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						
2/27/24	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20231 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
		Venture Communications Coop.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 157 (Number, street, rural route, apartment, or suite number)
		Highmore, SD 57345 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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 Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period	: 2023/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Venture Communications Coop.	4810
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "a separate and distinct community or municipal entity (including unincorporated communities within ur discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form as the "first community." Please use it as the first community on all future filings.	nincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should b identified city.	e 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
	Onaka	SD
	Onida	SD
	Orient	SD
	Pierre	SD
	Ree Heights	SD
	Roscoe	SD
	Selby	SD
	Seneca	SD
	Tolstoy	SD
	West Onida	SD

		FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II					
Name	Venture Communications Coop.						
Area Served	Instructions: List each separate community served by the cable system. A "community" is the sa "a separate and distinct community or municipal entity (including unincorporated communities discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve 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 identified city.	within unincorporated areas and including single, eas a form of system identification hereafter know					

Accounting Period: 2023/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Venture Communications Coop.

SYSTEM ID# 4810

FORM SA1-2E, PAGE 2

E

# Secondary Transmission

Service: Subscribers and

Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	2,074	122.39	Core	158	53.13		
<ul> <li>Service to additional set(s)</li> </ul>			My Choice	148	58.00		
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial							
Converter							
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							

F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	13.95	Motel, hotel	150.00	set top box	9.50
<ul> <li>Pay cable—add'l channel</li> </ul>	18.95	Commercial	150.00		
Fire protection		• Pay cable			
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	150.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	-	Other services:			
• FM radio (if separate rate)		Reconnect	49.95		
Converter		Disconnect			
		Outlet relocation	49.95		
		Move to new address	49.95		

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4810

## Venture Communications Coop.

G

#### Primary Transmitters: Television

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
KSFY	4	N	PIERRE, SD
KDLT	5	N	SIOUX FALLS, SD
KPLO	6	N	RELIANCE, SD
KTTW	7	N	SIOUX FALLS, SD
KCSD	10	E	PIERRE, SD
KWSD	161		SIOUX FALLS, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Venture Communications Coop.

4810

#### 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
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Name	LEGAL NAME OF OWNER OF								SYSTEM ID	
Name	Venture Communicati	ions Coop	).						481	
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G					
				rision program, broadcast by						
b.a4i44a	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Substitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
atement and Program Log	0	broadcast by a distant station?								
	Note: If your answer is "No		rest of this no	age blank. If your answer is	s "Ves " vou n	nust com				
	log in block 2.	J, leave the	rest of this pe	age blank. If your answer is	s res, your	nust com	piete ti i	e progr	aiii	
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs				s wherever po	ssible, if	their m	eaning	is	
	clear. If you need more spa			al rows to the tables. evision program ("substitute	e program") th	nat during	the ac	countir	na	
	period, was broadcast by a	a distant stat	tion and that y	our cable system substitut	ed for the pro	grammin	g of and	other st	tation	
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs		ovies of basi	verball. List specific progra	ann uues, ioi e	xample,	LOVE	Lucy 0	'1	
				ter "Yes." Otherwise enter "						
				casting the substitute progr (the community to which the		ensed by	the FC	CC or. ir	า	
	the case of Mexican or Ca							,		
	<b>Column 5:</b> Give the mo first. Example: for May 7 g	•	when your sy	stem carried the substitute	e program. Us	se numera	als, with	n the mo	onth	
	Column 6: State the time								tely	
	<b>Column 6:</b> 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									
	to the nearest five minutes		a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	11. S110u	iid be		
	to the nearest five minutes stated as "6:00–6:30 p.m."								red	
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulati	listed prograi	m was substituted for progr during the accounting perio	ramming that od; enter the l	your systetter "P" i	tem was	s <i>requir</i> ted pro		
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi	ter "R" if the and regulati mming that y	listed prograi	m was substituted for progr during the accounting perio	ramming that od; enter the l	your systetter "P" i	tem was	s <i>requir</i> ted pro		
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulati mming that y	listed prograi	m was substituted for progr during the accounting perio	ramming that od; enter the lo ler FCC rules	your systetter "P" i	tem was f the list lations	s <i>requir</i> ted prog in		
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Accounting Period:	2023/2					FORM SA1-2E. PAGE
Name		WNER OF CABLE SYSTEM: unications Coop.				SYSTEM ID: 4810
M Channels	<ol> <li>to its subscribers,</li> <li>Enter the total system carried t</li> <li>Enter the total on which the car</li> </ol>	u must give (1) the number of , and (2) the cable system's to number of channels on which television broadcast stations .  number of activated channels ble system carried television hast services	the cableoroadcast stations	annels during the ac	counting period.	148
N Individual to Be Contacted for Further		BE CONTACTED IF FURTHI bout this statement of accoun		EDED (Identify an ind		e <b>605 852-2224</b>
Information	Address	PO Box 157 (Number, street, rural route, apartin	nent, or suite number)			
	Email	(City, town, state, zip)  tylermc@ventur	e.coop		Fax (optional)	
	CERTIFICATION (	This statement of account mu	ast be certified and signed in	n accordance with C	Copyright Office regulations	s)
O Certification	• I, the undersigne  (Owner  (Agent in li	of owner other than corporation or partner 1 of space B and that the or	ne, but only one, of the boxe artnership) I am the owner of tion or partnership) I am the wner is not a corporation or	es.) of the cable system a ne duly authorized ag partnership; or	as identified in line 1 of space	e B; or e system as identified
	I have examined	the statement of account and the statement of account and the and correct to the best of my on 1001(1986)]				ein
			X /s/ Fay Janda Enter an electronic signature Enter signature using an "/s/	e on the line above to	•	-
		Typed or printed  Title:	name: Fay Jandrea  General Manager  ficial position held in corporation			
		(Title of off	nuel position (	oi parurersnip)	2-27-2024	

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.

unting Period: 2023/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ture Communications Coop.	4810
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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	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.	Neceipto Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or 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	_
xdays	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 Accounting period	

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.