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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	03/02/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	(YY/(Period))	

	-		
Α	ACC	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.	32958
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Atlantic Broadband (SC) 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)	
^	INST	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	
System	1	IDENTIFICATION OF CABLE SYSTEM: Atlantic Broadband	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	520 Pine Log Road (Number, street, rural route, apartment, or suite number)	
		Aiken, SC 29803 (City, tow, 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. PAGI
Name	Atlantic Broadband (SC) LLC	329
		uble system. A "community" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (ind discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The f as the "first community." Please use it as the first commun	luding unincorporated communities within unincorporated areas and including single rst community that you list will serve as a form of system identification hereafter kno ity on all future filings.
Area		ndominiums, or mobile home parks should be reported in parentheses below the
Served	identified city.	
Firef	CITY OR TOWN	STATE SC
First Community	City of Barnwell Barnwell County	SC
community	Blackville	SC
Development	Elko	SC
Rows as Necessary	Snelling	SC
	Williston	SC
	WIIISton	

									1-2E. PAGE STEM ID
Name	LEGAL NAME OF OWNER OF C							513	3295
	Atlantic Broadband (SC								0200
Е	SECONDARY TRANSMISSION								
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	n blocks in spa	ce E cal	I for the numbe	r of subsc	ribers to the cal			
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted o					onvice that are	different fr	om those	
	Block 2: If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.					•			
	BLO	CK 1 NO. OF					BLOCK	C2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:								
	 Service to first set 		846	31.99	Value		776	74.7	
	 Service to additional set(s) 				Digital	325	80.4		
	 FM radio (if separate rate) 				Digital	Plus		241	102.4
	Motel, hotel		0						
	Commercial		23	38.34					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NEMIE		•				
_	In General: Space F calls for rat					vour cable svs	tem's servi	ces that were	
F	not covered in space E, that is, t		,		•	• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	les are ch	arged on a vana	able per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the a	pplicable servio	ces listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) description				shed. List	hese other serv	vices in the	form of a	
	bher (two- or three-word) descrip								
		BLO			105	DATE		BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: Pay cable	19.99		tel, hotel	uentiai		нво		19.9
	,	19.99		-			Showti	me	19.9
	Pay cable—add'l channel Eire protection		_	nmercial / cable			Cinema		19.9
	Fire protection Burglar protection		-	/ cable / cable-add'l ch	annal		MovieP		9.0
	Installation: Residential		-	protection			2 Prem		38.9
	First set	50.00		•			3 Prem		55.9
	Additional set(s)	50.00 50.00		glar protection services:			JFIEM		55.9
	()	50.00		connect		40.00			
	 FM radio (if separate rate) Converter 	9.99		connect		40.00			
		9 99	I UIS						
	Converter	0.00				40.00			
	Gonvener	0.000	• Out	let relocation		40.00 40.00			

nting Period:				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM ID 3295
	Atlantic Broadband (PRIMARY TRANSMITTERS:			5235
G Primary nsmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entt (for independent multicast) For the meaning of these t Column 4: Give the location	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a si he Special Statement and Program d both on a substitute basis and al see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form.	time basis under rams [sections rations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGT	30.4	N	Augusta, GA
	WAGT-CW	30.3	Ν	Augusta, GA
s Necessary	WCES	6.1	E	Wrens, GA
	WEBA	33.1	E	Allendale, SC
	WEBA-SCC	33.2	E	Allendale, SC
	WEBA WORLD	33.3	E	Allendale, SC
	WFXG	54.1	Ν	Augusta, GA
	WFXG GRIT	54.3	Ν	Augusta, GA
	WFXG/Bounce	54.2	Ν	Augusta, GA
	WJBF	42.1	Ν	Augusta, GA
	WJBF/MeTV	42.2	Ν	Augusta, GA
	WRDW Antenna	12.3	Ν	Augusta, GA
	WRDW-MYTV	12.2	Ν	Augusta, GA
	WRDW	12.1	Ν	Augusta, GA

EGAL NAME OF								SYSTEM I 329
		, 220						328
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under them whenever it is received a wed at the headend, with the opyright Office regulations on 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	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ertain st leneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2.2						

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Atlantic Broadband (S	C) LLC						32958
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion that your ca	hle syste	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 pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	is, any nonnei	twork telev <u>ision</u>	program	<u> </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 anower is	"Voo " vou mi	ust complete the	_	
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the	e progran	1
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their me	eaning is	
	clear. If you need more spa						o anni g io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							l.
	"NBA Basketball: 76ers vs.			Lot opcome program				
				"Yes." Otherwise enter "N				
				sting the substitute progra		need by the FC	C ar in	
	the case of Mexican or Can			e community to which the			C or, in	
				tem carried the substitute			n the mon	th
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shou	ld be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system was	s required	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the list	ted progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM			AGE OCCUR		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. TIME FROM —	ES TO	DELETION
		103 01 10	ONLE OIGH			TROW	10	
						_		
						_		
						_		
						""		
						_		
			1					
]					

Name			VNER OF CAR											SY	STEM I
Name	Atlant	ic Broad	dband (S	SC) LLO	C										329
K Gross Receipts	Instruct all amo (as ider page (v	unts (gros ntified in s vii) of the g	PTS ne figure yo ss receipts space E) d general ins pts from su	s) paid to uring the struction	o your o e accou ns locat	cable syst unting per ed in the	tem by riod. Fo paper S	subscrik r a furth SA1-2 fo	ers for th er explar rm.	ne system nation of h	i's secon	dary tran	smission s	service	
			ccounting ou must co										\$ (Amoun		,930.00
													(/ unodin	it of groo	1000ipt0)
L Copyright Royalty Fee	Instruction • Complete • Use bloc • Use bloc • Use bloc	ons: To co ete block 1 ock 1 if the ock 2 if the ock 3 if the	ompute the 1, block 2, e amount c e amount c e amount c general ins	e royalty or bloc of gross of gross of gross	ck 3. receipt receipt receipt	ts in spac ts in spac ts in spac	e Kisn e Kisn	nore tha nore tha	n \$137,1 n \$263,8	00 but les	ss than \$		\$263,800)	
					BLOC	K 1: GR0	DSS RI	ECEIPT	S OF \$1	37,100 0	DR LESS	3			
			cable syste is \$52.00	em with	gross re	eceipts of	\$137,1	00 or les	s, the roy	alty fee th	at you m	ust pay fo	r this six-m	onth	
	Line 1.	Royalty fe	e for accou	unting pe	eriod								•		
	Line 2.	Interest ch	narge. Ente	er the an	mount fr	rom line 4,	space	Q, page	8						0.00
	Line 3.	FOTAL RO	BLOC			RECEIP									
	1. Base	amount u	Inder statut							,		,800.00			
			of gross rec									,930.00	-		
	3. Subtr	act line 2	from line 1							\$	54	,870.00	-		
	4. Enter	the amou	unt of gross	s receipts	s from s	space K					\$		- 208,930.(00	
	5. Enter	[.] the amou	unt from line	e3							\$		54,870.	00	
	6. Subtr	act line 5	from line 4								\$		154,060.	00	
	7. Multij	oly line 6 b	oy .005 (en	ter figure	e here)								\$		770.30
	8. Intere	est charge	e. Enter the	e amoun	t from li	ne 4, spac	ce Q, pa	age 8							0.00
	9. TOT	AL ROYAI	LTY FEE P	PAYABL	.E FOR	ACCOUN	ITING F	PERIOD.	Add lines	7 and 8 .			\$		770.30
			BLOC	K 3: GR	ROSS F	RECEIPT	SOF	MORE 1	HAN \$2	63,800 (I	out less	than \$52	7,600)		
	1. Enter	the amou	unt of gross	s receipts	s from s	space K									
	2. Base	amount u	inder statut	tory form	ıula					\$	263	,800.00	_		
	3. Subtr	act line 2	from line 1										_		
	4. Multij	oly line 3 b	oy .01								· · · · <u> </u>				
	5. Roya	lty due on	the first \$2	263,800	of gross	s receipts	(under	statutory	formula)		<u>\$</u>		1,319.	00	
	6. Intere	est charge	. Enter the	e amoun	t from li	ne 4, spac	ce Q, pa	age 8			· ·		0.	00	
	7. TOT	AL ROYAI	LTY FEE P	PAYABL	.E FOR	ACCOUN	ITING F	PERIOD.	Add lines	s 4, 5, and	6				
				FILI	NG FE	E AND T	OTAL I	REMIT	ANCE D	DUE					
Filing Fee and Total Remittance	1. Roya	lty Fee Pa	ayable for A	Accountir	ng Perio	od (from B	lock 1,	2, or 3, a	bove)		\$		770.3	30	
Due	2. Filing	Fee (See	e the instruc	ctions fo	r more i	informatio	n on filii	ng fee ca	lculations	6)	<u>\$</u>		20.	00	
							00 4	ld lines	2 and 3				\$		790.30
	3. TOT/	AL AMOU	NT DUE F	OR ACC	JOUNT	ING PERI	UD. AC		- 4114 0 .				φ		190.30

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: adband (SC) LLC	SYSTEM ID# 32958
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast staters, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ted television broadcast stations	ations 8 336
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Patrick Bratton Tele	phone 617-786-8800
	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	I, the undersi (Ov (Ag X (O I have exami are true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regular gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) uner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of s ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of s ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained I idet, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] Image: X /s/ Patrick Bratton Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Patrick Bratton	pace B; or cable system as identified as owner of the cable system
		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 (SC) LLC	329
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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
x	_
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
xdays	_
x days 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	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - 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 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 - k - - <t< td=""><td>-</td></t<>	-
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 \$ - - - (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.	-
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 \$ - - - (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.	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
x	
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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