This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8-24-22	\$
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
	Barcode Data Filing Period (optional - see instructions)					
Accounting Period						
	Laboration .					
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.					
	T					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
	GCI Communication Corp					
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
	2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)					
	Anchorage, AK 99503-2751					
	(City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:					
	GCI Cable, Inc Bethel					
	MAILING ADDRESS OF CABLE SYSTEM:					
	2 210 3rd St., P.O. Box 247 (Number, street, rural route, apartment, or suite number)					
	Bethel, AK 99559					
	(City, town, state, zip code)					

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		FORM SA1-2E. PAGE 1				
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
Name	GCI Communication Corp	3124				
	Instructions: List each separate community served by the cable system. A "communi					
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known as the "first community." Please use it as the first community on all future filings.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the identifie				
Served	city.					
	CITY OR TOWN	STATE				
First	Bethel	AK				
Community						
d Rows as Necessary						

Accounting Period: 2022/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

GCI Communication Corp

SYSTEM ID# 31240

FORM SA1-2E, PAGE 2

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.

BLO	OCK 1	BLOCK	(2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	787	\$14.99			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	8	192.33			
Commercial	151	\$14.99			
Converter					
 Residential 					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	С	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	\$21.97	Motel, hotel		D	igital Converter	5.99
 Pay cable—add'l channel 		Commercial		Ti	ier 2	\$61.22
Fire protection		• Pay cable		D	igital Tiers	14.25
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	25.50	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	20.00			
Converter		Disconnect				
		Outlet relocation	20.00			
		Move to new address				

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

31240

Name GCI Communication Corp

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KYUR	13.1	N	Anchorage, AK
KT00-2	3.2	E-M	Juneau, AK
КТВҮ	4.1	l	Anchorage, AK
KTUU	2.1	N	Anchorage, AK
KYES-2	5.2	I-M	Anchorage, AK
KYUK	9	E	Bethel, AK
KYES	5.1	l	Anchorage, AK

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

GCI Communication Corp

31240

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
	FM						
KYUK KYDK	FM		Bethel, AK Bethel, AK				
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Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF	CARLE SVS	TEM:				FOR	SYSTEM ID#
Name	GCI Communication C		I LIVI.					31240
								01240
 Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify every non	nnetwork televis	sion program, broadcast be ecific present and former F	y a <i>distant</i> station FCC rules, regul	ations, or a	uthorizations	. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television pro-					vision progra		
Program Log	broadcast by a distant stat	tion?				l	YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer i	s "Yes," you mı	ust comple	te the progra	am
	log in block 2.	BBOCBA	MC					
	2. LOG OF SUBSTITUTE In General: List each substitute.			ate line. Use abbreviation	s wherever pos	ssible, if the	eir meaning	is
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call	nce, please of every no distant stat gulations, c ries like "mo Bulls." n was broa sign of the	add additional onnetwork televition and that your or authorization ovies" or "bask dcast live, ente station broadc	rows to the tables. vision program ("substitut our cable system substitut as. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter asting the substitute prog	e program") that ted for the prog eneral instructio am titles, for ex "No." ram.	at, during the gramming of ns for furth ample, "I L	he accountin of another st ner informatio Love Lucy" o	ng ation on. r
	Column 4: Give the broat the case of Mexican or Can		,	he community to which the		•	ne FCC or, in	I
	Column 5: Give the mor	nth and day		•		,	s, with the mo	onth
	first. Example: for May 7 giv		a cubetituta pr	ogram was carried by you	ır cahle evetem	List the ti	mes accurat	elv
	to the nearest five minutes.							Ciy
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for prod	ramming that v	our systen	n was <i>requir</i>	red
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program							
	was substituted for programming that your system was permitted to delete under FCC rules and regulations in							
	effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASO							
					7. REASON FOR			
	1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES			DELETION				
	1. THEE OF TROOTVAIN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u></u> то	
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Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Communication Corp	S'	YSTEM ID# 31240
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	nission service amount, see	3,292.00 ess receipts)
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 \$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 accounting period is \$52.00	his 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 \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of grace receipts from anges V		
	Enter the amount of gross receipts from space K. Base amount under statutory formula		
	·		
	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	
	Noyalty due on the first \$263,800 or gross receipts (under statutory formula)		
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due 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 #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Communication Corp	SYSTEM ID# 31240
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	tions 10
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	222
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Cindy Hall Tele	phone 907-868-5615
	Address 2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number) Anchorage, AK 99503	
	(City, town, state, zip) Email chall2@gci.com Fax (optional 907)	-868-9817
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulat	ons)
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of s	pace B: or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the or in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B.	as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	erein
	X /s/ Duncan Whitney	
	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: Duncan Whitney	
	Title: Chief Product Officer (Title of official position held in corporation or partnership)	
	Date: August 23, 2022	

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
I Communication Corp	31240
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." 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	Special Statement Concerning Gross Receipts Exclusion
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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. 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 herex	- ays
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 \$ (interest charge)	
* 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 Accounting period	

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CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	_ □Check	□EFT	□FILING	FEES
Cable ID #						Amount	Initials
Examined by	Review	red by	Date examination completed	Allocation	number		
Space A Accounting Period							
	□January 1 - Jun	e 30, 2017		☐July 1 - Decemb	er 31, 2017		
	☐Letter sent		☐Information received				
	□Accepted		☐Phone call/Date/Contact				
Space B Owner							
	☐Letter sent			☐Information rece	ived		
□Accepted			☐Phone call/Date/Contact				
Space D Area Served							
	Letter sent	[Information rece	ived			
□Accepted			[Phone call/Date/	Contact		
Space E Secondary Transission							
Service Subscribers:	☐Letter sent			☐Information rece	ived		
and Rates	□Accepted]	Phone call/Date/	Contact		
Space G Primary Transmitters:							
Television	☐Letter sent		[☐Information rece	eived		
	□Accepted]	Phone call/Date/	Contact		
Space H Primary Transmitters:							
Radio	□Accepted			Phone call/Date/	Contact		

		Space I Substitute Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐Information received	(SA3 only)
□Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐Information received	
Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
Accepted	☐Phoe call/Date/Contact	
		Space M Channels
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
Letter sent	☐Information received	
Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	