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 AG	CCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to:			
	ary Transmiss		DATE RECEIVED	AMOUNT	<u> </u>			
General instru	ems (Short Fo actions are locat of this workboo	ed	8/30/23	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
A	ACCOUNTING	PERIOD COVERED	BY THIS STATEMENT: (YYYY/(Period))				
	2023/1		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
	20231 Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
	Instructions	:						
В		legal name of the owner of t ubsidiary, not that of the pare		bsidiary of another corporation, give the full	corporate			
Owner	List any othe	er name or names under whic	ch the owner conducts the business c	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 i	if this is the system's first filin	g. If not, enter the system's ID numb	er assigned by the Licensing Division.	672			
	LEGAL N	AME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTE	M				
	Venture C	ommunications Coop.						
	BUSINESS	NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREI	NT)				
		ADDRESS OF OWNER OF	CABLE SYSTEM					
	PO Box (Number, stree	157 et, rural route, apartment, or suite n	umber)					
	Highmo (City, town, sta	ore, SD 57345 ate, zip)						
С				lentify the business and operation of t the system, if different from the addre				
System		TION OF CABLE SYSTEM:						
	MAILING A	DDRESS OF CABLE SYSTEM	:					
	2 (Number, stree	et, rural route, apartment, or suite n	umbor)					
	(, , , , , , , , , , , , , , , , , , ,		univer,					
	(City, town, sta	ate, zip code)						
Privacy Act Notic	e: Section 111 of title 1	7 of the United States Code au	thorizes the Copyright Offce to collect	the personally identifying information (PII) requ	ested on this			

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
Hamo	Venture Communications Coop.	67					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kr as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the					
First	CITY OR TOWN	STATE SD					
First Community	Wessington Springs Wessington	SD SD					
	Hitchcock	SD SD					
dd Rows as Necessary	Huron	SD SD					
ad nows as necessary	Tulare	SD					

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							515	TEM ID 67
	Venture Communication	ns Coop.							01
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
Ε	In General: The information in s			-		•			
Coordoni	system, that is, the retransmission								
Secondary Transmission	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 (lune 30 or December 31 as the case may be)								
Service: Sub-	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								
scribers and	down by categories of secondary	y transmission	service	. In general, yo	u can con	pute the numbe	er of subscr	ibers in	
Rates	each category by counting the n			0,0				charged	
	separately for the particular serv Rate: Give the standard rate c					•	,	and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc				iny standa		o within a p		
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servic	e that cable	
	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					service that are	different fr	om those	
	printed in block 1 (for example, t					•	,		
	with the number of subscribers a	vo- or thre	e-word descripti	on of the s	ervice is				
	sufficient.	1		BLOCK	2				
	BLOCK 1							NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
			602	400.00	Core			42	53.1
	Service to first set		683	122.39	My Cho	viaa		42	53.1 58.0
	• Service to additional set(s)					DICE		43	30. U
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
F	In General: Space F calls for rate	te (not subscril	oer) info	rmation with re	espect to a	ll your cable sys	tem's serv	ices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•				
Other Than									
Secondary	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.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.							form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE
	Continuing Services:	TUTE		ation: Non-res		TUTE	0,11200		TUTE
	• Pay cable	13.95	• Mot	tel, hotel		150.00	set top	box	9.5
	• Pay cable—add'l channel	18.95	• Cor	nmercial		150.00			
	Fire protection			cable					
	•Burglar protection			/ cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	150.00		glar protection					
	Additional set(s)	-		services:					
	• FM radio (if separate rate)			connect		49.95			
	• Converter			connect					
			• Out	let relocation		49 95			
				let relocation ve to new addr	ess	49.95 49.95			

ame	LEGAL NAME OF OWNER OF			SYSTEM ID: 672			
	Venture Communicat	•					
G mary mitters: evision	 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, <i>except</i> (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), or 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 <i>not</i> 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 <i>only</i> 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. <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, 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 independent multicast). For the meanin						
	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			
	KPLO	6	N	RELIANCE, SD			
		ľ					
	KDLT	5	N	SIOUX FALLS, SD			
Necessary	KDLT KTTW	5 7	N N				
cessary				SIOUX FALLS, SD			
ecessary	KTTW	7	N	SIOUX FALLS, SD SIOUX FALLS, SD			
lecessary	KTTW KSFY	7 4	N	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD			
Vecessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
Vecessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
5 Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
: Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
s Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
s Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
as Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			
as Necessary	KTTW KSFY KCSD	7 4 10	N N E	SIOUX FALLS, SD SIOUX FALLS, SD PIERRE, SD SIOUX FALLS, SD			

Venture Con	OWNER OF C							SYSTEM I
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process c 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 this point, see pay ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Name		CABLE EVE							
	LEGAL NAME OF OWNER OF Venture Communicati						SYSTEM ID# 672		
_	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
I	In General: In space I, iden substitute basis during the a								
Substitute	explanation of the program								
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting pe 	riod, did you	ır cable syster	m carry, on a substitute ba	sis, any nonr	etwork te	levision prog	gr <u>am</u>	
Program Log	broadcast by a distant station?								
	Note: If your answer is "No log in block 2.	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	nust comp	olete the pro	gram	
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."								
	effect on October 19, 1976		E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
		++					_		
		++							
					·····				

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	Venture Communications Coop.	672
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entra all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, se
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	63,80(
	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 this accounting period is \$52.00	s 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 \$137,100	•
	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)	
		0.00
	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 \$527,60	00)
	1. Enter the amount of gross receipts from space K	
	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	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 Due	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 # 277E17MN	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: nunications Coop.				SYSTEM ID# 672
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 I number of channels on whic television broadcast stations number of activated channe able system carried televisior	total number of ch the cable s els n broadcast stati	which the cable system carried television broadca activated channels during the accounting period		6 187
N Individual to Be Contacted		BE CONTACTED IF FURTI		TION IS NEEDED (Identify an individual to whon	n	
for Further Information	Name	Tyler McPeak			Telephone 605 85	2-2224
	Address	PO Box 157 (Number, street, rural route, apar Highmore, SD 5734 (City, town, state, zip)		ber)		
	Email	tylermc@ventu	ure.coop	Fax (optional))	
O Certification	I, the undersigned (Ownee) (Agentian in l X (Offician l I have examined	ed, hereby certify that (Check er other than corporation or t of owner other than corpor line 1 of space B and that the er or partner) I am an officer line 1 of space B. d the statement of account and e, and correct to the best of m	a one, <i>but only one</i> a partnership) I a bration or partne c owner is not a ca r (if a corporation ad hereby declare ny knowledge, inf X /s/ Enter an electr Enter signature	m the owner of the cable system as identified in lir rship) I am the duly authorized agent of the owner	ne 1 of space B; or r of the cable system as lentified as owner of the ntained herein	
		Title:	General N			
		Date:		8/28/202	3	

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unting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ture Communications Coop.	672
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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.	
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?	
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served	

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