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	Return completed workbook by email to	
DATE RECEIVED	AMOUNT	<ul><li>coplicsoa@copyright.gov</li></ul>
08/27/2024	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2024/1 Barcode Data Filing Period (optional - see instructions) Accounting Period 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 В 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. 665 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 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these C names 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 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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Alliance Communications Cooperative, Inc.	•
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings	a list will serve as a form of system identification hereafter know
	Note: Entities and properties such as hotels, apartments, condominiums, or mob	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Howard	SD
Community	Carthage	SD
	Oldham	SD
d Rows as Necessary	Ramona	SD
,		
		110111111111111111111111111111111111111

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

665

Alliance Communications Cooperative, Inc.

Ε

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>			Basic	613	65.95		
<ul> <li>Service to additional set(s)</li> </ul>			Elite	431	15.00		
• FM radio (if separate rate)			Limited	13	11.95		
Motel, hotel	9	9.00	Entertainment	2	5.00		
Commercial			Family & Education	1	5.00		
Converter			Sports	1	5.00		
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>			Nursing Home	58	9.00		
		•					

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		<ul> <li>Motel, hotel</li> </ul>		НВО	16.95
<ul> <li>Pay cable—add'l channel</li> </ul>		<ul> <li>Commercial</li> </ul>		Cinemax	12.95
Fire protection		• Pay cable		Showtime	16.95
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		Starz/Encore	12.95
Installation: Residential		<ul> <li>Fire protection</li> </ul>			
• First set	51.00	<ul> <li>Burglar protection</li> </ul>			
<ul> <li>Additional set(s)</li> </ul>	26.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Reconnect</li> </ul>	40.00		
Converter	12.00	Disconnect			
		<ul> <li>Outlet relocation</li> </ul>			
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Alliance Communications Cooperative, Inc.

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
KELO-CBS	11.3	N	Sioux Falls, SD
KELO-UTV	11.4	I-M	Sioux Falls, SD
KELO-CW	11.6	I-M	Sioux Falls, SD
KSFY	13.3	N	Sioux Falls, SD
KSFY-Outlaw	13.4	I-M	Sioux Falls, SD
KSFY-MeTV	13.5	I-M	Sioux Falls, SD
SDPB1	24.3	E	Sioux Falls, SD
SDPB2	24.4	E-M	Sioux Falls, SD
SDPB3	24.5	E-M	Sioux Falls, SD
КСРО	26.1	<u> </u>	Sioux Falls, SD
KDLT	21.3	N	Sioux Falls, SD
KDLT-Fox	21.4	I-M	Sioux Falls, SD
KDLT-Cozi	21.6	I-M	Sioux Falls, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Alliance Communications Cooperative, Inc.

66

#### 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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Securities Barrie	nd: 2024/1						F00	M 841 2E DAGE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FURI	M SA1-2E. PAGE 5.  SYSTEM ID#	
Name	Alliance Communicat			<u>.                                    </u>				665	
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	OG .				
ı	In General: In space I, iden	_	_			ation, that v	our cable svs	tem carried on a	
_	substitute basis during the								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and	t and   During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log									
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the progr							gram	
	log in block 2.								
	2. LOG OF SUBSTITUT		-						
	In General: List each subs				s wherever p	ossible, if t	their meaning	g is	
	clear. If you need more spa			। rows to the tables. vision program ("substitu	te program") t	that, during	the account	ina	
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ited for the pr	ogramming	g of another	station	
	under certain FCC rules, re								
	Do not use general catego "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progr	am titles, for	example,	I Love Lucy	or	
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter					
				asting the substitute proc			#- FOO	:	
	the case of Mexican or Ca			the community to which the community with which the			the FCC or,	ın	
			, , ,	stem carried the substitut		,	ls, with the r	nonth	
	first. Example: for May 7 g		1						
	to the nearest five minutes			ogram was carried by you				ately	
	stated as "6:00-6:30 p.m."	. Lxampic.	a program can	ned by a system from 6.0	1. 10 p.iii. to t	5.20.50 p.ii	i. Siloulu be		
				n was substituted for proເ					
	to delete under FCC rules was substituted for program							ogram	
	effect on October 19, 1976	•	your system w	as permitted to delete un	dei FCC fules	s and regul	iations in		
	., .				11			Т	
		E DDOODAN	WHEN SUBSTITUTE  CARRIAGE OCCURRED 7. REASON F			7 DEASON FOR			
	5	2. LIVE?	E PROGRAM		CARRIAGE OCCURRED  5 MONTH 6. TIMES			DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	<ol><li>STATION'S CALL SIGN</li></ol>	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO		
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Accounting Period:	2024/1			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 all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's tion of how	secondary transr w to compute this	mission servic€					
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 \$263,800  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								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00.	ty fee that y	you must pay for th	nis 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 li	nes 1 and	2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)					
	Base amount under statutory formula	. \$	263,800.00						
	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 \$26	3,800 (but	t less than \$527,	600)					
	Enter the amount of gross receipts from space K	. \$	341,329.87						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	77,529.87						
	4. Multiply line 3 by .01		\$	775.30					
	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			\$ 2,094.30					
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	2,094.30					
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			\$ 2,114.30					
	EFT Trace # or TRANSACTION ID #	2	7H782J7						
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the								

Accounting Period:	2024/1		FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: unications Cooperative, Inc.	SYSTEM ID# 665
<b>M</b> Channels	to its subscribers, a  1. Enter the total nu system carried tel  2. Enter the total nu on which the cabl	must give (1) the number of channels on which the cable system carried television broadcast stations and (2) the cable system's total number of activated channels during the accounting period.  umber of channels on which the cable elevision broadcast stations	139
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual out this statement of account.)	
for Further Information	100	Kari Flanagan Telephone 605-5 PO Box 349, 612 3rd Street	594-8228
	i)) (	Number, street, rural route, apartment, or suite number)  Garreson, SD 57030  City, town, state, zip)	
	Email	karif@alliance.coop Fax (optional)	
	CERTIFICATION (T	his statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned,	, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner o	other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system e 1 of space B and that the owner is not a corporation or partnership; or	ı as identified
		or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of e 1 of space B.	the cable system
		he statement of account and hereby declare under penalty of law that all statements of fact contained herein and correct to the best of my knowledge, information, and belief, and are made in good faith. 1001(1986)]	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Kari J. Flanagan	
		Title: CFO (Title of official position held in corporation or partnership)	
		Date: 8/27/2024	

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Accounting Period: 2024/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Alliance 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 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."	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?	
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	_
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	

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