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				
8/28/2019	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting Period	2019/1						
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busin. If there were different owners during the accounting period, only the owner a single 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 IE LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon New England Inc	ess of the cable syst er on the last day of a counting perioa	em the accounting period should s	•			
				06262720191			
				062627 2019/1			
	22001 Loudoun County Parkway Ashburn, VA 20147						
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of						
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Burlington, MA) VHO 6						
	MAILING ADDRESS OF CABLE SYSTEM: 51 South Bedford St (Number, street, rural route, apartment, or suite number) Burlington, MA 01803 (City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst comr	nunity served below and rel	ist on page 1b			
Area Served	with all communities. CITY OR TOWN	STATE					
First	BURLINGTON	MA					
Community	Below is a sample for reporting communities if you report multiple ch						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
Sample	Alla	MD	A	1			
	Alliance	MD	В	2			
	Gering	MD	В	3			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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.

Vertizon New Tengland Inc. Vertizon New Tengland Inc. Instructions: List such expansio community served by the colds system. A community is the same as a Community will as defined on the Color of th	FORM SA3E. PAGE 1b.				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCO rules: "a separate and distinct community or municipal entity including unincorporated communities within unincorporated areas." A FC RF, 875 (Chi, The fat community) has been all the same and including splate, discrete unincorporated areas. "A FC RF, 875 (Chi, The fat community) has been all the same as a form areas and including splate, discrete unincorporated areas." A FC RF, 875 (Chi, The fat community) has been all the same as a form areas and including splate, discrete unincorporated areas. "A FC RF, 875 (Chi, The fat community) has been all the same and a second and a s	LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
In FCC ules* "is separate and distinct community or municipal entity (including unincorporated care areas and including single, discrete unincorporated area," 47 C. F.R. 976 (sold). The fat community hat you list will serve as a form of system identification hereafter known as the "first community." Plase use it as the first community or all future fillings. Note: Entities and properties such as botles, apartheres, condominiums, or mobile home parks should be reported in prarethreses below the identified day or town. If all communities with the channel line up. "A" in the appropriate column below or leave the column blank. If you report any stations a partially distant or partially permitted basis in the DS Schedule, associate each revenue normunity with a busched group, designated by a number (based on your reporting from Part 9 of the USE Schedule, associate each revenue community with a busched group designated by a number (based on your reporting from Part 9 of the USE Schedule) in the appropriate columns below. CITY OR TOWN STATE CHINE UP SUB GRPE BURLINGTON MA A 3 ABINGTON MA A 3 ABINGTON MA A 4 ASHLAND MA A 3 ARLINGTON MA A 4 ASHLAND MA A 4 ASHLAND MA A 3 BELLINGHAM MA A 2 SELICIONA SELICIONA MA A 4 SELICIONA SELICIONA MA A 4 BILLERICA MA A 4 BILLERICA MA A 4 BILLERICA MA A 4 BOYFORD MA A 2 CONDITIONA MA A 4 CONTONA RI B 5 CONTONA RI B 4 CONTONA RI B 5 CONTONA RI B 5 CONTONA RI B 5 CONTONA	Verizon New England Inc			062627	
Note: Entitles and properties such as hotels, apartments, condominums, or mobile horme parks should be reported in parentheses below the identified city of town. If all communities receive the same complement of lelevision broadcast stations (i.e., one channel line-up for all), then either associates and communities with the channel line-up or leave the column blank. If you repart any stations on a partally distant or partally permitted basis in the DSE Schedule, associate each relevant community with a subscriber group designated by an unberr (leased on your reporting from 19.) When reporting the carriage of television broadcast stations on a community by community with a subscriber group designated by a number (leased on your span all permitting). CITY OR TOWN STATE CHINE UP SUB GRPS BURLINGTON MA A A 3 ABINGTON MA A A 3 ARLINGTON MA A A 4 ASHLAND MA A A 3 ARLINGTON MA A A 4 ASHLAND MA A A 3 BELLINGHAM MA A 3 BELLINGHAM MA A 3 BELLINGHAM MA A 4 BILLERICA MA A 3 BELLINGHAM MA A 4 BILLERICA MA A 3 BOSTON MA A 3 BOSTON MA A 4 BOSTON MA A 4 BOSTON MA A 3 BOSTON MA A 3 BOSTON MA A 3 BOSTON MA A 4 BOSTON MA A 3 BOSTON MA A 3 BOSTON MA A 3 BOSTON MA A 4 BOSTON MA A 3 BOSTON MA A 3 BOSTON MA A 3 BOSTON MA A 4 BOSTON MA A 3 BOSTON MA A 4 BOSTON MA A 3 BOSTON MA A 3 BOSTON MA A 3 BOSTON MA A 4 BOSTON MA A 3 BOSTON MA A 4 BOSTON MA A 3 BOSTON MA A	in FCC rules: "a separate and distinct community or municipal entity (including unincorpareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The free	orated communit st community that	ies within unincorp you list will serve a	orated	Area
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ARLINGTON	ABINGTON	MA	Α	2	Community
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HOLBROOK	MA	Α	2
HOLLISTON	MA	A	2
HOPEDALE	MA	Α	2
HOPKINTON	MA	Α	2
HOPKINTON	RI	В	4
HUDSON	MA	Α	4
	MA		
HULL		Α	2
IPSWICH	MA	Α	3
JOHNSTON	RI	В	4
KINGSTON	MA	Α	2
LAKEVILLE	MA	Α	2
LAWRENCE	MA	Α	3
LEOMINSTER	MA	Α	3
LEXINGTON			3
	MA	A	
LINCOLN	MA	Α	4
LINCOLN	RI	В	4
LITTLETON	MA	Α	3
LYNN	MA	Α	3
LYNNFIELD	MA	Α	3
	MA		3
MALDEN		A	
MANSFIELD	MA	С	4
MARBLEHEAD	MA	Α	3
MARION	MA	Α	1
MARLBOROUGH	MA	Α	4
MARSHFIELD	MA	Α	2
MATTAPOISETT	MA	A	1
			-
MAYNARD	MA	A	4
MEDFIELD	MA	Α	2
MEDFORD	MA	Α	3
MEDWAY	MA	Α	2
MELROSE	MA	Α	3
MENDON	MA	Α	2
METHUEN	MA	Λ	3
MIDDLEBOROUGH		A	
	MA	A	2
MIDDLETON	MA	Α	3
MILFORD	MA	Α	2
MILLBURY	MA	Α	2
MILLIS	MA	Α	2
NAHANT	MA	Α	3
NARRAGANSETT	RI	В	4
NATICK			4
NATION	MA	Α	4
NEEDHAM	MA	Α	4
NEWTON	MA	Α	4
NORFOLK	MA	Α	2
NORTH ANDOVER	MA	Α	3
NORTH ATTLEBOROUGH	MA	С	4
NORTH KINGSTOWN	RI	В	4
			4
NORTH PROVIDENCE	RI	В	4
NORTH READING	MA	Α	3
NORTH SMITHFIELD	RI	В	4
NORTHBOROUGH	MA	Α	2
NORWELL	MA	Α	2
NORWOOD	MA	Δ	2
PAWTUCKET	RI		4
		В	-
PLYMOUTH	MA	A	2
PROVIDENCE	RI	В	4
RANDOLPH	MA	Α	2
RANDOLPH RAYNHAM	MA MA	A C	2 4

READING	MA	Α	3
RICHMOND	RI	В	4
ROCHESTER	MA	Α	1
ROCKLAND	MA	Α	2
ROWLEY	MA	Α	3
SCITUATE	RI	В	4
SHERBORN	MA	Α	2
SMITHFIELD	RI	В	4
SOUTH KINGSTOWN	RI	В	4
SOUTHBOROUGH	MA	Α	2
STONEHAM	MA	Α	3
STOUGHTON	MA	Α	2
STOW	MA	Α	3
SUDBURY	MA	Α	4
SUTTON	MA	A	2
SWAMPSCOTT	MA	A	3
TAUNTON	MA	C	4
TEWKSBURY	MA	A	3
TOPSFIELD	MA	A	3
TYNGSBOROUGH	MA		3
WAKEFIELD	MA	Δ	3
WALPOLE	MA	A	2
WALTHAM	MA		4
WAREHAM	MA	Α Δ	1
WARWICK	RI	A B	4
WAYLAND	MA	A	4
WELLESLEY	MA	A	4
WENHAM	MA	A	4
WEST GREENWICH	RI	В	4
WEST NEWBURY	MA	·	3
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WESTFORD	MA		5
WESTON		A	3
	MA	Α	4
WESTWOOD	MA	A	2
WILMINGTON	MA	Α	3
WINCHESTER	MA	A	3
WOBURN	MA DI	A	3
WOONSOCKET	RI	В	4
WRENTHAM	MA	A	2

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New England Inc

SYSTEM ID#

062627

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential: • Service to first set	490,442	\$	25.00	
Service to additional set(s) FM radio (if separate rate)				
Motel, hotel				
Commercial	8,775	\$	35.00	
Converter		ļ		
Residential Non-residential				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1						
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	
 Pay cable—add'l channel 			Commercial				
Fire protection			Pay cable				***************************************
Burglar protection			Pay cable-add'l channel				
Installation: Residential			Fire protection				
First set	\$	99.00	Burglar protection				
Additional set(s)	\$	65.00	Other services:				
• FM radio (if separate rate)			Reconnect				
Converter			Disconnect				
			Outlet relocation	\$ 65.0			
			Move to new address				

Category of Service	Residential Rate	Commercial Rate
Block 1 Pay Cable	15.00	15.00
Pay Cable - add'l Channel	00.00	00.00
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation Block 2	65.00	69.99
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 (Par/Post)	14.99 N/A	14.99 Varies
Fox Soccer Plus (Bar/Rest.)	N/A N/A	Varies
Sports Pass (Bar/Rest.) 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 Custom TV Infotainment & Drama	40.00 40.00	N/A N/A
Custom TV Iniotaliment & Drama Custom TV Home & Family	50.00	N/A 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	
Set-Top Box: 6+ boxes	No charge	
Fios Quantum Gateway Router	N/A	9.99
Fios Wireless Router	12.00	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	N/A
Multi-room DVR Service	15.00	N/A
Multi-room DVR Enhanced Service	20.00	N/A
Multi-room DVR Premium Service	30.00	N/A
Agent Assistance Fee	7.00	
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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New England Inc 062627 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) **WGBH** 2 Ε No **Boston WSBK** 38 Ν No **Boston** See instructions for additional information WBZ 4 Ν No **Boston** on alphabetization. **WCVB** Ν No 5 **Boston WWJE** 50 1 No Derry **WHDH** 7 Ν No **Boston WFXT** 25 No **Boston** ı **WMUR** Ν 9 No Manchester **WNEU** 60 ı No Merimack **WENH** 11 Ε Yes 0 **Durham** WLVI 56 ı No Cambridge 68 **WBPX** No **Boston** ı **WBTS** 8 Ν No **Boston WSBE** 36 Ε Yes 0 **Providence** Marlborough **WUTF** 66 Τ No **WMFP** 18 ı No Lawrence **WYDN** 48 Ε Yes 0 Worcester **WUNI** 27 1 No Worcester

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New England Inc 062627 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 STATION NUMBER (If Distant) **WGBX** 44 Ε No **Boston WWDP** 46 No Norwell See instructions for additional information Ε WGBH-simulcast 19 No **Boston** on alphabetization. Ν No **WSBK-simulcast** 39 **Boston** 30 Ν No WBZ-simulcast **Boston** Ν **WCVB-simulcast** 20 No **Boston** Ν No WHDH-simulcast 42 **Boston** WFXT-simulcast 31 ı No **Boston** 9 WMUR-simulcast Ν No Manchester 60 ı No Merimack **WNEU-simulcast** WENH-simulcast 11 Ε Yes Ε Durham WLVI-simulcast 41 No Cambridge ı **WBPX-simulcast** 68 ı No **Boston WBTS-simulcast** 8 Ν No **Boston** Ε **WSBE-simulcast** 21 Yes Ε **Providence** 66 **WUTF-simulcast** ı No Marlborough WMFP-simulcast 18 ı No Lawrence **WUNI-simulcast** 27 No Worcester ı

FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Namo
					062627	
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Verizon New England Inc PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including transcarried by your cable system during the accounting period, except (1) FCC rules and regulations in effect on June 24, 1981, permitting the confusion of the confus	stations carrie carriage of certa e)(2) and (4))]; a arried by your carried obth on a substitusee page (v) of rogram services the-air designat umn 1 (list each	d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi-	G Primary Transmitters: Television
In General: In space G, identify every television station (including trar carried by your cable system during the accounting period, except (1) FCC rules and regulations in effect on June 24, 1981, permitting the c 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e) substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations ca basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the S station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried be basis. For further information concerning substitute basis stations, in the paper SA3 form.	stations carrie carriage of certa e)(2) and (4))]; a arried by your carried obth on a substitusee page (v) of rogram services the-air designat umn 1 (list each	d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi-	Primary Transmitters:
carried by your cable system during the accounting period, except (1) FCC rules and regulations in effect on June 24, 1981, permitting the c 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e) substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations ca basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the S station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried be basis. For further information concerning substitute basis stations, in the paper SA3 form.	stations carrie carriage of certa e)(2) and (4))]; a arried by your carried obth on a substitusee page (v) of rogram services the-air designat umn 1 (list each	d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi-	Primary Transmitters:
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Column 1: List each station's call sign. Do not report origination preach multicast stream associated with a station according to its over-ticast stream as "WETA-2". Simulcast streams must be reported in coluWETA-simulcast). Column 2: Give the channel number the FCC has assigned to the its community of license. For example, WRC is Channel 4 in Washington which your cable system carried the station. Column 3: Indicate in each case whether the station is a network seducational station, by entering the letter "N" (for network), "N-M" (for (for independent multicast), "E" (for noncommercial educational), or "E For the meaning of these terms, see page (v) of the general instruction Column 4: If the station is outside the local service area, (i.e. "distaplanation of local service area, see page (v) of the general instructions Column 5: If you have entered "Yes" in column 4, you must complete able system carried the distant station during the accounting period. I carried the distant station on a part-time basis because of lack of active For the retransmission of a distant multicast stream that is not subjust a written agreement entered into on or before June 30, 2009, between the cable system and a primary transmitter or an association represention "E" (exempt). For simulcasts, also enter "E". If you carried the chaevplanation of these three categories, see page (v) of the general instruction 6: Give the location of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the CNote: If you are utilizing multiple channel line-ups, use a separate spa	station, D.C. This is station, an inde network multica E-M" (for noncouns located in the lant"), enter "Yes located in the lete column 5, stational column is located thannel or a royalty een a cable system in the primar annel on any other tructions located the community community with	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). He paper SA3 form. S". If not, enter "No". For an expaper SA3 form. Stating the basis on which your ering "LAC" if your cable system sapacity. Payment because it is the subject stem or an association representing the your enterprise or an association representing the your enterprise or an association representing the paper SA3 form. The paper SA3 form. The paper SA3 form. The paper SA3 form. The which the station is licensed by the which the station is identified.	
CHANNEL LINE-UP A		<u> </u>	-
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. CHANNEL OF (Yes or No)	BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WFXT Escape 31 I-M No		Boston	
WBPX qubo 68 I-M No		Boston	See instructions for
WDPX ION Life 58 I-M No		Woburn	additional information on alphabetization.

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New England Inc 062627 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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.

		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
WGBH	2	E	Yes	0	Boston
WLNE	6	N	No		New Bedford
WSBE	36	E	No		Providence
WNAC CW	64	I	No		Providence
WJAR	10	N	No		Providence
WNAC	64	I	No		Providence
WPRI	12	N	No		Providence
WPRI My Network	12	N	No		Providence
WPXQ	69	I	No		Block Island
WRIW	50	ı	No		Providence
WGBX	44	E	Yes	0	Boston
WGBH-simulcast	19	Е	Yes	E	Boston
WLNE-simulcast	49	N	No		New Bedford
WSBE-simulcast	21	E	No		Providence
WNAC CW-simulo	64	I	No		Providence
WJAR-simulcast	51	N	No		Providence
WNAC-simulcast	54	I	No		Providence
WPRI-simulcast	12	N	No		Providence

Primary Transmitters: Television

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New England Inc 062627 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:

Television

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	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
My WPRI-simulca	12	I	No		Providence
WRIW-simulcast	50	I	No		Providence
WPXQ-simulcast	69	I	No		Block Island
WGBX-simulcast	44	Е	Yes	E	Boston
WJAR Me-TV	51	N-M	No		Providence
WLNE Grit TV	49	N-M	No		New Bedford
WLNE Escape TV	49	N-M	No		New Bedford
WJAR CometTV	51	N-M	No		Providence
WGBX 44	44	E-M	Yes	0	Boston
WGBH PBS Kids	2	E-M	Yes	0	Boston
GBH World	44	E-M	Yes	О	Boston
GBX Create	44	E-M	Yes	0	Boston
WJAR TBD TV	10	N-M	No		Providence
WPRI getTV	12	N-M	No		Providence
WSBE Learn	21	E-M	No		Providence
WNAC LAFF	54	I-M	No		Providence
WPRI Bounce TV	12	N-M	No		Providence
WPXQ qubo	69	I-M	No		Block Island

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#					
Verizon New E					062627	Name				
PRIMARY TRANSMITTI	ERS: TELEVISION	ON								
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), 76.63 (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 specife 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"										
the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or 0	a primary trans simulcasts, also tree categories e location of ea Canadian station	mitter or an a o enter "E". If , see page (vi ch station. Fo ons, if any, giv	ssociation repre you carried the of the general in the U.S. stations, the the name of the	senting the primal channel on any of instructions locate list the community ne community with	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.					
Note: If you are utilizing	ig multiple chai	• •	•		channel line-up.					
		1	EL LINE-UP							
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					
WLWC ION Life	28	I-M	No		New Bedford					
WLNE Court TV	49	N-M	No		New Bedford					
		 								

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New England Inc 062627 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.

		CHANN	С		
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
WGBH	2	E	No		Boston
WSBK	38	N	No		Boston
WBZ	4	N	No		Boston
WCVB	5	N	No		Boston
WLNE	6	N	No		New Bedford
WHDH	7	N	No		Boston
WSBE	36	E	No		Providence
WNAC CW	64	I	No		Providence
WJAR	10	N	No		Providence
WPRI	12	N	No		Providence
WPRI My Networl	12	N	No		Providence
WPXQ	69	I	No		Block Island
WRIW	50	I	No		Providence
WFXT	25	I	No		Boston
WLVI	56	I	No		Cambridge
WGBX	44	E	No		Boston
WGBH-simulcast	19	E	No		Boston
WSBK-simulcast	39	N	No		Boston

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New England Inc 062627 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 C 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CHANNEL** OF (Yes or No) CARRIAGE SIGN NUMBER STATION (If Distant) **WBZ-simulcast** 30 Ν No **Boston** WCVB-simulcast 20 Ν No **Boston** 49 Ν **New Bedford WLNE-simulcast** No 42 Ν No **Boston** WHDH-simulcast 21 Ε No **WSBE-simulcast Providence** WNAC CW-simulo 64 ı No **Providence** No WJAR-simulcast 51 Ν Providence WNAC-simulcast 54 ı No Providence WPXQ-simulcast 69 No **Block Island** ı 12 Ν No **Providence** WPRI-simulcast

My WPRI-simulca 12 ı No Providence **WRIW-simulcast** 50 No Providence ı WFXT-simulcast 31 ı No **Boston** WGBX-simulcast 44 Ε No **Boston** WLVI-simulcast 41 Τ No Cambridge 51 WJAR Me-TV N-M No **Providence WFXT LAFF** 31 I-M No **Boston**

No

WLVI Buzzr

56

I-M

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

Cambridge

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062627 Verizon New England Inc PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **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 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 C

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
WLNE Grit TV	49	N-M	No		New Bedford
WLNE Escape TV	49	N-M	No		New Bedford
WJAR CometTV	51	N-M	No		Providence
WGBX 44	44	E-M	No		Boston
WGBH PBS Kids	2	E-M	No		Boston
GBH World	44	E-M	No		Boston
GBX Create	44	E-M	No		Boston
WJAR TBD TV	10	N-M	No		Providence
WPRI getTV	12	N-M	No		Providence
WSBE Learn	21	E-M	No		Providence
WNAC LAFF	54	I-M	No		Providence
WPRI Bounce TV	12	N-M	No		Providence
WPXQ qubo	69	I-M	No		Block Island
WLWC ION Life	28	I-M	No		New Bedford
WLNE Court TV	49	N-M	No		New Bedford
	T	T			

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062627 **Verizon New England 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: 2019/1		
LEGAL NAME OF OWNER OF Verizon New England		ГЕМ:					SYSTEM ID# 062627	Name		
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG							
In General: In space I, identi substitute basis during the ad	fy every nor	nnetwork televis	sion program broadcast by a ecific present and former FC	distant station C rules, regula	n that your ations, or a	cable system	n carried on a . For a further	I		
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.										
SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
broadcast by a distant stat		r cable system	r carry, on a substitute basi	s, any nomie	twork telev		'' ⊠No	Statement and Program Log		
Note: If your answer is "No	, leave the	rest of this pag	ge blank. If your answer is '	'Yes," you mι	ıst comple	te the progra	m	Program Log		
log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS								
In General: List each subst	itute progra	ım on a separa		wherever pos	sible, if the	eir meaning is	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 yo	our cable system substitute	d for the prog	ramming o	of another sta				
SA3 form for futher informa	tion. Do no	t use general o	categories like "movies", or							
titles, for example, "I Love L			76ers vs. Bulls." r "Yes." Otherwise enter "N	lo."						
Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	m.						
the case of Mexican or Can			ne community to which the community with which the			ie FCC or, in				
Column 5: Give the mon	th and day		tem carried the substitute			, with the mo	nth			
first. Example: for May 7 giv Column 6: State the time	es when the	substitute pro	gram was carried by your o	cable system.	List the ti	mes accurate	ely			
to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be				
stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	mming that y	our systen	n was require	ed			
to delete under FCC rules a gram was substituted for pr										
effect on October 19, 1976.		ınat your syste	em was permilled to delete	under FCC I	ules and i	egulations in				
				WHE	EN SUBS	TITLITE				
S	UBSTITUT	E PROGRAM	1		IAGE OC		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 01 140	CALL SIGN	4. STATIONS LOCATION	AND DAT	TROW	_ 10				
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New England Inc

SYSTEM ID#

062627

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- 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."

		DAT	ΓES	AND HOURS	OF F	PART-TIME CAF	RRIAGE			
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN -	WHEN CARRIAGE OCCURRED				
OALL GIGIT	DATE	FROM	OURS TO			O/ LE GIGIT	DATE	FROM	IOUR	S TO
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LEGA	IL NAME OF OWNER OF CABLE SYSTEM: izon New England Inc			SYSTEM ID# 062627	Name						
Inst all a (as i page	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Statement in space P concerning gross receipts. (Amount of gross receipts)										
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of											
bloc ▶ If pa 3 be	k 3 below. Int 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	entere	d on lin	e 2 in block							
Block	2 in block 4 below. MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at										
	This is your minimum fee. 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 period yes—Complete the DSE schedule. No—Leave block 3 below blank and continued the properties of the proper	mn 4, y iod?	ou mus	st check							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	309,787.86							
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00							
Block	Line 3. Add lines 1 and 2 and enter here Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee	\$		309,787.86							
4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	:r	\$	1,968,201.63	Cable systems submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the appropriate						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		1,968,926.63	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 pa	age (i) o	of the							

Name	LEGAL NAME OF OWNER OF C		SYSTEM ID#								
Hame	Verizon New England	Inc	062627								
М	CHANNELS	give (4) the number of shapped on which the cable system agreed to the first transfer	post stations								
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations										
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
	Enter the total number of channels on which the cable										
	system carried televisi	on broadcast stations									
	2. Enter the total number	r of activated channels									
	•	tem carried television broadcast stations	508								
	and nonbroadcast ser	rices									
N Individual to	we can contact about this statement of account.) ual to										
Be Contacted for Further	Name Patrick M	errick Telephor	ne 703-694-5088								
Information											
	Address 22001 Lou	Idoun County Parkway rural route, apartment, or suite number)									
		VA 20147									
	(City, town, state										
	Email pa	atrick.merrick@verizon.com Fax (optional)									
	CERTIFICATION (This et	atement of account must be certifed and signed in accordance with Copyright Office	regulations								
0	CERTIFICATION (TIIIS SI	atement of account must be certifed and signed in accordance with copyright Office	regulations.								
Certifcation	• I, the undersigned, here	by certify that (Check one, but only one, of the boxes.)									
	(Owner other than co	rporation or partnership) I am the owner of the cable system as identifed in line 1 of sp	pace B; or								
	_										
		r than corporation or partnership) I am the duly authorized agent of the owner of the cas and that the owner is not a corporation or partnership; or	able system as identified								
	_										
	(Officer or partner) I in line 1 of space	am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed a 3.	s owner of the cable system								
		tement of account and hereby declare under penalty of law that all statements of fact con	tained horain								
	are true, complete, and c	orrect to the best of my knowledge, information, and belief, and are made in good faith.	tained nerein								
	[18 U.S.C., Section 1001	1986)]									
		/s/ Veronica C. Glennon									
		ter an electronic signature on the line above using an "/s/" signature to certify this statement.									
		g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cur "" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's L									
	Ту	ped or printed name: Veronica C. Glennon									
	Ti	le: Assistant Secretary, Verizon New England Inc. (Title of official position held in corporation or partnership)									
	Da	ite: August 28, 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 England Inc 062627	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. Name Mailing Address Name 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)							
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner Address							
First community served Accounting period ID number							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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: 2019/1

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 ε 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 o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

\$ 0,00 He							
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: 2019/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#
Т	Verizon New England In	С				062627
	SUM OF DSEs OF CATEGOR					
	Add the DSEs of each station					
	Enter the sum here and in line	1 of part 5 of this	s schedule.		2.25	
•	Instructions:					
2	In the column headed "Call S	Sign": list the cal	I signs of all distant stations	identified by t	the letter "O" in column 5	
Computation	of space G (page 3). In the column headed "DSE"	• for each indens	andent station, dive the DSF	= ae "1 0": for	each network or noncom-	
of DSEs for	mercial educational station, give	e the DSE as ".2	25."	_ 43 1.0 , 101	each network of noncom-	
Category "O"	, , , , , , , , , , , , , , , , , , , ,		CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WENH	0.250	07.122.01.01.1	202	0,122 0.011	
	WSBE	0.250				
	WYDN	0.250				
	WGBH					
	WGBH PBS Kids	0.250				
Add rows as	WGBH PB5 Klas	0.250				
necessary.	GBH World	0.250 0.250				
Remember to copy	WGBX					
all formula into new	WGBX 44	0.250				
rows.	GBX Create	0.250				
				•		

				·		

Name	LEGAL NAME OF OW	VNER OF CABLE SYSTEM:						SYSTEM ID#
	verizon New I	England inc						062627
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should co Column 3: Column 4: be carried out a Column 5: give the type-va Column 6:	the call sign of all dista For each station, give the prespond with the information. Give the For each station, give the Divide the figure in colunt that to the third deciration of the color of the co	ne number of hou mation given in spectal number out on 2 by the figurnal point. This is the station, give the "the figurn 4 by the figurn 4 by the figurn 14 by the figurn 15 by the figurn 16 by	rs your cable system of the column 3, and the "basis of carriage ype-value" as "1.0. The in column 5, and the column 3 in the column 3 in the column 5 in the	m carried the stanly one DSE for tion broadcast or give the result in ge value" for the "For each netword give the result the point of the standard give the result give the standard give th	ation during the account each station. wer the air during the actor decimals in column 4. station. Ork or noncommercial etin column 6. Round to	ccounting period. This figure must ducational station, no less than the	
Capacity		С	ATEGORY LA	C STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. JRS D BY	NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAG VALUE	F 5. TYP GE VAL	UE	SE
			÷		= 	<u>x</u>	<u>=</u>	
			-		= =	x x	<u>=</u>	
			÷		=	x	=	
			÷		=	x		
					= 	<u>x</u>		
			÷			x	=	
	Add the DSEs of	DF CATEGORY LAC S each station. here and in line 2 of pa		ule,		0.0	00	
Computation of DSEs for Substitute-Basis Stations	Was carried bettions in effect Broadcast on space I). Column 2: Foat your option. The Column 3: Erroll Column 4: Di	the call sign of each state by your system in substite on October 19, 1976 (in e or more live, nonnetwoner each station give the inis figure should correspondent the number of days wide the figure in columnis is the station's DSE in the station's DSE in the station's DSE in the station's properties of the station in the station is station in the station in the station in the station is station in the station in the station in the station is station in the station in the station in the station is station in the station in the station in the station is station in the station in the station in the station in the station is station in the station in t	tution for a progra as shown by the look programs durin number of live, n spond with the infi- in the calendar y in 2 by the figure	am that your syster etter "P" in column g that optional carr connetwork program ormation in space lear: 365, except in column 3, and gi	n was permitted 7 of space I); an riage (as shown b as carried in subs a leap year. ve the result in c	to delete under FCC ruid y the word "Yes" in colun stitution for programs the	nn 2 of nat were deleted ess than the third	orm).
	<u> </u>	SUI	BSTITUTE-BA	SIS STATION	()	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷					÷	=
		÷		=			÷	
		÷		=			÷	=
		÷		=			÷	=
		÷		=			÷	=
	Add the DSEs of	or substitute-basificach station. In here and in line 3 of page		ule,		0.0	00	
5 Total Number of DSEs	number of DSEs at 1. Number of E 2. Number of E	R OF DSEs: Give the am applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		tes in parts 2, 3, and	d 4 of this schedu	le and add them to provi	2.25 0.00 0.00	
	TOTAL NUMBER	·					_	2.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 062627	Name
Instructions: Bloc In block A: • If your answer if		•	part 6 and part	7 of the DSE sche	edule blank an	d complete pa	art 8, (page 16) of	the	6
schedule. If your answer if	"No " complete blo	ncke B and C	helow						
i your answer ii	No, complete bit			ELEVISION MA	ARKETS				Computation of
I <u>=</u>	1981? plete part 8 of the	outside of all	major and sma		fined under se		·	gulations in	3.75 Fee
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation ne 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 t	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 pursua *F A station pre	ules and regued pursuant on as defined al education of the station (76. or DSE schedant to individuationally carried JHF station w	ulations cited be to the FCC ma d in 76.5(kk) (7 al station [76.55 65) (see parag tule). ual waiver of F ed on a part-tim 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 , 76.61(b)(c), referring to 7 to 76.61(d) andfathered s	76.63(a) referring 6.61(e)(1 stations in the		
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	
WENH	C	0.25	WGBX	C	0.25	CICIT	Di toto		
WSBE	С	0.25	WGBX 44	M	0.25				
WYDN	C	0.25	GBX Creat	M	0.25				
WGBH PBS	C M	0.25 0.25					<u> </u>		
GBH World		0.25							
								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			,		
Line 2: Enter the							•		
Line 3: Subtract (If zero, le				of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter s	um here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3				,		If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

		OWNER OF CABLE England Inc	OTOTEWI.					51	O62627	Name
			BLOCK	A: TELEVIS	ION MARKET	S (CONTIN	UED)	1		_
	. CALL SIGN	2. PERMITTED BASIS	3. DSE		2. PERMITTED BASIS	3. DSE		2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
			•							
<mark></mark>			• • • • • • • • • • • • • • • • • • • •							
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••••										
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									••••••	
						 				
						 				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc 062627										
	Verizon New Li	igiand inc								002027	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.									981 De enterei	
		PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS									
	1. CALL										
	SIGN	DSE	Р	ERIOD		CARRIAGE	ı	DSE		DSE	
									••••••	•••••	

									•••••		
7 Computation of the	,	"Yes," comple	ete blocks B and C ocks B and C blar	k and complete		art 8 of the DSE sched					
Syndicated Exclusivity			BLOC	K A: MAJOR	I E	ELEVISION MARK	El				
Surcharge	Is any portion of the or	cable system w	rithin a top 100 maj	or television mar	rket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
	X Yes—Complete	blocks B and	C.			No—Proceed to	part 8				
					 1						
	BLOCK B: C	arriage of VHF	Grade B Contou	Stations	_	BLOCK	C: Compu	ıtation of Exem	pt DSE	3	
	Is any station listed in commercial VHF stati or in part, over the ca	on that places				Was any station listed nity served by the cab to former FCC rule 76	le system p				
	Yes—List each s	tation below wit	h its appropriate per	mitted DSE		Yes—List each st			ate permi	itted DSE	
	X No—Enter zero a	and proceed to p	oart 8.			X No—Enter zero a	nd proceed t	to part 8.			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE	
			•								
				2.22						2.22	
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00	

LEGAL NA		EM ID# 62627	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	356.08	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 defined 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:	YSTEM ID#							
Name	\	Verizon New England Inc	062627							
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\Bigseleft\ \\$								
8 Computation of Base Rate Fee	6 was 6 In blo If you If you blank What i	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. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below								
		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 4.000 or less , 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).	_							
		Base Rate Fee								

LEGAL N	NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Veriz	on New England Inc 062627	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
	C. Multiply line B by 3.000 and enter here ▶ \$	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here >	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall d be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
receipt	neral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude ts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this ion, you must:	Computation of Base Rate Fee
station DSEs	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 of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. y: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
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 must ompute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
Step 1	o Identify a Subscriber Group for Partially Distant Stations I: For each community served, determine the local service area of each wholly distant and each partially distant station you do to that community.	for Partially Permitted Stations
outside	2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located e the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by me token, the station is distant to the subscriber.)	
subscr	8: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each riber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable in will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Comm	usting the beauty for far and subscriber group. Disclete agreement continue and far and of your pustom's subscriber	

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- \bullet Identify the communities/areas represented by each subscriber group.
- Give 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 subscribers in the group.
- lf:
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062627 Verizon New England 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 OWN Verizon New Eng		E SYSTEM:				S	YSTEM ID# 062627	Name
E	BLOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WENH	0.25			WENH	0.25			Base Rate F
WYDN	0.25							and
			<u>.</u>					Syndicate
			<u>_</u>					Exclusivit
								Surcharge
								for
			4					Partially
			4				<u></u>	Distant
	····		4		·····			Stations
			-					
	····			-				
			†					
	····		†					
	····		'				···	
Γotal DSEs			0.50	Total DSEs			0.25	
Gross Receipts First (Group	\$ 2,456	,104.64	Gross Receipts Se	cond Group	\$ 47,68	32,416.52	
Base Rate Fee First (Group	\$ 13	,066.48	Base Rate Fee See	cond Group	\$ 12	26,835.23	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
NSBE	0.25							
			4					
			<u>.</u>					
		-	4					
			 					
			4					
	 		 					
			†					
	···		†	-				
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Γotal DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third	Group	\$ 52,361	,843.62	Gross Receipts For	urth Group	\$ 80,31	17,424.57	
Base Rate Fee Third	Group	\$ 139	,282.50	Base Rate Fee Foo	urth Group	\$	0.00	
ee: Add t	the base rat			as shown in the boxe	·		0.00	

Verizon New England		E SYSTEM:				S	YSTEM ID# 062627	Name
BLOC	CK A: C	OMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	9 Computati		
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WGBH	0.25							Base Rate
WGBH PBS Kids	0.25							and
GBH World	0.25							Syndicate
	0.25	***************************************						Exclusivi
	0.25			H	·····			Surcharg
				·	·····	-	····	
GBX Create	0.25							for
								Partially
								Distant
								Stations
					·····	-	<u></u>	
					·····	-		
			ļ				<u></u>	
Total DSEs			1.50	Total DSEs			0.00	
Gross Receipts First Group)	\$ 2,163,	566.73	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group)	\$ 30,	603.65	Base Rate Fee Sec	ond Group	\$	0.00	
SEV	ENTH S	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE			
				1		-		
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Fotal DSEs			0.00	Total DSEs			0.00	
	ıp	\$			rth Group	\$	0.00	
Total DSEs Gross Receipts Third Grou	p	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$		
Gross Receipts Third Grou		\$	0.00	Gross Receipts Fou	·	\$	0.00	
		\$			·	\$		