falls, SDKSFY-CW13.2I-MSioux Falls, SDKCPO26ISioux Falls, SDKCSD24.1ESioux Falls, SDKCSD-EW24.2E-MSioux Falls, SD	rimary smitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. : With respect to any distant stations car illes, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. acase whether the station is a network s ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- n of each station. For U.S. stations, list t	(1) stations carried only on a part- e carriage of certain network progr (e)(2) and (4))]; and (2) certain stat ried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct ogram services such as HBO, ES air designation. For example, rep rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educat totions in the paper SA1-2 form. he community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).	
KELO-MyUTV11.2I-MSioux Falls, SDKTTW-Fox7.1NSioux Falls, SDKTTW-This TV7.2I-MSioux Falls, SDKTTW-Cozi7.3I-MSioux Falls, SDKDLT-NBC46.1NSioux Falls, SDKDLT-Antenna TV46.2I-MSioux Falls, SDKSFY-ABC13.1NSioux Falls, SDKSFY-CW13.2I-MSioux Falls, SDKSFY-Me TV13.3I-MSioux Falls, SDKCPO26ISioux Falls, SDKCSD-EW24.1ESioux Falls, SDKCSD-EC24.3E-MSioux Falls, SD		1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF S	STATION
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KSFY-ABC13.1NSioux Falls, SDKSFY-CW13.2I-MSioux Falls, SDKSFY-Me TV13.3I-MSioux Falls, SDKCPO26ISioux Falls, SDKCSD24.1ESioux Falls, SDKCSD-EW24.2E-MSioux Falls, SDKCSD-EC24.3E-MSioux Falls, SD		KDLT-NBC	46.1	Ν	Sioux Falls, SD	
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KCSD-EC 24.3 E-M Sioux Falls, SD		KSFY-CW KSFY-Me TV KCPO	13.2 13.3 26	I-M I-M I	Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD	
		KSFY-CW KSFY-Me TV KCPO KCSD	13.2 13.3 26 24.1	I-M I-M I E	Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD	
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		KSFY-CW KSFY-Me TV KCPO KCSD KCSD-EW KCSD-EC	13.2 13.3 26 24.1 24.2 24.3	I-M I-M I E E-M	Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD	
		KSFY-CW KSFY-Me TV KCPO KCSD KCSD-EW KCSD-EC	13.2 13.3 26 24.1 24.2 24.3	I-M I-M I E E-M	Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD Sioux Falls, SD	
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LEGAL NAME OF	F OWNER OF	CABLE S	YSTEM:					SYSTEM ID
Alliance Cor	nmunicatio	ons Co	operative, Inc.					66
	t every radio s	station ca	arried on a separate and discr enerally receivable by your cat					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about m. dentify the call tate whether t the radio stat this by placing	y the sys be rece at the Co sign of the static ion's sig g a chec	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's h system's FM ant his point, see pa sed by the cable	eadend, and (i enna, during o ge (v) of the g system as a s	2) it can certain s eneral ii eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			ion (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	

Accounting Perio	d: 2022/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Alliance Communicati	ons Coop	perative, Inc					665
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every nor	nnetwork televi	sion program, broadcast by	a distant sta	tion, that ye	our cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general ins	structions in	n the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	iod, did yoι	ur cable syster	n carry, on a substitute ba	sis, any nonr	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?				ļ	YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				s wherever p	ossible, if t	heir meaning	g is
				vision program ("substitute	e program") tl	hat, during	the account	ing
	period, was broadcast by a	distant stat	tion and that y	our cable system substitut	ed for the pro	ogramming	of another	station
	under certain FCC rules, re Do not use general categor	gulations, c	or authorization	ns. See page (v) of the gen othall " List specific progra	neral instruct	ions for fui	ther informa	tion.
	"NBA Basketball: 76ers vs.			etball. List specific progra		szampie, i	LOVE LUCY	01
				er "Yes." Otherwise enter '				
				asting the substitute progr he community to which th		concod by	the ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			ls, with the n	nonth
	first. Example: for May 7 giv		a authatituta mr	arrana waa aarriad huwaw	r achla avata	na liattha	times secur	atalı.
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01				atery
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976.		, ,	•		0		
	SI		E PROGRAM	I		N SUBST AGE OCC		7. REASON FOR
	SI 1. TITLE OF PROGRAM	JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	7. REASON FOR DELETION
		JBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	
		JBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	URRED	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Alliance Communications Cooperative, Inc.	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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	\$263,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t	his 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 \$137,1	00)
	1. Base amount under statutory formula \$ 263,800.00	
	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)
	BLUCK 3: GRUSS RECEIPTS OF MORE THAN \$203,000 (but less than \$527,	600)
	1. Enter the amount of gross receipts from space K \$ 284,590.69	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	207.91
	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	\$ 1,526.91
	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)	1,526.91
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	\$ 1,546.91
	EFT Trace # or TRANSACTION ID # 271DRC21	
	Important: 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:	2022/1			FORM SA1-2E. PAGE 7
Name		FOWNER OF CABLE SYSTEM: nmunications Cooperative,	Inc.	SYSTEM ID 665
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to on which the	ers, and (2) the cable system's t tal number of channels on which ed television broadcast stations tal number of activated channel cable system carried television	s	16
N Individual to Be Contacted		TO BE CONTACTED IF FURTH	IER INFORMATION IS NEEDED (Identify an individual nt.)	
for Further Information	Name	Kari J. Flanagan	Т	elephone (605)594-8228
	Address	PO Box 349 (Number, street, rural route, apartr Garretson, SD 5703((City, town, state, zip)		
	Email	karif@alliance.c	Coop Fax (optional) (6	505)594-6776
O Certification	(Own (Age i X (Off i • I have examin are true, compl	ent of owner other than corpora n line 1 of space B and that the o ficer or partner) I am an officer (n line 1 of space B. ned the statement of account and	one, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line ation or partnership) I am the duly authorized agent of the owner of wner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity iden hereby declare under penalty of law that all statements of fact conta / knowledge, information, and belief, and are made in good faith.	f the cable system as identified ntified as owner of the cable system
			X /s/Kari J. Flanagan Enter an electronic signature on the line above to certify this statemer Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nt.
		Typed or printed Title: (Title of of	name: Kari J. Flanagan CFO ficial position held in corporation or partnership)	
		Date:	08-25-2022	

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

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ance Communications Cooperative, Inc.	66
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 act 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 n scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se	r the basic ot include sub- Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruct located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?	transmissions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions located in the paper s	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	SA1-2 form. Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper 3 Line 1 Enter the amount of late payment or underpayment	SA1-2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper 3 Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessmen days -
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper 3 Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessmen days -
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper 3 Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessmen days 0.00274 rest charge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper 3 Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessmen days 0.00274 rest charge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper 3 Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessment days days 0.00274 rest charge) istance please Office, please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper is Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessmen days days 0.00274 rest charge) istance please Office, please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper is Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessmen days days 0.00274 rest charge) istance please Office, please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper at the line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessmen days days 0.00274 rest charge) istance please Office, please

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