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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
6/23/20	\$							
0/20/20	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:										
Accounting Period	2017/1										
B	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. 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. X Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	Nittany Media, Inc.										
				2017/1							
	18 N. Juniata St, PO Box 111										
	Lewistown, PA 17044										
С	INSTRUCTIONS: In line 1, give any business or trade names used to i	•									
	names already appear in space B. In line 2, give the mailing address o	f the system, if dif	ferent from the address giv	en 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)										
D	Instructions: For complete space D instructions, see page 1b. Identify	, only the fret com	munity conved below and r	oliat on nago 1h							
Area	with all communities.	only the list com	munity served below and re	elist on page 1b							
Served	CITY OR TOWN STATE										
First											
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alda	MD	Α	1							
•	Alliance	MD	В	2							
	Gering	MD	В	3							

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 suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Nittany Media, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a 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 frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE PA **Bratton Township (Mifflin County)** Α First Granville Township (Mifflin County) PA Community Oliver Township (Mifflin County) PA Wayne Township (Mifflin County) PA Α Milford Township (Juniata County) PA Α 2 Fayette Township (Juniata County) PA Α 3 See instructions for PA Fermanagh Township (Juniata County) 3 additional information on alphabetization. 3 Mifflin Borough (Juniata County) PA Mifflintown Borough (Juniata County) PA Α 3 3 Walker Township (Juniata County) PA Α Bloomfield Borough (Perry County) PA Α 4 Add rows as necessary. Center Township (Perry County) 4 PA Α 4 **Delaware Township (Juniata County)** PA Α Greenwood Township (Juniata County) PA Α 4 PA Α Monroe Township (Juniata County) Port Royal Borough (Juniata County) PA Α 4 Saville Township (Perry County) PA Α PA Spring Township (Perry County) 4 Α Thompsontown Borough (Juniata County) PA **Turbett Township (Juniata County)** PA Α PA Tuscarora Township (Perry County) Α 4 Susquehanna Township (Juniata County) PA Α McClure Borough (Snyder County) PA В 6 West Beaver Township (Snyder County) PA В PA C 8 Perry Township (Snyder County) West Perry Township (Snyder County) PA C 9

	_		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Nittany Media, Inc.

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Ε

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			BLOC	K 2						
	NO. OF									NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE				
Residential:											
 Service to first set 	2,133	\$	39.85								
 Service to additional set(s) 											
 FM radio (if separate rate) 											
Motel, hotel	377	\$	39.85								
Commercial											
Converter											
 Residential 	518	\$	3.50								
Non-residential		•									
		†		l I''''							

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	12.99-27.49	Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		Pay cable		
 Burglar protection 		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
 First set 	\$ 40.00	Burglar protection		
 Additional set(s) 		Other services:		
 FM radio (if separate rate) 		Reconnect	\$ 32.25	
Converter		Disconnect	\$ 25.00	
		Outlet relocation	\$ 20.00	
	Move to new address		\$ 32.25	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Nittany Media, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 ε **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 th∉ 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has 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. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) Lancaster, PA WGAL 8.1 Ν No WGAL (Simulcas 8.1 Ν No Lancaster, PA See instructions for additional information WGAL-2 8.2 I-M No Lancaster, PA on alphabetization. WHP 21.1 Ν No Harrisburg, PA WHP-2 21.2 I-M No Harrisburg, PA WHP-3 21.3 I-M No Harrisburg, PA WHTM No 27.1 Ν Harrisburg, PA WHTM-2 27.2 I-M No Harrisburg, PA WHTM-3 27.3 I-M No Harrisburg, PA WHTM-4 27.4 I-M No Harrisburg, PA WHVL-LD 29.1 ı Yes 0 State College, PA WITF 33.1 Ε No Harrisburg, PA WITF-2 33.2 E-M No Harrisburg, PA WKBS-TV 47.1 ı Yes 0 Altoona, PA **WLYH** 49.1 No Red Lion PA I

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Nittany Media, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	A (cont)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPMT	43.1	I	No		York, PA
WPMT (Simulcas	43.1	I	No		York, PA
WPMT-2	43.2	I-M	No		York, PA
WPSU	3.1	Е	Yes	0	Clearfield, PA
WVIA	44.1	E	Yes	0	Scranton, PA
WVIA-3	44.3	E-M	Yes	0	Scranton, PA
WXBU	15.1	I	No		Lancaster, PA

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Nittany Media, Inc. 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 specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	В		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGAL	8.1	N	No		Lancaster, PA
WGAL (Simulcas	8.1	N	No		Lancaster, PA
WGAL-2	8.2	I-M	No		Lancaster, PA
WHP	21.1	N	No		Harrisburg, PA
WHP-2	21.2	I-M	No		Harrisburg, PA
WHP-3	21.3	I-M	No		Harrisburg, PA
WHTM	27.1	N	No		Harrisburg, PA
WHTM-2	27.2	I-M	No		Harrisburg, PA
WHTM-3	27.3	I-M	No		Harrisburg, PA
WHTM-4	27.4	I-M	No		Harrisburg, PA
WHVL-LD	29.1	I	Yes	0	State College, PA

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Nittany Media, Inc. 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 specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	B (cont)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WITF	33.1	Е	No		Harrisburg, PA
WITF-2	33.2	E-M	No		Harrisburg, PA
WKBS-TV	47.1	I	Yes	0	Altoona, PA
WLYH	49.1	I	No		Red Lion PA
WNEP	16.1	N	No		Scranton, PA
WNEP-2	16.2	I-M	No		Scranton, PA
WPMT	43.1	I	Yes	0	York, PA
WPMT (Simulcast	43.1	I	Yes	E	York, PA
WPMT-2	43.2	I-M	Yes	0	York, PA
WPSU	3.1	E	No		Clearfield, PA
WVIA	44.1	E	Yes	0	Scranton, PA
WVIA-3	44.3	E-M	Yes	0	Scranton, PA
WXBU	15.1	I	Yes	0	Lancaster, PA

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Nittany Media, Inc. 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 specifc 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 th∈ 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast)

Column 2: Give the channel number the FCC has 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. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: 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 identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP C 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) STATION NUMBER (If Distant) **WBRE** 28.1 Ν No Wilkes Barre, PA WBRE (Simulcas 28.1 Ν No Wilkes Barre, PA WBRE-2 No Wilkes Barre, PA 28.2 I-M WBRE-3 28.3 I-M No Wilkes Barre, PA WBRE-4 28.4 I-M No Wilkes Barre, PA WITF 33.1 Ε No Harrisburg, PA WITF-2 33.2 E-M No Harrisburg, PA WKBS-TV I 47.1 Yes 0 Altoona, PA **WLYH** 49.1 0 I Yes **Red Lion PA WNEP** 16.1 Ν No Scranton, PA WNEP-2 16.2 I-M No Scranton, PA WOLF 56.1 I No Hazleton, PA WOLF (Simulcast 56.1 No Hazleton, PA

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Nittany Media, Inc. 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 specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	CHANNEL LINE-UP C (cont)										
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION						
WPSU	3.1	E	Yes	0	Clearfield, PA						
WQMY	53.1	I	No		Williamsport, PA						
WQPX	64.1	I	No		Scranton, PA						
WSWB	38.1	l	No		Scranton, PA						
WSWB-2	38.2	I-M	No		Scranton, PA						
WSWB-3	38.3	I-M	No		Scranton, PA						
WSWB-4	38.4	I-M	No		Scranton, PA						
WVIA	44.1	E	Yes	0	Scranton, PA						
WVIA-2	44.2	E-M	Yes	0	Scranton, PA						
WVIA-3	44.3	E-M	Yes	0	Scranton, PA						
WYOU	22.1	N	No		Scranton, PA						
WYOU-2	22.2	I-M	No		Scranton, PA						
WYOU-3	22.3	I-M	No		Scranton, PA						
WYOU-4	22.4	I-M	No		Scranton, PA						

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Nittany Media, Inc. PRIMARY TRANSMITTERS: RADIO Н 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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

TOTAL GAGE, TAGE 0.						ACCOUNTING	TEMOD: 2017/1
Nittany Media, Inc.	CABLE SYST	TEM:			S	YSTEM ID#	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	3			
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every non	nnetwork televiseriod, under spe	sion program broadcast by ecific present and former F0	a distant statio CC rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN	CONCER	NING SUBST	TITLITE CADDIAGE				Carriage:
During the accounting per				sis anv nonn	etwork television program	n	Special
broadcast by a distant sta	-	il duble bystell	rourry, orra substitute bat	no, arry morni		 ⊠No	Statement and Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m			. rogium 20g
log in block 2.							
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, of tion. Do no Lucy" or "NE n was broad sign of the sadcast statice and and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	am on a separa attach addition nnetwork televicion and that your authorization of use general of BA Basketball: deast live, entestation broadca on's location (thous, if any, the when your system substitute program carrolisted program carrons in effect di	al pages. rision program (substitute pour cable system substitute) such categories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the stem carried the substitute by gram was carried by your lied by a system from 6:01 a was substituted for programing the accounting period	orogram) that ed for the pro neral instructi r "basketball" No." am. e station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	t, during the accounting gramming of another statements located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the more accurate 28:30 p.m. should be your system was require etter "P" if the listed pro	nth ely	
Chest of Cotobol 10, 1070.	•			10/14			
S	UBSTITUT	E PROGRAM	Į.		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					_		
					<u> </u>		
					<u> </u>		
					<u> </u>	¦	
					_		
					_		
					<u> </u>	l	
					<u> </u>		
					_		
					_		
					_		

ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 6.

	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:						S	YSTEM ID#		
Name	Nittany Med	ia, Inc.										
	PART-TIME CA	ART-TIME CARRIAGE LOG										
Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."											
			DATE	S AND HOURS (OF F	PART-TIME CAF	RRIAGE					
	DATES AND HOURS OF PART-TIME CARRIAGE CALL SIGN WHEN CARRIAGE OCCURRED CALL SIGN WHEN CARRIAGE OCCURRED											
	CALL SIGN		HOU	RS		CALL SIGN			OUR	S		
		DATE	FROM	ТО			DATE	FROM		ТО		
									_			
									_			
									_			
									_			
									_			
									_			
			_						_			
			_						_			
			_						_			
			_						_			
			_						_			
			_						_			
			_						_			

1	SAJE. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Nitt	any Media, Inc.		Name							
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)										
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 608,582.13 (Amount of gross receipts)								
• Com • Com • If you fee to accom • If pa	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of									
▶ If pa	k 3 below. In t 6 of the DSE schedule was completed, the amount from line 7 of block C should be e	ntered on line 2 in block								
	elow. Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be entered on line								
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.									
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 608,582.13								
	Enter the result here. This is your minimum fee.	\$ 6,475.31								
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perio X Yes—Complete the DSE schedule. No—Leave block 3 below blank and	n 4, you must check d?								
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 9,269.79								
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	6,945.14								
	Line 3. Add lines 1 and 2 and enter here	\$ 16,214.93								
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 16,214.93	Cable systems							
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under							
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)									
	Line 4. FILING FEE									
TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here										
	EFT Trace # or TRANSACTION ID # 20200622GMQFMP01020084		additional fees.							
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions to	,								

ACCOUNTING PERIOD: 2017/1
FORM SA3E, PAGE 8.

						FURIVI SASE, PAGE					
Name	LEGAL NAME OF OWNER OF C	CABLE SY	TEM:			SYSTEM II					
M Channels	to its subscribers and (2	(2) the co	ble system's total number of nnels on which the cable	activated channels, dur		stations 51					
	Enter the total number on which the cable sy	er of ac	ried television broadcast sta	tions		187					
N Individual to	INDIVIDUAL TO BE Co		TED IF FURTHER INFORMATION OF ACCOUNT.)	ATION IS NEEDED: (Ide	entify an individual						
Be Contacted for Further Information	or Further Name Craig Yohn Telephon										
	Lewistow	vn, PA									
	(City, town, sta)nmax.net		Fax (optional)						
0	CERTIFICATION (This s	stateme	t of account must be certifed	and signed in accordan	nce with Copyright Office regu	lations.)					
Certifcation			or that (Check one, but only on on or partnership) I am the c		as identifed in line 1 of space B	3 ; or					
			corporation or partnership) at the owner is not a corporat		gent of the owner of the cable	system as identified					
	(Officer or partner) in line 1 of space		officer (if a corporation) or a pa	artner (if a partnership) of	the legal entity identifed as own	ner of the cable system					
		correct t	of account and hereby declare the best of my knowledge, in		all statements of fact contained are made in good faith.	d herein					
	F	Х	/s/Anna A Hain								
	(6	e.g., /s/		e first forward slash of the	ure to certify this statement. /s/ signature, place your cursor ii /oid enabling Excel's Lotus comp						
	Т	Гуреd o	printed name: Anna A.	Hain							
	ī	Γitle:	EEO Title of official position held in cor	poration or partnership)							
	С	Date:	une 20, 2020								

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 the 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 telephon 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 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 suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Nittany Media, Inc.	Name
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
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	Gross Receipts Exclusion
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 Mailing Address Mailing Address	
INTEREST ASSESSMENTS 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 in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x1033_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** enter here and on line 3, block 4, space L, (page 7)	
(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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period ID number	

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 the 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 suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2017/1

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum FeeBase Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located in
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

Determine whether any of the stations you carried were partially distant that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

· If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE

1.064% of gross receipts

0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

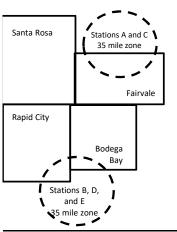
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



Distant Stations Carrie	ed	Identification	Identification of Subscriber Groups					
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS				
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS				
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00				
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00				
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00				
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00				
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00				

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384,00

First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

DSE SCHEDULE. PAG	E 11. (CONTINUED)											
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	YSTEM ID#						
•	Nittany Media, Inc.											
	SUM OF DSEs OF CATEGOR	RY "O" STATION	IS:									
	 Add the DSEs of each station 											
	Enter the sum here and in line		7.00									
2	Instructions:											
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5											
Computation	of space G (page 3). In the column headed "DSE"	': for each indepe	endent station, give the D	SE as "1.0": for ea	ach network or noncom-							
of DSEs for	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Category "O"		ONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WHVL-LD	1.000										
	WKBS-TV	1.000										
	WLYH	1.000										
	WPMT	1.000	111111111111111111111111111111111111111									
Add rows as	WPMT-2	1.000										
necessary.	WPSU	0.250										
Remember to copy	WVIA	0.250										
all formula into new	WVIA-2	0.250										
rows.	WVIA-3	0.250										
	WXBU	1.000										
				····								

I		lk	
I	k	I	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Name	Nittany Media	, Inc.							
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
			ATEGORY LA	ACSTATIONS:	COMPUTAT	ION OF DSES	-		
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	RS D BY 1	NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE		-	SE	
			÷		=	×	=		
			÷ ÷		=	x	=		
			<u>.</u>			x x	<u>-</u>		
			÷		=	x	=		
			÷		=	x	=		
			÷		=	x	=		
			÷		=	х	=		
	Add the DSEs of	OF CATEGORY LAC Soft each station. In here and in line 2 of page 2.		ule,		0.0	<u>)</u>		
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect Broadcast on space I). Column 2: For at your option. The Column 3: En Column 4: Di	by your system in substit on October 19, 1976 (are or more live, nonnetwood reach station give the his figure should correst the number of days ivide the figure in colum	tution for a progra as shown by the look programs durin number of live, no pond with the info in the calendar y n 2 by the figure i	am that your systemetter "P" in column g that optional carronnetwork program ormation in space lear: 365, except in n column 3, and gi	was permitted 7 of space I); an iage (as shown by s carried in substance) a leap year.	Programs) if that station: to delete under FCC rule d y the word "Yes" in column stitution for programs tha olumn 4. Round to no le- the general instructions	2 of t were deleted ss than the third	rm).	
		SU	BSTITUTE-BA	SIS STATION	S: COMPUTA	ATION OF DSEs	1	T	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		÷		=		••••••••••••••••••••••••••••••••••••••	÷	=	
		÷				••••••••••••••••••••••••••••••••••••••	÷ ÷	=	
		·				•	<u>:</u> •		
		÷		=		· · · · · · · · · · · · · · · · · · ·	÷	=	
		÷		=			÷	=	
	Add the DSEs of	OF SUBSTITUTE-BASI each station. n here and in line 3 of pa		ule,		0.00	D		
5		R OF DSEs: Give the amo		es in parts 2, 3, and	4 of this schedul	e and add them to provide	e the total		
Total Number	1. Number of I	DSEs from part 2 ●				>	7.00		
of DSEs	2. Number of [DSEs from part 3 ●				<u> </u>	0.00		
	3. Number of [DSEs from part 4 ●				>	0.00		
	TOTAL NUMBER	OF DSEs					•	7.00	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/1

EGAL NAME OF C	OWNER OF CABLE :	SYSTEM:					S	YSTEM ID#	Name
structions: Bloo block A:	ck A must be comp	oleted.							
your answer if hedule.	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sched	lule blank and	complete par	t 8, (page 16) of the	е	6
	"No," complete blo	ocks B and C	below.						
				TELEVISION MA					Computation 3.75 Fee
the cable syster ect on June 24,		utside of all r	najor and smal	ller markets as defir	ned under sec	ction 76.5 of F	CC rules and regul	ations in	
Yes—Com	plete part 8 of the	schedule—[OO NOT COMP	PLETE THE REMAI	INDER OF PA	RT 6 AND 7.			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of t ne 25, 1981. For fur ne letter M below re Act of 2010.)	ther explanati	on of permitte	d stations, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty stati	lles and regued pursuant on as defined	lations cited be to the FCC ma d in 76.5(kk) (7	sis on which you ca elow pertain to those rket quota rules [76 6.59(d)(1), 76.61(e) 9(c), 76.61(d), 76.63	e in effect on 5.57, 76.59(b),)(1), 76.63(a)	June 24, 1981 76.61(b)(c), 7 referring to 76	6.63(a) referring to)	
	instructions for E Carried pursua *F A station pre	or DSE sched ant to individ viously carrid JHF station w	lule). ual waiver of Fred on a part-time vithin grade-B	ne or substitute basi contour, [76.59(d)(5	is prior to Jun	e 25, 1981		1	
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2			orksheet on page 1	4 of	
	T	I	П		T I	П	Г		-
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WHVL-LD	G	1.00	WPSU	С	0.25				
WKBS-TV	В	1.00	WVIA	C	0.25				
WLYH WPMT	G G	1.00 1.00	WVIA-2 WVIA-3	C/M C/M	0.25 0.25				
WPMT-2	M	1.00	WXBU	G	1.00	•			
								7.00	
			BLOCK C: CO	OMPUTATION OF	3.75 FEE		<u> </u>		
ne 1: Enter the	total number of								
	sum of permitte						110		
	·				4-4075		m_		
				of DSEs subject 7 of this schedule		асе.			
e 4: Enter gro	oss receipts from	space K (p	age 7)				× 0.03	275	Do any of th
e 5: Multiply l	ine 4 by 0.0375 a	and enter s	ım here				X U.U3	<i></i>	partially permited/ partially
- O. Maidply I	5, 5.0515 6	011101 31					х		nonpermitte carriage?
e 6: Enter tota	al number of DSI	Es from line	3						If yes, see pa 9 instruction
ne 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, space	L (page 7)			0.00	

littany Media	OWNER OF CABLE a, Inc.							/STEM ID#	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation 3.75 Fee
									3.73166
			***************************************					***************************************	

***************************************								***************************************	

ACCOUNTING PERIOD: 2017/1

Name	Nittany Media,		SYSTEM:						SYSTEM ID#	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections									
	1. CALL SIGN	PERMITT 2. PRIC DSE		TIONS CARRIE COUNTING ERIOD	4. E	PART-TIME AN BASIS OF ARRIAGE	5. PF	TUTE BASIS RESENT DSE	6. PERMITTED DSE	
7 Computation of the Syndicated	1	"Yes," comple	ete blocks B and C locks B and C blan	*						
Exclusivity Surcharge	Is any portion of the or	aabla ayatam y	ithin a tan 100 mai	ar talaviajan mar	kat aa daf	inad by agation 7	e e of ECC	rules in effect lun	24 10012	
Surcharge	X Yes—Complete			or television man		No—Proceed to		rules in enect June	5 24, 1501:	
	BLOCK B: C	arriage of VHI	-/Grade B Contour	Stations		BLOCK	Κ C: Compι	ıtation of Exempt	DSEs	
	Is any station listed in commercial VHF state or in part, over the ca	ion that place ble system?		r, in whole	nity se	erved by the cab ner FCC rule 76	ole system p 5.159)	of part 7 carried in prior to March 31, with its appropriate	1972? (refer	
	X No—Enter zero a			milled BOL		No—Enter zero a			permitted DOL	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	DSE	
								-		
		.	TOTAL DSEs	0.00				TOTAL DSEs	0.00	

LEGAL NA	MME OF OWNER OF CABLE SYSTEM: Nittany Media, Inc. SYSTEM ID#	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? X Yes—Complete section 3 below. No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name		ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Nittany Media, Inc.
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers cocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.
	_	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section 2 Section 3	Enter the amount of gross receipts from space K (page 7)
		and in block 3, line 1, space L (page 7) Base Rate Fee. \$. 0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/1

LEGAL N	AND OF CARLE OVERTINE	1
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Nittar	ny Media, Inc.	
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$\bigseleft\{\bigseleft\} \bigseleft\{\bigseleft\} \bigsel	Computation of
	(the amount in section 1)	Base Rate Fee
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here ▶	
	E Multiply line D by line E and enter here	
	F. Multiply line D by line E and enter here >	
	G. Add lines A, C, and F. This is your base rate fee	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	
	Dase Nate 1 ee	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9
-	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation of
this ex	clusion, you must:	Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
_	· · · ·	for
must a	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	dentify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
	to that community.	
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the the station's local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
subscri	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable	
Comp	will have only one subscriber group when the distant stations it carried have local service areas that coincide. uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's	
	iber groups.	
	n section: fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	ibers in the group.	
• If:		
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	e paper SA3 form.	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show ctual calculations on the form.	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Nittany Media, Inc. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF ON Nittany Media			E SYSTEM:					\$	SYSTEM ID#
	В		COMPUTATION OF		TE FEES FOR	EACH			
COMMUNITY/ AF	REA	FIRST SUBSCRIBER GROUP EA Bratton Twp, Granville Twp, Olive		COMMUNITY/ AREA Milford Twp					
CALL SIGN	CALL SIGN DSE CALL SIGN DSE		CALL SIGN	CALL SIGN DSE			CALL SIGN DSE		
WVIA				DSE	WKBS-TV		1.00	O/ ILL OIGH	BOL
WVIA-3				WVIA	С	0.25			
			-		WVIA-3	С	0.25		
								-	
			-				•	-	
		ļ							
			•						
otal DSEs				0.50	Total DSEs		l l		1.50
Gross Receipts F	irst Gre	oup	\$ 124,	942.82	Gross Receipts	Second	d Group	\$	25,047.13
Base Rate Fee F	irst Gr	•	\$ SUBSCRIBER GROUI	664.70	Base Rate Fee	Second		\$ SUBSCRIBER GRO	354.29
COMMUNITY/ AF	REA		Twp., Fermanagh		COMMUNITY/	AREA		eld Boro, Center	
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE
WHVL-LD	G	1.00			WKBS-TV	В	1.00		
VKBS-TV	В	1.00	-		WVIA	C	0.25	-	
VVIA VVIA-3	C C	0.25 0.25			WVIA-3	С	0.25	-	
IVIA-3		0.23							
			4						
			-				-	-	
								-	
otal DSEs				2.50	Total DSEs				1.50
Gross Receipts T	hird G	roup	\$ 236,	832.26	Gross Receipts	Fourth	Group	\$	180,709.18
Base Rate Fee ⊺	hird G	roup	\$ 5,	010.19	Base Rate Fee	Fourth	Group	\$	2,556.13
Base Rate Fee: /			e fees for each subscri pace L (page 7)	ber group a	as shown in the bo	oxes ab	ove.	\$	9,269.79

	BL		COMPUTATION (TE FEES FOR	EACH			up.	
OOMAN ALIBERTA (A TO	FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AR	MUNITY/ AREA Susquehanna Twp		COMMUNITY/ AREA McClure Boro							
CALL SIGN DSE CALL SIGN DSE		DSE	CALL SIGN DSE		DSE	CALL SIGN DSE				
WKBS-TV	KBS-TV B 1.00			552	WHVL-LD	G	1.00			
		0.25			WVIA	С	0.25			
			WVIA-3	С	0.25					
							_			
							_			
							 			
							h			
		h					<u> </u>			
otal DSEs		,	•	1.25	Total DSEs				1.50	
ross Receipts Fir	ross Receipts First Group \$ 4,494.52					0	Group	\$	23,879.33	
·	ist Git	oup	3	4,494.52	Gross Receipts	Second	Стопр			
·			4				·			
·			\$	55.70	Base Rate Fee			\$	337.77	
	rst Gro	oup		55.70			d Group		337.77	
dase Rate Fee Fir	rst Gro	oup EVENTH	\$ SUBSCRIBER GRO	55.70	Base Rate Fee	Second	I Group	\$ SUBSCRIBER GRO	337.77	
ase Rate Fee Fir	rst Gro	oup EVENTH	\$	55.70		Second	I Group	\$ SUBSCRIBER GRO	337.77	
ase Rate Fee Fir	rst Gro	eventh West Bo	\$ SUBSCRIBER GRO	55.70	Base Rate Fee	Second	I Group EIGHTH S Perry Tw	\$ SUBSCRIBER GRO	337.77	
CALL SIGN	rst Gro	oup EVENTH	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee	Second	EIGHTH S Perry Tw	\$ SUBSCRIBER GRO	337.77	
OMMUNITY/ ARI	rst Gro	EVENTH West Bo	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee	Second	I Group EIGHTH S Perry Tw	\$ SUBSCRIBER GRO	337.77	
OMMUNITY/ ARI CALL SIGN VHVL-LD VKBS-TV	rst Gro	EVENTH West Bo DSE 1.00	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY/ A CALL SIGN WKBS-TV	Second AREA	EIGHTH S Perry Tw DSE 1.00	\$ SUBSCRIBER GRO	337.77	
OMMUNITY/ ARI CALL SIGN VHVL-LD VKBS-TV VPMT	SEA G	DSE 1.00 1.00 1.00	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
CALL SIGN VHVL-LD VKBS-TV VPMT VPMT-2 VVIA	SEA G B G M C	DSE 1.00 1.00 1.00 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
CALL SIGN VHVL-LD VKBS-TV VPMT VPMT-2 VVIA	SEA G B G M C C	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
OMMUNITY/ ARI CALL SIGN VHVL-LD VKBS-TV VPMT VPMT-2 VVIA	SEA G B G M C	DSE 1.00 1.00 1.00 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
OMMUNITY/ ARI CALL SIGN VHVL-LD VKBS-TV VPMT VPMT-2 VVIA	SEA G B G M C C	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
OMMUNITY/ ARI CALL SIGN /HVL-LD /KBS-TV /PMT /PMT-2 /VIA	SEA G B G M C C	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
CALL SIGN WHVL-LD WKBS-TV VPMT VPMT-2 WVIA	SEA G B G M C C	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
CALL SIGN WHVL-LD WKBS-TV VPMT VPMT-2 VVIA	SEA G B G M C C	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
CALL SIGN WHVL-LD WKBS-TV VPMT VPMT-2 VVIA	SEA G B G M C C	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
CALL SIGN WHVL-LD WKBS-TV WPMT-2 WVIA	SEA G B G M C C	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
CALL SIGN WHVL-LD WKBS-TV VPMT VPMT-2 VVIA	SEA G B G M C C	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
CALL SIGN WHVL-LD WKBS-TV WPMT WPMT-2 WVIA WXBU	SEA G B G M C C	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH	Second AREA B G	EIGHTH S Perry Tw DSE 1.00 1.00	\$ SUBSCRIBER GRO	337.77	
COMMUNITY/ ARI CALL SIGN WHVL-LD WKBS-TV WPMT WPMT-2 WVIA WVIA-3 WXBU	S S EA G G M C C C G G	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP DSE 5.50	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH WPSU Total DSEs	Second AREA B G C	DSE 1.00 1.00 0.25	\$ SUBSCRIBER GRO	337.77 UP DSE 2.25	
Base Rate Fee Fir	S S EA G G M C C C G G	DSE 1.00 1.00 1.00 0.25 0.25	\$ SUBSCRIBER GRO eaver Twp	DUP DSE	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH WPSU	Second AREA B G C	DSE 1.00 1.00 0.25	\$ SUBSCRIBER GRO	337.77 UP DSE	
COMMUNITY/ ARI CALL SIGN WHVL-LD WKBS-TV WPMT WPMT-2 WVIA WVIA-3 WXBU	S S EA G B G M M C C C G G	DSE 1.00 1.00 1.00 0.25 0.25 1.00 0.00	\$ SUBSCRIBER GRO eaver Twp	55.70 DUP DSE 5.50	Base Rate Fee COMMUNITY// CALL SIGN WKBS-TV WLYH WPSU Total DSEs	Second AREA B G C	DSE 1.00 0.25	\$ SUBSCRIBER GRO	337.77 UP DSE 2.25	

	, Inc.									
	BL		COMPUTATION O		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP		
COMMUNITY/ AF				COMMUNITY/ AREA 0						
CALL SIGN						CALL SIGN DSE CALL SIGN DSE				
WKBS-TV	В	1.00								
WLYH	G	1.00								
WVIA	С	0.25								
WVIA-2	С	0.25								
WVIA-3	С	0.25								
		-								
							H			
							H			
Total DSEs				2.75	Total DSEs			0.00		
Gross Receipts F	irst Gro	oup	\$ 12	2,307.25	Gross Receipts Seco	nd Group	\$	0.00		
	299 (Coccipts 1 iist Group \$ 12,307.25									
Base Rate Fee F			\$	281.93	Base Rate Fee Seco	nd Group	\$	0.00		
	EL		\$ SUBSCRIBER GRO	UP		TWELVTH	\$ SUBSCRIBER GROU	JP		
	EL			'	Base Rate Fee Seco	TWELVTH				
	EL			UP		TWELVTH		JP		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
COMMUNITY/ AF	EL	EVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
CALL SIGN	EL	EVENTH	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN	TWELVTH	SUBSCRIBER GROU	JP 0		
CALL SIGN CALL SIGN Total DSEs	EL REA	DSE	SUBSCRIBER GRO	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE DSE O.00		
CALL SIGN CALL SIGN Total DSEs Gross Receipts T	EL REA	DSE	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	JP 0		

В		E SYSTEM:				S	SYSTEM ID#	Name
				TE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROU Twp, Granville T	COMMUNITY/ AREA		ECOND SUBSCRIBER GROUP ilford Twp		9	
CALL SIGN	DSE	CALL SIGN DSE		CALL SIGN	DSE CALL SIGN DSE		DSE	Computar of
								Base Rate
					•			and
		-				-		Syndicat
		-			-	-		Exclusiv
		-			-	-		Surchar for
								Partiall
					-	-		Distan
								Station
		-						
	<u> </u>							
	<u>-</u>							
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 124,	942.82	Gross Receipts Second	d Group	\$	25,047.13	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		SUBSCRIBER GROU			FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Fayette	Twp., Fermanagl	n Twp, N	COMMUNITY/ AREA	Bloomfie	eld Boro, Center	Twp, Delav	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_		WHVL-LD	1.00			
		-				-		
					1			
					=			
					-			
Total DSEs			0.00	Total DSEs			1.00	
	roup	ş 236,	0.00	Total DSEs Gross Receipts Fourth	Group	\$ 1	1.00	
Fotal DSEs Gross Receipts Third G Base Rate Fee Third G		s 236,			·	s 1		
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group		80,709.18	

Nonpermitted 3.75 Stations

1	BLOCK A	COMPLITATION	OF BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP	
<u>'</u>		SUBSCRIBER GRO				SUBSCRIBER GRO	UP
COMMUNITY/ AREA	Susquehanna Twp		COMMUNITY/ AREA	McClure Boro			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WHVL-LD	1.00						
						.	
							
					.		
						. –	
		•					
tal DSEs	•		1.00	Total DSEs			0.00
ross Receipts First C	Group	\$	4,494.52	Gross Receipts Second	d Group	\$	23,879.33
nan Bata Fan First (
ase Rate Fee First G	Group	\$	168.54	Base Rate Fee Second	d Group	\$	0.00
se Rate Fee First G		SUBSCRIBER GRO		Base Rate Fee Second		\$ I SUBSCRIBER GRO	
	SEVENTH			Base Rate Fee Second COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	
MMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
MMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO			EIGHTH	SUBSCRIBER GRO	
MMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
DMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
CALL SIGN	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	SEVENTH West B	SUBSCRIBER GRO	OUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA CALL SIGN	SEVENTH West B	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GRO	DSE DSE O.000
OMMUNITY/ AREA	DSE	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE

Nonpermitted 3.75 Stations

Nittany Media, Ind		E SYSTEM:				<u>.</u>	SYSTEM ID#	Name	
				TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU			
COMMUNITY/ AREA	NINTH SUBSCRIBER GROUP AREA West Perry Twp			COMMUNITY/ AREA	JP 0	9 Computa			
CALL SIGN	CALL SIGN DSE CALL SIGN DSE				CALL SIGN DSE CALL SIGN DSE				
								Base Rate	
								and	
								Syndicat Exclusiv	
		-			<u> </u>			Surchar	
		_						for	
		-				_		Partiall	
								Distan Station	
								Station	
Γotal DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$ 12	2,307.25	Gross Receipts Secor	nd Group	\$	0.00		
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Secon					
	LEVENTH	SUBSCRIBER GRO		COMMUNITY/AREA	TWELVTH	SUBSCRIBER GROU			
	ELEVENTH	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	JP 0		
	DSE	SUBSCRIBER GRO		COMMUNITY/ AREA	TWELVTH DSE	SUBSCRIBER GROU			
COMMUNITY/ AREA			0				0		
COMMUNITY/ AREA			0				0		
COMMUNITY/ AREA			0				0		
COMMUNITY/ AREA			0				0		
COMMUNITY/ AREA			0				0		
COMMUNITY/ AREA			0				0		
COMMUNITY/ AREA			0				0		
COMMUNITY/ AREA			0				0		
COMMUNITY/ AREA			0				0		
COMMUNITY/ AREA			0				0		
COMMUNITY/ AREA			0				0		
CALL SIGN			DSE	CALL SIGN			DSE		
CALL SIGN CALL SIGN Fotal DSEs	DSE		DSE DSE	CALL SIGN Total DSEs	DSE		DSE		
COMMUNITY/ AREA	DSE		DSE	CALL SIGN	DSE		DSE		

FORM SA3E, PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Nittany Media, Inc.	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and t Syndicated Exclusivity Surcharge. Indicate which major television mar by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for comment this schedule.	rcial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group to	for the VHF Grade B contour stations that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enti	
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the 1 schedule. In making this computation, use gross receipts figure your actual calculations on this form. 	
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line A. Fotostic MIE DOF	Live A. Follow her Will DOF
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2. Either the Exempt DSEs	Line 2. Either the Exempt Does
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	Nittany Media, Inc.
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:
Computation of	☐ First 50 major television market ☐ Second 50 major television market
Base Rate Fee	INSTRUCTIONS:
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.
	FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group
	SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Name	Nittany Media, Inc.							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
of Base Rate Fee	☐ First 50 major television market ☐ Second 50 major television market ☐ INSTRUCTIONS:							
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of							
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 							
	NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation							
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)							