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				
02/25/2019	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

# coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period		2018/2			
B	rate	tructions:  Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the busine if there were different owners during the accounting period, only the owneringle statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID.	ess of the cable system or on the last day of a counting perioa	em the accounting period should s	
	LI	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Verizon New York Inc			
					06262820182
					062628 2018/2
		PO Box 152092, MC:HQE03H19 Irving, TX 75015-2092			
С		STRUCTIONS: In line 1, give any business or trade names used to i			
System	nai	mes already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	the system, if diff	erent from the address give	л in space в.
- Cystem	1	Verizon Fios TV (Queens, NY) VHO 5			
	2	MAILING ADDRESS OF CABLE SYSTEM: 71-40 164th St (Number, street, rural route, apartment, or suite number)			
	_	Flushings, NY 11365			
		(City, town, state, zip code)			
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b
Area	wit	h all communities.	1		
Served		CITY OR TOWN	STATE		
First Community		HEMPSTEAD (TOWN)	NY		
	E	telow is a sample for reporting communities if you report multiple cha		•	OUR ORD#
	Alc	CITY OR TOWN (SAMPLE)	STATE MD	CH LINE UP	SUB GRP#
Sample	-	ance	MD	A B	2
		ring	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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062628 Verizon New York 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 Area 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 of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. 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. STATE CH LINE UP SUB GRP# CITY OR TOWN **HEMPSTEAD (TOWN)** NY **First** AIRMONT (VILLAGE) NY A 4 Community AMITYVILLE (VILLAGE) NY 6 Α ARDSLEY (VILLAGE) NY 6 **ASHAROKEN (VILLAGE)** NY Α 6 ATLANTIC BEACH (VILLAGE) NY 6 Α See instructions for **BABYLON (TOWN)** NY A 6 additional information on alphabetization. **BAXTER ESTATES (VILLAGE)** NY Α 6 **BAYVILLE (VILLAGE)** NY 6 6 **BEDFORD (TOWN)** NY Α **BELLEROSE (VILLAGE)** NY 6 Α Add rows as necessary. **BRIARCLIFF MANOR (VILLAGE)** NY A 6 6 **BRIGHTWATERS (VILLAGE)** NY Α **BRONXVILLE (VILLAGE)** NY 6 **BUCHANAN (VILLAGE)** NY Α 6 NY 4 CARMEL (TOWN) **CEDARHURST (VILLAGE)** NY 6 CENTRE ISLAND (VILLAGE) NY Α 6 **CHESTNUT RIDGE (VILLAGE)** NY 6 Α **CLARKSTOWN (TOWN)** NY 6 **CORNWALL (TOWN)** Α 4 **CORNWALL ON HUDSON (VILLAGE** NY 4 CORTLANDT (TOWN) NY Α **COVE NECK (VILLAGE)** NY 6 Α **DOBBS FERRY (VILLAGE)** NY Α 6 NY Α 6 **EAST HILLS (VILLAGE) EAST ROCKAWAY (VILLAGE)** NY 6 Α **EAST WILLISTON (VILLAGE)** NY Α 6 **EASTCHESTER (TOWN)** NY Α 6 **ELMSFORD (VILLAGE)** NY A 6 **FARMINGDALE (VILLAGE)** NY 6 2 FISHKILL (TOWN) NY A FISHKILL (VILLAGE) NY Δ 2 FLORAL PARK (VILLAGE) NY FLOWER HILL (VILLAGE) NY A 6 NY FREEPORT (VILLAGE) Α **GARDEN CITY (VILLAGE)** NY 6 A **GLEN COVE CITY** NY **GRAND VIEW-ON-HUDSON (VILLAGE)** NY 6 **GREAT NECK (VILLAGE)** NY Α 6 **GREAT NECK ESTATES (VILLAGE)** NY 6 **GREAT NECK PLAZA (VILLAGE)** NY 6

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GREENBURGH (TOWN)	NY	Α	6
CREENWICH (TOWN)	СТ	В	7
GREENWICH (TOWN)	C I	Ь	1
HARRISON (TOWN)	NY	Α	6
HASTINGS-ON-HUDSON (VILLAGE)	NY	Λ	6
TASTINGS-ON-TIODSON (VILLAGE)	<b> </b>	^	0
HAVERSTRAW (TOWN)	NY	Α	4
HAVERSTRAW (VILLAGE)	NY	Δ	4
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HEAD OF THE HARBOR (VILLAGE)	NY	Α	5
HEMPSTEAD (VILLAGE)	NY	Δ	6
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HEWLETT BAY PARK (VILLAGE)	NY	Α	6
HEWLETT HARBOR (VILLAGE)	NY	Α	6
LIII L DUDN (VIII L ACE)	<b></b>	Α	4
HILLBURN (VILLAGE)	NY	A	4
HUNTINGTON (TOWN)	NY	Α	6
HUNTINGTON BAY (VILLAGE)	NIV	Λ.	6
HUNTINGTON BAT (VILLAGE)	NY	A	0
IRVINGTON (VILLAGE)	NY	Α	6
	NY	Λ	<b>E</b>
ISLIP (TOWN)		A	5
KENSINGTON (VILLAGE)	NY	Α	6
KENT (TOWN)	NY	۸	1
KENT (TOWN)	<b> </b>	^	-
KINGS POINT (VILLAGE)	NY	Α	6
LAKE GROVE (VILLAGE)	NY	Λ	5
LAKE GROVE (VILLAGE)		_	3
LAKE SUCCESS (VILLAGE)	NY	Α	6
LARCHMONT (VILLAGE) LAUREL HOLLOW (VILLAGE)	NY	Δ	6
EARTHWAY (VIELACE)		· ·	0
LAUREL HOLLOW (VILLAGE)	NY	Α	6
LAWRENCE (VILLAGE)	NY	Δ	6
		· ·	0
LINDENHURST (VILLAGE)	NY	Α	6
LLOYD HARBOR (VILLAGE)	NY	Δ	6
	ł	7	•
LONG BEACH CITY	NY	Α	6
LYNBROOK (VILLAGE)	NY	Δ	6
MALVEDNE AULAGE		^.	•
MALVERNE (VILLAGE)	NY	Α	ь
MAMARONECK (TOWN)	NY	Α	6
MAMADONICK (VIII. ACE)	<b></b>	Α.	Č
MAMARONECK (VILLAGE)	NY	A	ь
MANOPHAVEN (VIII AGE)	NY	Α	6
MASSAPEQUA PARK (VILLAGE)	NIV	Λ	G
MASSAFEQUA FARR (VILLAGE)	NY	Α	0
MILL NECK (VILLAGE)	NY	Α	6
MINEOLA (VILLAGE)	NY	۸	6
MINLOLA (VILLAGL)		^	0
MONTEBELLO (VILLAGE)	NY	Α	4
MOUNT KISCO (TOWN)	NY	Α	6
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MOUNT PLEASANT (TOWN)	NY	Α	6
MOUNT VERNON (CITY)	NY	Α	6
MUNOEV DADICAMULACE)			
MUNSEY PARK (VILLAGE)	NY	Α	6
NEW CASTIE (TOWN)	NY	Α	6
NEW HEMPSTEAD (VILLAGE)	<b> </b>	Λ	4
NEW HEMPS LEAD (VILLAGE)	NY	A	4
NEW HYDE PARK (VILLAGE)	NY	Α	6
NEW POCHELLE (CITY)	NY	Λ	6
NEW ROCHELLE (CITY)	<b>{</b>	Α	0
NEW YORK (CITY)	NY	Α	6
NEWBURGH (CITY)	NY	Α	2
	<b> </b>	A	3
NEWBURGH (TOWN)	NY	Α	3
NISSEQUOGUE (VILLAGE)	NY	Δ	5
			9
NORTH CASTLE (TOWN)	NY	Α	6
NORTH CASTLE (TOWN) NORTH HEMPSTEAD (TOWN)	NY	Δ	6
NORTH III O LAN (10111)			0
NORTH HILLS (VILLAGE)	NY	Α	6
NORTHPORT (VILLAGE)	NY	Δ	6
NVACK (//II LACE)	<b> </b>	^	0
NYACK (VILLAGE)	NY	Α	б
OLD FIELD (VILLAGE)	NY	Α	5
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OSSINING (TOWN)	NY	Α	6
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PEEKSKILL (CITY)	NY	Α	4
PELHAM (VILLAGE)	NY	Α	6
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PIERMONT (VILLAGE)	NY	Α	6
PLANDOME (VILLAGE)	NY	Δ	6
PLANDOME HEIGHTS (VILLAGE)	·	^	6
PLANDOWE REIGHTS (VILLAGE)	NY	A	0
PLANDOME MANOR (VILLAGE)	NY	Α	6
PLEASANTVILLE (VILLAGE)	NY	Α	6
POMONA (VILLAGE)	NY	Α	4
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PORT CHESTER (VILLAGE)  PORT WASHINGTON NORTH (VILLAGE)  POLICHKEEPSIE (CITY)		<b>A</b>	0
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FOOGINEEFSIE (CITT)	NY	Α	1
POUGHKEEPSIE (TOWN)	NY	Α	1
POUND RIDGE (TOWN)	NY	Α	6
POUND RIDGE (TOWN)	NY	Α	4
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ROCKVILLE CENTRE (VILLAGE)		A	0
ROSETN (VILLAGE)	NY	Α	6
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ROSLYN HARBOR VILLAGE	NY	Α	6
RUSSELL GARDENS (VILLAGE)	NY	Δ	6
	NY	^	6
RYE (CITY)	·	A	0
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SCARSDALE (TOWN) SEA CLIFF (VILLAGE)	NY	Α	6
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New York Inc

SYSTEM ID#

062628

# Ε

## Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOC	K 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	OODOONIBLING	IVAIL	H	OATEGORY OF GERVIOL	OOBOOKIBEKO	TVATE
Service to first set	985,153	\$ 25.00				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	23,421	\$ 35.00				
Converter						
Residential						
Non-residential						

# F

# Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2					
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential			
Pay cable	\$	15.00	Motel, hotel		See Tab Attachment B	
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			
Fire protection			Pay cable			
Burglar protection			Pay cable-add'l channel			
Installation: Residential			Fire protection			1
<ul> <li>First set</li> </ul>	\$	99.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	\$		Other services:			
• FM radio (if separate rate)			Reconnect			
Converter			Disconnect			
			Outlet relocation	\$ 65.00		1
			Move to new address			

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation	65.00	69.99
Block 2		
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	54.99	N/A
Fios TV Mundo	49.99	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
НВО	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Ride TV	N/A	5.00
Starz/Encore	15.00	N/A
Fios Prepaid Service Offering:		
25 Mbps Internet	60.00	N/A
50 Mbps Internet	65.00	N/A
TV Mundo	40.00	N/A
TV Mundo Total	50.00	N/A
Custom TV Kids & Pop	40.00	N/A
Custom TV Sports & News	50.00	N/A
Custom TV Action & Entertainment	40.00	N/A
Custom TV News & Variety	50.00	N/A
Custom TV Lifestyle & Reality	40.00	N/A
Custom TV Infotainment & Drama	40.00	N/A
Custom TV Home & Family	50.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
Playboy	16.99	N/A
International Premium On Demand	Varies	Varies
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies

Category of Service	Residential Rate	Commercial Rate
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box First two boxes	12.00	11.99
Set-Top Box: Boxes 3-5	6.00	11.00
Set-Top Box: 6+ boxes	No charge	
Fios Quantum Gateway Router	N/A	9.99
Fios Wireless Router	10.00	N/A
Fios Advanced Wi-Fi Router	7.99	N/A
HD Business Media DVR	N/A	26.99
HD Digital DVR	N/A	23.99
Fios TV Activation Fee	N/A	99.99
DVR Service	12.00	99.99 N/A
Multi-room DVR Service	15.00	N/A N/A
Multi-room DVR Service  Multi-room DVR Enhanced Service	20.00	N/A N/A
Multi-room DVR Premium Service	30.00	N/A
Agent Assistance Fee	7.00	IN/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
Existing Outlet Connection Subsequent	65.00	34.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	15.00	15.00
Specialty DVR Upgrade	50.00	N/A
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
Set-Top Box Retrieval Fee	N/A	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	110.00	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged Wireless Router	100.00	100.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

FORM SA3E. PAGE 3	l					1
LEGAL NAME OF O		YSTEM:			SYSTEM ID#	Namo
Verizon New					062628	
carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program be Substitute Basis basis under specifc Do not list the stati station was carrie List the station here basis. For further in the paper SA3 Column 1: List eeach multicast strea	e G, identify ever e system during t ations in effect o 76.61(e)(2) and ( assis, as explaine s Stations: With FCC rules, regula on here in space ed only on a subs e, and also in spa information cond form. ach station's call m associated wit	y television st he accounting n June 24, 19 (4), or 76.63 (red) din the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substif sign. Do not the	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: the it in space I (the ation was carried tute basis station report origination cording to its ov	(1) stations carried carriage of cert. 1(e)(2) and (4))]; as carried by your case Special Statement both on a substitute, see page (v) on program service er-the-air designa	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example	G Primary Transmitters: Television
WETA-simulcast).  Column 2: Give its community of lice on which your cable Column 3: Indicated actional station, (for independent mu For the meaning of the Column 4: If the planation of local se Column 5: If you	the channel numbers. For example system carried thate in each case to by entering the letticast), "E" (for nothese terms, see station is outside rvice area, see pur have entered "Y	ber the FCC he, WRC is Che station.  whether the stater "N" (for noncommercial page (v) of the the local servage (v) of the es" in column	nas assigned to annel 4 in Wash tation is a netwo etwork), "N-M" ( il educational), o e general instruc- vice area, (i.e. "o general instruct 4, you must cor	the television statington, D.C. This ork station, an indefor network multicor "E-M" (for noncotions located in the distant"), enter "Yeions located in themplete column 5,	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial east), "I" (for independent), "I-M" ommercial educational multicast). The paper SA3 form. es". If not, enter "No". For an ex-	
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carried the distant st For the retransmi of a written agreeme the cable system an tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utilized.	attion on a part-ti- sission of a distant- ent entered into o d a primary trans- or simulcasts, als- three categories the location of ea- or Canadian static zing multiple chain  2. B'CAST CHANNEL NUMBER  2 33 4 5 48 7 9 57 11 47 13 68 68 63 43 21	me basis becat multicast stren or before Jumitter or an a o enter "E". If o, see page (v. ch station. Foons, if any, givenel line-ups,  CHANN  3. TYPE  OF STATION  N  I  N  I  N  I  I  N  E  I  I  E	eam that is not some 30, 2009, be specially be specially be specially controlled the special of U.S. stations, the the name of the use a separate of U.S. stations, the the name of the use a separate of U.S. stations, the the name of the use a separate of U.S. stations, the the name of the use a separate of U.S. stations, the the name of the use a separate of U.S. stations, the the name of the use a separate of U.S. stations, the name of the use a separate of U.S. stations, the name of the use a separate of U.S. stations, the name of the use of the use of the name of the use of the name of the use of the use of the name of the use of the name of the use of the use of the name of the use of the use of the name of the use of the use of the name of the use of the use of the name of the use of t	subject to a royalty etween a cable system and cable system and channel on any of instructions locate list the community with space G for each  A  5. BASIS OF CARRIAGE (If Distant)  O	capacity.  y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ad in the paper SA3 form.  y to which the station is licensed by the my which the station is identifed. In the channel line-up.  6. LOCATION OF STATION  New York  Middletown Twp  New York  Kingston  New York  Secaucus  Riverhead  New York  Llen  Newark  Newark  Newark  Newton  Bridgeport  Garden City	additional information

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New York Inc 062628 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 **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 the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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 multicast 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 channel 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (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 explanation 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 your 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 representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further 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 identifed. 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** OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) WXTV 41 No **Paterson** WABC - ABC Live 7 N-M No **New York** See instructions for additional information 56 Ν No **WCBS-simulcast New York** on alphabetization. 33 No WJLP-simulcast ı Middletown Twp 28 Ν No **New York** WNBC-simulcast **WNYW-simulcast** 44 ı No **New York** No **WRNN-simulcast** 48 Kingston Ν WABC-simulcast 45 No New York **WWOR-simulcast** 38 ı No Secaucus 57 ı No Riverhead WLNY-simulcast CW - WPIX-simulo 33 ı No **New York** WNJU-simulcast 36 Ν No Linden **WNET-simulcast** 61 Ε Yes Ε Newark WFUT-simulcast 68 ı No Newark WMBC-simulcast 63 ı No Newton 43 **WZME-simulcast** ı No **Bridgeport Garden City** WLIW-simulcast 21 Ε Yes Ε WNJN-simulcast 51 Ε Ε Montclair Yes

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New York Inc 062628 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 **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 the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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 multicast 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 channel 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (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 explanation 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 your 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 representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER **STATION** (If Distant) **WNYE-simulcast** 25 Ε **New York** Yes WPXN-simulcast 31 ı No **New York** See instructions for additional information 40 **Paterson WXTV-simulcast** ı No on alphabetization. No **New York** Cozi TV [WNBC] 4 N-M 36 N-M No Lien WNJU TeleExitos Antenna TV [WPI] 11 I-M No **New York** WABC ABC LAFF 7 N-M No **New York Garden City WLIW Create** 21 E-M Yes 0 **WNET Thirteen P** 0 13 E-M Yes Newark **WLIW World** 21 Yes 0 **Garden City** E-M WXTV Bounce T\ 40 I-M No **Paterson WMBC New Tang** 63 I-M No Newton **WPIX TBD TV** 11 E-M No Secaucus WNJN NHK World 50 E-M Yes 0 **New York WCBS Decades** 56 N-M No **New York** WCBS StartTV 56 N-M No **New York** WJLP Grit TV 33 I-M No Middletown Twp **WJLP Escape TV** 33 I-M No Middletown Twp

Verizon New York 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 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 programs under specific FCC rules, regulations, or authorizations:  *Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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. Identicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).	ram	Rame  G  Primary  Transmitters:  Television
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 sais 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 other 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. Identicated multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example	s) r a ram	Primary Transmitters:
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Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.		
CHANNEL LINE-UP AA		
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION		
SIGN CHANNEL OF (Yes or No) CARRIAGE (If Distant)		
3.3   (3.3)   3.3		
NUMBER STATION (If Distant)		e instructions for
NUMBER STATION (If Distant)  WWOR Buzzr 38 I-M No Secaucus	ade	e instructions for Iditional information
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes &         38         I-M         No         Secaucus	ade	
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes & 38         I-M         No         Secaucus           WPIX This TV         11         I-M         No         New York	ade	ditional information
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes & 38         I-M         No         Secaucus           WPIX This TV         11         I-M         No         New York           WPXN qubo         31         I-M         No         New York	ade	ditional information
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes &         38         I-M         No         Secaucus           WPIX This TV         11         I-M         No         New York           WPXN qubo         31         I-M         No         New York           WPXN ION Life         31         I-M         No         New York           WNYW Movies!         44         I-M         No         New York	ade	ditional information
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes & 38         I-M         No         Secaucus           WPIX This TV         11         I-M         No         New York           WPXN qubo         31         I-M         No         New York           WPXN ION Life         31         I-M         No         New York           WNYW Movies!         44         I-M         No         New York           WFUT getTV         68         I-M         Newark	ade	ditional information
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes &         38         I-M         No         Secaucus           WPIX This TV         11         I-M         No         New York           WPXN qubo         31         I-M         No         New York           WPXN ION Life         31         I-M         No         New York           WNYW Movies!         44         I-M         No         New York	ade	ditional information
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes & 38         I-M         No         Secaucus           WPIX This TV         11         I-M         No         New York           WPXN qubo         31         I-M         No         New York           WPXN ION Life         31         I-M         No         New York           WNYW Movies!         44         I-M         No         New York           WFUT getTV         68         I-M         Newark	ade	ditional information
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes & 38         I-M         No         Secaucus           WPIX This TV         11         I-M         No         New York           WPXN qubo         31         I-M         No         New York           WPXN ION Life         31         I-M         No         New York           WNYW Movies!         44         I-M         No         New York           WFUT getTV         68         I-M         Newark	ade	ditional information
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes & 38         I-M         No         Secaucus           WPIX This TV         11         I-M         No         New York           WPXN qubo         31         I-M         No         New York           WPXN ION Life         31         I-M         No         New York           WNYW Movies!         44         I-M         No         New York           WFUT getTV         68         I-M         Newark	ade	ditional information
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes & 38         I-M         No         Secaucus           WPIX This TV         11         I-M         No         New York           WPXN qubo         31         I-M         No         New York           WPXN ION Life         31         I-M         No         New York           WNYW Movies!         44         I-M         No         New York           WFUT getTV         68         I-M         Newark	ade	ditional information
NUMBER         STATION         (If Distant)           WWOR Buzzr         38         I-M         No         Secaucus           WWOR Heroes & 38         I-M         No         Secaucus           WPIX This TV         11         I-M         No         New York           WPXN qubo         31         I-M         No         New York           WPXN ION Life         31         I-M         No         New York           WNYW Movies!         44         I-M         No         New York           WFUT getTV         68         I-M         Newark	ade	ditional information
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G

**Primary** 

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New York Inc

SYSTEM ID#

Name

Name

#### 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.
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**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 multicast 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 channel 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (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 explanation 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 your 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.

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**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	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
WCBS	2	N	No		New York
WJLP	33	I	No		Middletown Twp
WNBC	4	N	No		New York
WNYW	5	I	No		New York
WRNN	48	I	No		Kingston
WABC	7	N	No		New York
WWOR	9	I	No		Secaucus
WLNY	57	ı	No		Riverhead
WPIX	11	I	No		New York
WNJU	47	N	No		Llen
WNET	13	E	No		Newark
WTNH	8	N	No		New Haven
WCCT	20	ı	No		Waterbury
WFUT	68	I	No		Newark
WMBC	63	I	No		Newton
WZME	43	I	No		Bridgeport
WLIW	21	E	No		Garden City
WEDH	24	Е	Yes	0	Hartford

G

**Primary** 

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New York Inc

SYSTEM ID#

Name

Name

#### 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 other 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 multicast 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 channel 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (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 explanation 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 your 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 representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further 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	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
WNJN	50	E	No		Montclair
WNYE	25	E	No		New York
WPXN	31	I	No		New York
WXTV	41	I	No		Paterson
WABC - ABC Live	7	N-M	No		New York
WCBS-simulcast	56	N	No		New York
WJLP-simulcast	33	I	No		Middletown Twp
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WRNN-simulcast	48	I	No		Kingston
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	I	No		Secaucus
WLNY-simulcast	57	I	No		Riverhead
CW - WPIX-simul	33	I	No		New York
WNJU-simulcast	36	N	No		Linden
WNET-simulcast	61	E	No		Newark
WTNH-simulcast	8	N	No		New Haven
WCCT-simulcast	20	I	No		Waterbury

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Verizon New York Inc** 062628 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.

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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 multicast 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 channel 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (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 explanation 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 your 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.

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

		CHANN	EL LINE-UP	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
WFUT-simulcast	68	I	No		Newark
WMBC-simulcast	63	I	No		Newton
WZME-simulcast	43	I	No		Bridgeport
WLIW-simulcast	21	E	No		Garden City
WEDH-simulcast	24	E	Yes	E	0
WNJN-simulcast	51	E	No		Montclair
WNYE-simulcast	25	E	No		New York
WPXN-simulcast	31	I	No		New York
WXTV-simulcast	40	I	No		Paterson
Cozi TV [WNBC]	4	N-M	No		New York
WNJU TeleExitos	36	N-M	No		Lien
Antenna TV [WPI	11	I-M	No		New York
WABC ABC LAFF	7	N-M	No		New York
WLIW Create	21	E-M	No		Garden City
WNET Thirteen P	13	E-M	No		Newark
WLIW World	21	E-M	No		Garden City
WXTV Bounce TV	40	I-M	No		Paterson
WMBC New Tang	63	I-M	No		Newton

G

**Primary** Transmitters: Television

G

**Primary** 

Transmitters:

Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Verizon New York Inc** 062628 PRIMARY TRANSMITTERS: TELEVISION

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

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Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation 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 your 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.

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

		CHANN	EL LINE-UP	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
WPIX TBD TV	11	E-M	No		Secaucus
WNJN NHK World	50	E-M	No		New York
WCBS Decades	56	N-M	No		New York
WCBS StartTV	56	N-M	No		New York
WJLP Grit TV	33	I-M	No		Middletown Twp
WJLP Escape TV	33	I-M	No		Middletown Twp
WWOR Buzzr	38	I-M	No		Secaucus
WWOR Heroes &	38	I-M	No		Secaucus
WPIX This TV	11	I-M	No		New York
WPXN qubo	31	I-M	No		New York
WPXN ION Life	31	I-M	No		New York
WNYW Movies!	44	I-M	No		New York
WCCT This TV	20	I-M	No		Waterbury
WFUT getTV	68	I-M	No		Newark
WZME CNC World	43	I-M	No		Bridgeport

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062628 Verizon New York 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2018/2
LEGAL NAME OF OWNER OF Verizon New York Inc	CABLE SYST	EM:					SYSTEM ID# 062628	Name
SUBSTITUTE CARRIAGE					4b4			ı
In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or a	uthorizations	. For a further	Substitute
explanation of the programm  1. SPECIAL STATEMENT				e general ilisti	uctions loc	ateu iii tile p	aper SAS IOIIII.	Carriage:
During the accounting per broadcast by a distant star		r cable system	carry, on a substitute basi	s, any nonne	twork telev	ision progra	m <b>X No</b>	Special Statement and
Note: If your answer is "No		rest of this paç	ge blank. If your answer is '	'Yes," you mι	ust complet			Program Log
log in block 2.  2. LOG OF SUBSTITUTE	PROGRA	MS						
In General: List each subs	titute progra	ım on a separa		wherever pos	sible, if the	ir meaning i	S	
clear. If you need more spa Column 1: Give the title			al pages. ision program (substitute p	rogram) that,	during the	accounting		
period, was broadcast by a under certain FCC rules, re	distant stat	ion and that your authorization	our cable system substitute s. See page (vi) of the gen	d for the prog eral instruction	ramming o	f another sta	ation r	
SA3 form for futher informa	tion. Do no	t use general o	categories like "movies", or				<u>'</u>	
	n was broad	dcast live, ente	r "Yes." Otherwise enter "N					
			sting the substitute progra ne community to which the		nsed by the	e FCC or. in		
the case of Mexican or Car	adian statio	ons, if any, the	community with which the	station is ider	ntified).			
first. Example: for May 7 given	ve "5/7."		tem carried the substitute p	_				
<b>Column 6:</b> State the time to the nearest five minutes.			gram was carried by your or ed by a system from 6:01:				ely	
stated as "6:00-6:30 p.m."	·		• •	·	•			
to delete under FCC rules a			was substituted for progra iring the accounting period				<b>3</b> 0	
gram was substituted for prefect on October 19, 1976.		that your syste	em was permitted to delete	under FCC r	ules and re	egulations in		
Check on October 10, 1070.	•			14/1/15	-N. OLIDOT			
S	SUBSTITUT	E PROGRAM	I		EN SUBST IAGE OCC		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. FROM	TIMES TO	DELETION	
	163 01 110	CALL SIGN	4. STATIONS ECCATION	AND DAT	TROW	_ 10		
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ACCOUNTING	PERIOD: 2018/2	FORM SA3E. PAGE 6.
.,	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Verizon New York Inc	062628
J	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 are hours your system carried that station. If you need more space, please attach additional pages.	nd
Part-Time Carriage Log	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.	า

- curred 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
- 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."

			ND HOURS C						
CALL SIGN	WHEN CARRIAGE OCCURRED			CALL	SIGN	WHEN CARRIAGE OCCURRED			
	DATE	HOURS FROM	то			DATE	FROM	OUR	S TO
		_						_	
								_	
		_						_	
		_						_	
								_	
		_							

	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM	ID#				
Ver	izon New York Inc		0620	328	Name			
Inst all a (as pag	Coss Receipts ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	ondary	y transmission service	<u> </u>	<b>K</b> Gross Receipts			
IIVIF	ONTANT: Tou must complete a statement in space F concerning gross receipts.		(Amount or gross receipts)					
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>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.</li> <li>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.</li> </ul>								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e ente	ered on line 1 of					
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be clow.	entere	ed on line 2 in block					
	ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	e entered on line					
Block 1	<b>MINIMUM FEE:</b> 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.		.064 percent of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$ 352,236,175.85	-				
	This is your minimum fee.	\$	3,747,792.91					
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 colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and control of the control	nn 4, ; od?	you must check					
Block 3	Line 1. <b>BASE RATE FEE:</b> 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		\$ 302,715.51	_				
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	<u> </u>				
	Line 3. Add lines 1 and 2 and enter here	\$	302,715.51					
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		\$ 3,747,792.91	_	Cable systems			
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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.	٢	0.0	0	submitting additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	<u>)                                    </u>	Section 111(d)(7) should contact			
	Line 4. FILING FEE		\$ 725.00	<u> </u>	the Licensing additional fees. Division for the			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	3,748,517.91		appropriate form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See p	page (i) of the					

Name		STEM ID#								
	Verizon New York Inc	062628								
<b>M</b> 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 432									
N Individual to Be Contacted	we can contact about this statement of account.)  ual to									
for Further	Name Brad Wright Telephone 972-444-5553									
Information										
	Address PO Box 152092, MC: HQE03H19 (Number, street, rural route, apartment, or suite number)  Irving, TX 75015-2092 (City, town, state, zip)									
	(City, town, state, zip)									
	Email brad.wright@verizon.com Fax (optional) 877-875-8841									
0	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system in line 1 of space B.	1								
	• 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)]									
	/s/ Veronica C. Glenon									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.									
	Typed or printed name: Veronica C. Glennon									
	Title: Assisstant Secretary, Verizon New York Inc.  (Title of official position held in corporation or partnership)  Date: March 1, 2019									

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor 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 sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon New York Inc  062628	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."  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 made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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)	
** 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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

**ACCOUNTING PERIOD: 2018/2** 

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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 be all the control of the	

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 C 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 or 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 particula 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  $\varepsilon$  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, ir 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 Fee/Base 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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
  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 SCHEDULE

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
 1.064% of gross receipts

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

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.

- Calculate a separate base rate fee for each subscriber group, using
   the rates given above;
   the total number of DSEs for that group's complement of stations;
   and
   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:

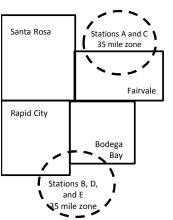
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 Carried		Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	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 DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

linimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	00.004.00

		<b>40,0000</b>			
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)

**ACCOUNTING PERIOD: 2018/2** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			SY	STEM ID#
1	Verizon New York Inc					062628
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:			
	Add the DSEs of each station.					
	Enter the sum here and in line	1 of part 5 of this	schedule.		2.25	
	Instructions:			•		•
2	In the column headed "Call S	ign": list the call	signs of all distant stations	identified by t	the letter "O" in column 5	
• • •	of space G (page 3).		and and adaption and as the DOS	= #4 O". F		
Computation of DSEs for	In the column headed "DSE": mercial educational station, give			as 1.0; for	each network or noncom-	
Category "O"	merciai eddeationai station, give	C THE DOL 43 .2	CATEGORY "O" STATION	IS: DSFs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Otations	WLIW	0.250	O/ ILL OIGH	DOL	O/ IEE OIOIT	DOL
	WLIW Create	0.250				
	WLIW World	0.250				
	WNJN					
	WNJN NHK World	0.250				 
Add rows as	WNJN NHK World	0.250				
necessary.	WNYE	0.250 0.250				
Remember to copy	WNET					
all formula into new	WNET Thirteen PBS Kid	0.250				
rows.	WEDH	0.250				
10W3.						
				ļ		<u> </u>
						<u> </u>
				ļ		

Name	Verizon New	WNER OF CABLE SYSTEM:  York Inc					S	YSTEM ID# 062628
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should c Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	t the call sign of all dista For each station, give torrespond with the infor For each station, give to Divide the figure in coluat least to the third decire. For each independent salue as ".25."	he number of hormation given in she total number of the total number of the figure of	urs your cable syste pace J. Calculate or of hours that the stare in column 3, and the "basis of carriag type-value" as "1.0." ure in column 5, and	m carried the stanly one DSE for etion broadcast ovigive the result in ge value" for the standard for the st	tion during the accountine each station. er the air during the accordecimals in column 4. Ti	counting period.  this figure must a cational station,  less than the	
Capacity		C	ATEGORY L	AC STATIONS:	COMPUTATI	ON OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	IR 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		E
						x		
						x		
			·······÷		=	x x	=	
			÷		=	x	=	
						x		
			÷		=	x	= =	
	Add the DSEs o	OF CATEGORY LAC S if each station. in here and in line 2 of p		dule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effections in effections in effections and the space I).     Column 2: Fat your option. Table Column 3: Ecolumn 4: Descriptions	ct on October 19, 1976 ( ne or more live, nonnetwood or each station give the first figure should correst enter the number of days divide the figure in columnets.	itution for a progras shown by the ork programs durinumber of live, respond with the institute in the calendar in 2 by the figure	ram that your system letter "P" in column mg that optional carr monnetwork program formation in space I year: 365, except in in column 3, and gi	n was permitted to remain the space 1); and in age (as shown by the security as carried in substance a leap year.	o delete under FCC rule	2 of twere deleted as than the third	m).
		SU	BSTITUTE-B	ASIS STATION	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		4		= <u> </u>
		÷		=		4	+	=
		÷		=		4	-	=
		÷		=		-	÷	=
	Add the DSEs o	OF SUBSTITUTE-BAS If each station. In here and in line 3 of p		dule,		0.00		
<b>5</b> Total Number of DSEs	number of DSEs  1. Number of  2. Number of	R OF DSEs: Give the am applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		xes in parts 2, 3, and	I 4 of this schedul	e and add them to provide	2.25 0.00 0.00	
	TOTAL NUMBER	R OF DSEs				•	•	2.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/2

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 062628	Name
Instructions: Block In block A:  If your answer if 'schedule.  If your answer if '	'Yes," leave the re	emainder of p		7 of the DSE sche	edule blank an	d complete pa	art 8, (page 16) of	the	6
Is the cable system effect on June 24,	•			ELEVISION MA		ection 76.5 of	FCC rules and re	gulations in	Computation of 3.75 Fee
I =	plete part 8 of the lete blocks B and		OO NOT COME	PLETE THE REMA	AINDER OF P	ART 6 AND 7	,		
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	tion of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursu: *F A station pre	ules and reguled pursuant to as defined all educations or DSE schedant to individuation with the station with the station will be station will	lations cited be to the FCC ma d in 76.5(kk) (7 al station [76.5: 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B o	ne or substitute ba contour, [76.59(d)(	use in effect on (6.57, 76.59(b)) e)(1), 76.63(a) 63(a) referring bstitution of gr	June 24, 198 1, 76.61(b)(c), 1) referring to 7 1 to 76.61(d) 1) randfathered s	76.63(a) referring		
Column 3:		e stations ide	entified by the le	parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WLIW	С	0.25	WNET	С	0.25				
WLIW Crea	M		WNET Thir		0.25				
WLIW Worl	M	0.25	WEDH	С	0.25				
WNJN	С	0.25							
WNJN NHK	M	0.25							
WNYE	С	0.25							
		I			l I				
								2.25	
		В	LOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			<del>,</del>		
Line 2: Enter the	sum of permitte	ed DSEs from	m block B abo	ove					
Line 3: Subtract (If zero, le				r of DSEs subject 7 of this schedu		rate.	•		
Line 4: Enter gro	ss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter so	um here				. x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 aı	nd enter her	e and on line	2, block 3, space	e L (page 7)			0.00	

	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:							S	YSTEM ID#	ŧ
Name	Verizon New Yo	ork Inc									062628	3
	Instructions: You	must complete	a this works	sheet for	those stations	ide	entifed by the letter	"F" in column	2 of block B. n	art 6 (i 4		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	A—Part-time sp 76.59( B—Late-night pr 76.61( S—Substitute ca	or to June 25, call sign for ea the DSE for the accounting the basis of CC rules and ecialty program (d)(1),76.61(e. ogramming: (e)(3)).	1981, under distant his station of g period ar arriage on regulations mming: Ca (1), or 76.6 Carriage ur certain FC6	er former station ic for a sing and year in which the cited be arriage, or 63 (referender FCC C rules, r	FCC rules go dentifed by the gle accounting in which the case station was colow pertain to na part-time being to 76.61(et rules, section regulations, or	ver let per rria carr tho asi )(1) s 7	ning part-time and ster "F" in column 2 iriod, occurring betwide and DSE occurried by listing one of see in effect on Junes, of specialty programmers.	substitute carrof part 6 of the een January ed (e.g., 1981 f the following e 24, 1981. ramming under (3), or 76.63	iage. DSE schedule 1, 1978 and Jul /1) letters er FCC rules, se (referring to	e ne 30, 19		
	Column 5: Indicate Column 6: Compare in block  IMPORTANT: The	e the DSE figu B, column 3 o	ures listed i of part 6 for	in columr r this stat	ns 2 and 5 and ion.	l lis	t the smaller of the	two figures he	ere. This figure	should t		
	statement of account							,		J		
		PERMITT	ED DSE F	OR STA	TIONS CARRI	ED	ON A PART-TIME	AND SUBST	TUTE BASIS			
	1. CALL SIGN	2. PRIO DSE			OUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE	
										•••••		
										• • • • • • • • • • • • • • • • • • • •		
												•••
<b>7</b> Computation of the	Instructions: Block A In block A: If your answer is	"Yes," comple	ete blocks i			e na	art 8 of the DSE sch	edule				
Syndicated	your unoner to	,										+
•				BLOCK	A: MAJOR	11	ELEVISION MAR	KEI				_
Exclusivity Surcharge	Is any portion of the of Yes—Complete	,		100 majo	r television ma	rket	t as defned by section		rules in effect J	lune 24,	1981?	
	DI OCK B. C	orriage of V/H	E/Crado P	Contour	Stations		DI C	OCK C: Comp	utation of Exem	nt DSE		_
	Is any station listed in commercial VHF stati or in part, over the ca	on that places	art 6 the pri	mary stre	eam of a		Was any station lis nity served by the o to former FCC rule	ted in block B	of part 7 carrie	ed in any	commu-	
	Yes—List each s  X No—Enter zero a	tation below wit		oriate pern	nitted DSE			h station below	with its appropri	ate permi	tted DSE	
	CALL SIGN	DSE	CALL S	SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE	
									-			
			-						_			
		<del></del>	TOTAL	DSEs	0.00				TOTAL DS	SEs .	0.00	

LEGAL NA	WE OF OWNER OF CABLE SYSTEM:  Verizon New York Inc  SYSTEM  0626		Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	.85	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	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	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X 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)		
	C. Subtract 1.000 from total permitted DSEs (the figure 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		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	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		
Section 4a	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 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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	\	Verizon New York Inc	062628
<b>7</b> 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.  F. Multiply line D by line E and enter here.  S. 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 mi 6 was 6 • 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 becated 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	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	_	Yes—Complete part 9 of this schedule.  No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	_
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).  B. Enter 0.00701 of gross receipts (the amount in section 1).  C. Subtract 1.000 from total DSEs (the figure 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 base rate fee. Enter here and in block 3, line 1, space L (page 7)	-
		Base Rate Fee	<u></u> .

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/2

	AME OF OWNER OF CABLE SYSTEM:  On New York Inc  O62	M ID# 2628 Name
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  (the amount in section 1) ▶\$	8
	B. Enter 0.00701 of gross receipts  (the amount in section 1) \$	Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here <b>▶</b>	Dase Rate Fee
	D. Enter 0.00330 of gross receipts  (the amount in section 1)   \$\bigseleft\{\bigseleft\} \bigseleft\{\bigseleft\} \bigseleft\} \bigseleft\{\bigseleft\} \bigseleft\{\bigseleft\} \bigseleft\} \bigseleft\{\bigseleft\} \bigseleft\{\bigseleft\} \bigseleft\} \bigseleft\{\bigseleft\} \bigseleft\{\bigseleft\} \bigseleft\} \bigseleft\{\bigseleft\} \bigseleft\} \bigseleft\{\big	
	E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here▶	
	F. Multiply line D by line E and enter here <b>&gt;</b>	
	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  \$ 0.	.00
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups G.	
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage on, you must:	of this of
		Base Rate Fee and
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	er of Syndicated
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for Porticilly
also co	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 mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. How cable system is wholly located outside all major television markets, complete block A only.	vever, Distant Stations, and
	Identify 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 to that community.	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, ne token, the station is distant to the subscriber.)	by
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's substruction:	scriber
	fy the communities/areas represented by each subscriber group.	
• Give subscr	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 bers in the group.	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3	3,
2) any	of this schedule; or, 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.	
•	ne 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 apper SA3 form.	s
page.	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 to or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	otal

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

actual calculations on the form.

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062628 **Verizon New York 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 OWNER Verizon New York		E SYSTEM:				S	YSTEM ID# 062628	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation  DSE  of  Base Rate Fee  and  Syndicated  Exclusivity  Surcharge  for  Partially  Distant  Stations  1.50  331.69
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WLIW	0.25		-	WLIW	0.25			Base Rate Fee
WLIW Create	0.25			WLIW Create	0.25			and
WLIW World	0.25			WLIW World	0.25			Syndicated
WNJN	0.25			WNJN	0.25			
WNJN NHK World	0.25			WNJN NHK World	0.25		····	-
WNYE	0.25			WNYE	0.25	-	····	_
WNET	0.25						····	
WNET Thirteen PB							····	-
WINE THE TENE	0.20						····	
							····	Stations
							····	
							····	
	<b></b>		<b></b>					
	<b> </b>		<b></b>		<b></b>		<u> </u>	
Total DSEs	<u> </u>		2.00	Total DSEs			1 50	
Total DOLS				Total DSL's				
Gross Receipts First Gro	oup	\$ 3,289,	805.83	Gross Receipts Second	d Group	\$ 2,2	45,331.69	
Base Rate Fee First Gro	•		065.07	Base Rate Fee Second	•		31,760.22	
	IHIKU	SUBSCRIBER GROU			FOURTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WLIW	0.25			WLIW	0.25			
WLIW Create	0.25			WLIW Create	0.25			
WLIW World	0.25			WLIW World	0.25			
WNYE	0.25							
				-			····	
							····	
							····	
							·····	Exclusivity Surcharge for Partially Distant
							·····	
							····	
	<b> </b>		<b></b>					
	<b> </b>		<b></b>		ļ		<u></u>	Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
	-		<b></b>		ļ		<u></u>	
Total DSEs			1.00	Total DSEs			0.75	
					0		3	
Gross Receipts Third G	roup	\$ 2,840,	208.75	Gross Receipts Fourth	Group	\$ 11,7	15,166.63	
Base Rate Fee Third G	roup	\$ 30,	219.82	Base Rate Fee Fourth	Group	\$	93,487.03	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$ 30	02,715.51	

Name	YSTEM ID# 062628	3					inc	Verizon New York
Name		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
GROUP SCRIBER GROUP  O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 314,711,278.77 0.00	IP	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GROU	FIFTH	
				COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F							0.25	WNJN
and							0.25	WNJN NHK World
						-		
Stations			·					
  						-		
	0.00			Total DSEs	0.50			Total DSEs
			d Croup	Gross Receipts Secor	199.99	<b>\$</b> 16,093,	oup	Gross Receipts First Gr
	11,278.77	\$ 314,7	iu Group					
		\$ 314,7		Base Rate Fee Secon	615.82	\$ 85,	oup	<b>Base Rate Fee</b> First Gr
	0.00	\$	d Group		<u> </u>		•	
	0.00		d Group		<u> </u>	\$ 85,	•	Base Rate Fee First Gro S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$	d Group	Base Rate Fee Secon	JP		•	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
Surcharge for Partially Distant Stations	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	CALL SIGN WEDH
	0.00	\$ SUBSCRIBER GROU	d Group  EIGHTH  DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	DSE 0.25	S COMMUNITY/ AREA CALL SIGN