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

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workboo 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
		(XV/(Rovied))	

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20192 Barcode Data Filing Period (optional - see instructions)
Accounting		
Period	-	
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
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.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		T
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Atlantic Broadband (Delmar) 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 unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		Atlantic Broadband
		MAILING ADDRESS OF CABLE SYSTEM:
	2	330 Drummer Drive (Number, street, rural route, apartment, or suite number)
		Grasonville, MD 21638
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Humo	Atlantic Broadband (Delmar) LLC		15246
D	Instructions: List each separate community served by the cab "a separate and distinct community or municipal entity (inclu discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first as the "first community." Please use it as the first communit	ding unincorporated communities wi t community that you list will serve a y on all future filings.	thin unincorporated areas and including single, s a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, cor	dominiums, or mobile home parks sh	ould be reported in parentheses below the
Served	identified city.		
	CITY OR TOWN		STATE
First	Perryville	MD	
Community	Cecil County	MD	
	Port Deposit	MD	
d Rows as Necessary			

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM.						FORM SA1	
Name	Atlantic Broadband (Del								1524
_	SECONDARY TRANSMISSION		IBSCRI		ATES				
E	In General: The information in s		-	-	-	y transmission s	service of th	ne cable	
	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						alo avatom	brokon	
scribers and	down by categories of secondary						•		
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	d-not the nun	nber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed				ny standar	rd rate variation:	s within a p	articular rate	
	category, but do not include disc 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					I in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a								
	sufficient.		0			·			
	BLC	DCK 1	· •				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		1,128	30.16	Expand	ded Basic		964	48.8
	<ul> <li>Service to additional set(s)</li> </ul>				<b>Bulk El</b>	BU Basic		25	30.1
	<ul> <li>FM radio (if separate rate)</li> </ul>				<b>Bulk El</b>	BU Expande	d Basic	61	48.8
	Motel, hotel		ľ						
	Commercial								
	Converter								
	Residential		4	1.00					
	Non-residential								
			I						
	SERVICES OTHER THAN SEC						tom'o convi	and that ware	
F	In General: Space F calls for rat not covered in space E, that is, t								
	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are ch	arged on a varia	able per-pro	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ch of the a	annlicable servic	nas listad		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	otion and includ	le the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	19.99	• Mot	el, hotel			Expand	led Basic	48.8
	Pay cable—add'l channel		• Con	nmercial			Value		78.9
	Fire protection		• Pay	cable			MoreTV	/	96.99
	•Burglar protection		-	cable-add'l ch	nannel				
	Installation: Residential		-	protection					
	• First set	50.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		50.00			
	Converter			connect					
	001101101		0130						
			• ••••	lat releastion		20 47/br			
				let relocation /e to new addr	226	29.47/hr			

counting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Atlantic Broadband (D	•		15246
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t b)(2) and (4), or 76.63 (referring to 76.63 (s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations of call sign. <i>Do not</i> report origination I with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs 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, repor evision station for broadcasting over th 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 the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he 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
	WBAL	11	N	Baltimore, MD
	WBFF	1	N	Baltimore, MD
d Rows as Necessary	WDCA	3	л	Washington, DC
u nows as Necessary	WJZ	13	N	Baltimore, MD
	WMAR	2	N	Baltimore, MD
	WMPT	42	E	Annapolis, MD
	WNUV	8		Baltimore, MD
	WPHL	9	- I-M	Philadelphia, PA
	WUTB	24	I-M	Baltimore, MD
		24	1-1A1	

EGAL NAME OF								SYSTEM II 152
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
pecial Instruct exceivable if (1) in the basis of it or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If gnal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stat this by placing tive the station	rning Al y the sys be recein t the Co sign of the static ion's sig g a check n's locati	I-Band FM Carriage: Under C them whenever it is received a wed at the headend, with the popyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	egulations, ar adend, and (2 mna, during c ge (v) of the g system as a se sed by the FC	n FM sig !) it can ertain st eneral in eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
				1				
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.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Atlantic Broadband (D	elmar) LL	.C					15246
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion that your	· 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 Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ır cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	<u>1</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Eog	Note: If your answer is "No'	' loovo tho	rest of this nac	e blank. If your answer is '	Yes " vou mi	ust complete	-	
		, leave the	rest of this pag	e blatik. Il your allswei is	res, you mu	ist complete	the program	
	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					,	5	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.	Bulls."					· ·, · ·	
				r "Yes." Otherwise enter "N				
	Column 3: Give the call :	sign of the s	station broadca	sting the substitute progra the community to which the	m. station is lice	need by the	ECC or in	
	the case of Mexican or Can							
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv				-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sr	ioula pe	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a							am
	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	<u>TE PROGRAM</u>		CARRI	AGE OCCL	JRRED	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	ON LEE OTOTA		THE BITT	1 HOM	10	
						-		
						-	_	
			1					
						-	-	
			]					
						-	_	
			1					
						-	-	
			1					
						-	_	
			]					

Accounting Period:	2019/2		FORM S	6.3A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Delmar) LLC		ę	8YSTEM ID# 15246
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipt	n's secondary tran how to compute th	smission servi is amount, sec \$ 24	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inforr	ess than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee t accounting period is \$52.00 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 lines 1 a			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bi			
	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	20,536.00	-	
	4. Enter the amount of gross receipts from space K	<u>\$</u>	243,264.00	
	5. Enter the amount from line 3	<b>\$</b>	20,536.00	-
	6. Subtract line 5 from line 4	\$	222,728.00	<u>.</u>
	7. Multiply line 6 by .005 (enter figure here)		\$	1,113.64
	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		\$	1,113.64
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1		_	
	4. Multiply line 3 by .01	· · · · ·		_
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	-
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	- -
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, an	d 6		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,113.64	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,133.64
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 for			ights!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Delmar) LLC	SYSTEM ID 15246
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried televis         to its subscribers, and (2) the cable system's total number of activated channels during the account         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	nting period. 
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individu we can contact about this statement of account.)	ual to whom
for Further Information	Name Patrick Bratton	Telephone 617-786-8800
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	
		ax (optional)
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyr</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as iden</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legating in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in go [18 U.S.C., Section 1001(1986)]</li> </ul>	ntified in line 1 of space B; or the owner of the cable system as identified al entity identified as owner of the cable system of fact contained herein
	Enter an electronic signature on the line above to certif         Enter signature using an "/s/ signature" (e.g., /s/ John S         Typed or printed name:       Patrick Bratton         Title:       Chief Financial Officer         (Title of official position held in corporation or partnership)         Date:       Image: Ima	

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inting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ntic Broadband (Delmar) LLC	152
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statemer Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	0
	<u>v</u>
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	 
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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Line 1 Enter the amount of late payment or underpayment	

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