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>
General instructions are located in the first tab of this workbook	8/31/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20201 Barcode Data Filing Period (optional - see instructions)	
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.	14054
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System		IDENTIFICATION OF CABLE SYSTEM:	
2	1	Atlantic Broadband	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	107 1/2 B Pleasant Ave. (Number, street, rural route, apartment, or suite number)	
		Kingwood, WV 26537	
	I	(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 Office'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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Atlantic Broadband (Penn) LLC	140 em. A "community" is the same as a "community unit" as defined in FCC rule
_		em. A "community" is the same as a "community unit" as defined in FCC rule nincorporated communities within unincorporated areas and including single
D		nunity that you list will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all	
		iums, or mobile home parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Kingwood	WV
Community	Albright	WV
	Masontown	WV
Rows as Necessary	Newburg	WV
nons as necessary	Preston Cnty (Arthurdale Area)	W
	Preston (Bretz Area)	Ŵ
	Preston (Kingwood Area)	WV
	Preston (Independence Area)	WV
	Preston (Denver Area)	WV
	Reedsville	WV
	Terra Alta	WV

	1							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C		:					SYS	TEM ID 1405
	Atlantic Broadband (Pe	nn) LLC							1403
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	pace E should	cover a	Il categories o	f seconda				
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period						LITUSE EXIS		
Service: Sub-	Number of Subscribers: Both	•					,	,	
scribers and Rates	down by categories of secondary each category by counting the n	•				•			
Rales	separately for the particular serv			•••		•		schargeu	
	Rate: Give the standard rate c	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·	,			ard rate variatior	ns within a	particular rate	
	Block 1: In the left-hand block					condary transmi	ssion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					•••	•		
	first set" and would be counted of								
	Block 2: If your cable system printed in block 1 (for example, t	0		-					
	with the number of subscribers a					,		, 0	
	sufficient.		0	,					
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		2,038	43.46		ded Basic		1,719	46.0
	 Service to additional set(s) 					Basic + Exp	anded)	3,757	90.1
	 FM radio (if separate rate) 				Digital			186	98.8
	Motel, hotel		0	43.46	Digital	Plus		-	###
	Commercial		77	43.46					
	Converter Residential		0	6.99					
	Non-residential		v	0.99					
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
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	or facilities fur	nished to	nonsubscribe	ers. Rate i	nformation shou	Ild include	both the	
Other Than	amount of the charge and the un		usually	billed. If any r	ates are cl	harged on a var	iable per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		the cable	e system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a brief (two- or three-word) description	•			ished. List	t these other ser	vices in the	e form of a	
	bliel (two- of three-word) descrip			lie for each.					
		BLO				DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER tion: Non-res		RATE	CATEGO	ORY OF SERVICE	RAT
	Pay cable	7.99 - 19.99		el, hotel	Jacintia		нво		\$ 19.
			• Con	nmercial			Cinemax	<	\$ 19.9
	Pay cable—add'l channel						Showtim		· · · · ·
			• Pay	cable				10	\$ 19.
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pay	cable-add'l cl	nannel		MoviePle	ex	\$19. \$9.
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire	cable-add'l cl protection			2 Premiu	ex Jm	\$ 19. \$ 9. \$ 34.
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	50.00 40.00	• Pay • Fire • Burg	cable-add'l cl protection glar protection			2 Premiu 3 Premiu	ex Jm Jm	\$ 19. \$ 9. \$ 34. \$ 49.
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Burg Other s	cable-add'l cl protection		40.00	2 Premiu	ex Jm Jm	\$ 19.
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay • Fire • Burg Other s • Rec	cable-add'l ch protection glar protection ervices:		40.00	2 Premiu 3 Premiu	ex Jm Jm	\$ 19. \$ 9. \$ 34. \$ 49.
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Bury Other s • Rec • Disc	cable-add'l cl protection glar protection ervices: onnect		40.00	2 Premiu 3 Premiu	ex Jm Jm	\$ 19. \$ 9. \$ 34. \$ 49.

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Atlantic Broadband (F	Penn) LLC		14054
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations of s call sign. <i>Do not</i> report origination d with a station according to its over-the he form. el number the FCC assigned to the tel- 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), orms, see page (iv) of the general instr n of each station. For U.S. stations, lis	<i>it</i> (1) stations carried only on a part-time the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati- earried by your cable system on a sub- the Special Statement and Program Li- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a la (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne 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
		dian stations, if any, give the name of		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA	2	Ν	Pittsburgh, PA
	WDTV	5	N	Weston, WV
ows as Necessary	WNPB	8	E	Morgantown, WV
	WPGH	10	N	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

Atlantic Broa	owner of adband (Pe							SYSTEM 140
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	/ the sys be recein t the Co sign of of he static ion's sign g a chech of sign	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral i 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	
							·	
							·	

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Atlantic Broadband (P	enn) LLC	;					14054
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			sis, anv noni	network telev	ision proa	ram
Statement and		-						
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa					.		·
	period, was broadcast by a			vision program ("substitute rour cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		concod by th	o ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour systen	n was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program							5
	effect on October 19, 1976							
					14/11			
	e		E PROGRAM	A		N SUBSTIT		7. REASON FOR
			3. STATION'S					DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
						_		
							-	
						_		
						_	-	
						_	-	
						_		
							-	
						_		
							-	
1		1	1	1		1		1

Accounting Period:	2020/1		FORM	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		ę	SYSTEM ID#
Naille	Atlantic Broadband (Penn) LLC			14054
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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 receipts.	secondary transm to compute this a	ission service amount, see \$ 44	
	COPYRIGHT ROYALTY FEE			•
L 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 less th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	nan \$527,600 m.	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 that accounting period is \$52.00	you must pay for	this six-mon	
	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 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,1	00)	
	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	<u> </u>		
	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 \$263,800 (bu	t less than \$527	,600)	
	1. Enter the amount of gross receipts from space K \$	444,796.71		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	180,996.71		
	4. Multiply line 3 by .01	\$	1,809.97	
	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, and 6		\$	3,128.97
	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)	. \$	3,128.97	
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		\$	3,148.97
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Accounting Period:	2020/1	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 for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Patrick Bratton	617-786-8800
Information	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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 own 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)] 	ystem as identified
	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 Title: Chief Financial Officer (Title of official position held in corporation or partnership) Date: August 31, 2020	
	Date: August 31, 2020	

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bunting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
antic 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 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name 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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
	Q Interest Assessmen
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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