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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	03/02/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20192 Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
		Instructions:	
_		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title	
B		of the subsidiary, not that of the parent corporation.	
_			
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
			14054
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	14054
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Atlantic Broadband (Penn) LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2 Batterymarch Park, Suite 205	
		(Number, street, rural route, apartment, or suite number)	
		Quincy, MA 02169	
		(City, town, state, zip)	
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	less these
С		is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
. .			
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Atlantic Broadband	
		MAILING ADDRESS OF CABLE SYSTEM:	
		107 1/2 B Pleasant Ave.	
	2	(Number, street, rural route, apartment, or suite number)	
		Kingwood, WV 26537	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	Atlantic Broadband (Penn) LLC	140
		system. A "community" is the same as a "community unit" as defined in FCC rul
D		ng unincorporated communities within unincorporated areas and including singl
D		ommunity that you list will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community of	
•		miniums, or mobile home parks should be reported in parentheses below the
Area Served	identified city.	······································
Gerved		
	CITY OR TOWN	STATE
	Kingwood	WV
Community	Albright	WV
	Masontown	WV
	Newburg	WV
	Preston Cnty (Arthurdale Area)	W
	Preston (Bretz Area)	W
	Preston (Kingwood Area)	WV
	Preston (Independence Area)	WV
	Preston (Denver Area)	WV
	Reedsville	WV
	Terra Alta	WV

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							515	TEM ID 1405
	Atlantic Broadband (Per	nn) LLC							1405
-	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv							-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				iny standai	rd rate variation	s within a p	articular rate	
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					l in the count un	der "Servic	e to the	
	first set" and would be counted o					convice that are	difforant fr	om those	
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.	,	5						
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		1,982	43.46	Expand	led Basic		1,690	55.3
	 Service to additional set(s) 						asic + Expanded) 3		
	• FM radio (if separate rate)				Digital				
	Motel, hotel		0	43.46	Digital		129 -	78.6 96.6	
	Commercial		85	43.46			103		
	Converter								
	Residential		4	6.99					
	Non-residential			0.00					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
-	In General: Space F calls for rat				-	l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th					,	,		
Comisso	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	billed. If dify it		arged on a van		ogram babio,	
Fransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which as				shed. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		BORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	7.99 - 19.99		tel, hotel			HBO		\$ 19.9
	• Pay cable—add'l channel		-	mmercial			Cinemax		\$ 19.9
	Fire protection		-	/ cable			Showtim		\$ 19.9
	•Burglar protection			/ cable-add'l cł	nannel		MoviePle		\$ 9.0
	Installation: Residential			e protection			2 Premiu		\$ 34.9
	• First set	50.00		glar protection	I		3 Premiu		\$ 49.9
	• Additional set(s)	40.00		services:			NFL Red	Zone	\$ 49.9
	• FM radio (if separate rate)			connect		40.00			
	Converter			connect					
			• Out	tlet relocation		40.00			
			• Mo	ve to new addr	ress	40.00			

ccounting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Atlantic Broadband (F	•		14054
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-th	of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute the Special Statement and Program Lo ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a re (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA	2	N	Pittsburgh, PA
	WDTV	5	Ν	Weston, WV
vs as Necessary	WNPB	8	E	Morgantown, WV
	WPGH	10	Ν	Pittsburgh, PA
	WPNT	9	Ν	Pittsburgh, PA
	WPXI	11	Ν	Pittsburgh, PA
	WTAE	4	Ν	Pittsburgh, PA
	WVFX	16	Ν	Clarksburg, WV
	WINP	12	I	Pittsburgh, PA

EGAL NAME OF								SYSTEM ID
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing	y the sys be receint the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column.	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st general i eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters: Radio
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Atlantic Broadband (P	enn) LLC						14054
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-			ion that you	r cable svste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>is</u>	<u>sion</u> program	<u>1</u>
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	a blank. If your anowar is '			-	
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	i the program	п
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	· meaning is	
	clear. If you need more spa							
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.					ampio, 120		
				"Yes." Otherwise enter "N				
				sting the substitute progra		need by the	FCC or in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sr	nould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCI		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. T - FROM	IMES — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	THOM	10	
						-		
						-	_	
						-	_	
							_	
						-	-	
						-	_	
							_	
						-	_	

Accounting Period:	2019/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC				8YSTEM ID# 14054
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross	e system's s	secondary trans to compute this	mission serv s amount, se \$ 4	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,10 • Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	lty fee that y	ou must pay for	this six-month	1
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add I	ines 1 and 2	2	· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K		·		_
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				_
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8	· · · · · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	451,264.72		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1		187,464.72		
	4. Multiply line 3 by .01		. \$	1,874.65	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula).			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	-
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines			¢	3,193.65
				Ψ	0,100.00
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,193.65	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,213.65
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ights!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 14054
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	9 229
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Patrick Bratton Telephone 617	7-786-8800
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	
	Email pbratton@atlanticbb.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the outly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] (Is U.S.C., Section 1001(1986)] 	
	Typed or printed name: Patrick Bratton Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	Date: March 1, 2020	

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Inting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ntic Broadband (Penn) LLC	140
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 fol- lowing 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 sub- scribers 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	P Special Statemer Concerning Gros Receipts Exclusio
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	-
^	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. For further assistance please	_
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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