This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)		ć	coplicsoa@loc.gov For additional information.
General instructions are located	2/4/2040	\$	contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook	3/1/2019	ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
20182	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period			
B Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent co		liary of another corporation, give the full corp	porate title
Owner List any other name or names under which	n the owner conducts the business of th	e cable system.	
If there were different owners during the single statement of account and royalty fe	.	ne last day of the accounting period should su ing period.	bmit a
Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	37683
LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Atlantic Broadband (Penn) LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)
		Quincy, MA 02169 (City, town, state, zip)
	IN IOT	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	1	Atlantic Broadband
		MAILING ADDRESS OF CABLE SYSTEM:
	2	120 Southmont Blvd. (Number, street, rural route, apartment, or suite number)
		Johnstown, PA 15905 (City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Atlantic Broadband (Penn) LLC	3768
D	Instructions: List each separate community served by the cabl "a separate and distinct community or municipal entity (includ	e system. A "community" is the same as a "community unit" as defined in FCC rules: ding unincorporated communities within unincorporated areas and including single, community that you list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community	
Area Served	identified city.	torninding, of mobile nome parks should be reported in parentileses below the
First	CITY OR TOWN Derry	PA STATE
Community	Decatur	PA
	Lewiston	PA
dd Rows as Necessary		
au nows as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	
Name	Atlantic Broadband (Pe								3768
	SECONDARY TRANSMISSION	SERVICE: SI	IBSCRI	BERS AND R	ATES				
E	In General: The information in s					ry transmission	service of t	he cable	
	system, that is, the retransmission					•			
Secondary	about other services (including p						those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	`		,	,	,	ble system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	e number o	of persons or org	ganizations	charged	
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•					
	category, but do not include disc						is wiu iir a j		
	Block 1: In the left-hand block					condary transmis	ssion servio	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	nore secor	ndary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	wo- or thre	ee-word descript	ion of the s	service is	
	sufficient. BLC	DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	САТ	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SOBSCRIDE			CAT		(VICL	SUBSCRIBERS	
	Service to first set		208	\$39.44	Expand	ded Basic		191	50.3
	Service to additional set(s)			¥00.77	Value			399	89.8
	• FM radio (if separate rate)				Digital	Value		-	71.1
	Motel, hotel		0	\$39.44		Plus Rate		-	93.6
	Commercial		1	\$39.44	g				
	Converter								
	Residential		9	\$4.99					
	Non-residential								
	SERVICES OTHER THAN SEC		NEMIC		-0				
_	In General: Space F calls for rate					all vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There ar		,		0		0()		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any f	ales are c	nargeu on a van	able per-pi	logram basis,	
ransmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a		,		lished. List	t these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	de the ra	ate for each.			1		
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		SORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	7 00 10 00		ation: Non-res	sidential				
	• Pay cable	7.99 - 19.99		tel, hotel mmercial					
	Pay cable—add'l channel Fire protection		-						
	Fire protection			/ cable	honnol				
	•Burglar protection			/ cable-add'l cł e protection	annen				
				•					
	Installation: Residential	50.00			1				
	• First set	50.00 40.00		glar protection					
	First setAdditional set(s)		Other s	services:		40.00			
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Red	services:		40.00			
	First setAdditional set(s)		Other s • Rec • Dise	services: connect connect					
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec • Dis • Out	services:		40.00 40.00 40.00			

counting Period:	2018/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Atlantic Broadband (F	Penn) LLC		37683
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream me air in its community moncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WGAL	8	N	LANCASTER, PA
	WGAL	7	N	HARRISBURG, PA
	WHTM	5	N	HARRISBURG, PA
vs as Necessary	WHVL	3	N	STATE COLLEGE, PA
	WITF	13	E	HARRISBURG, PA
	WXBU	4	<u>L</u>	HARRISBURG, PA
	WABO	6	N	YORK, PA
		0	IN	
	WVIA	9	E	PITTSTON, PA

EGAL NAME OF								SYSTEM
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recei it the Cc I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL DIGIN	AWOTIW	0,0		OALL OIGH	AWOTIW	0/0	LOCATION OF STATION	
						·		

Accounting Perio	od: 2018/2					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Atlantic Broadband (P	enn) LLC					37683
	SUBSTITUTE CARRIAG	E: SPECIA			G		
I		-	-			tion that your apple	eveter carried on a
•	In General: In space I, ident substitute basis during the a						
Substitute	explanation of the programm						
Substitute Carriage:					ne general in		
Special	1. SPECIAL STATEMEN	-					
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network television p	
Program Log	broadcast by a distant sta	tion?				YES	
	Neter If your analyzer in "Ne	" loovotho	reat of this no	an blank If your analysis	"Vaa" vau		
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer is	s res, you i	must complete the p	rogram
	log in block 2.						
	2. LOG OF SUBSTITUTI						
	In General: List each subs				s wherever p	ossible, if their mea	ning is
	clear. If you need more spa						
				vision program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.			lotodini. Elot opoolino progre			
			dcast live, ent	er "Yes." Otherwise enter '	"No."		
				asting the substitute prog			
				the community to which th			or, in
	the case of Mexican or Car						
			when your sy	stem carried the substitute	e program. U	se numerals, with th	e month
	first. Example: for May 7 gi					1.10	
				ogram was carried by you			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program can	ned by a system from 6:01	1:15 p.m. to e	5.26.30 p.m. should	be
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour system was <i>n</i>	equired
	to delete under FCC rules						
	was substituted for program						1
	effect on October 19, 1976			•		-	
						N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						F	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	S	YSTEM ID# 37683
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	9,593.93 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 37683
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	8 56
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Patrick Bratton Telephone	617-786-8800
Information	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip) Email pbratton@atlanticbb.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified mer of the cable system
	Image: Second system X /s/ Patrick Bratton Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Patrick Bratton Title: Chief Financial Officer (Title of official position held in corporation or partnership) Date: February 28, 2019	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
antic Broadband (Penn) LLC	3768
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	
	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	- Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	- Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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