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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
8/31/20	\$					
	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

	1					
Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))				
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31				
		20201 Barcode Data Filing Period (optional - see instructions)				
Accounting Period						
	1					
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.						
		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)				
		(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 unless these 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:				
	ı	Atlantic Broadband				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	24 Main St. (Number, street, rural route, apartment, or suite number)				
		Bradford, PA 16701 (City, town, state, zip code)				

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	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Numb	Atlantic Broadband (Penn) LLC	292
		m. A "community" is the same as a "community unit" as defined in FCC rule
D		incorporated communities within unincorporated areas and including single
0		unity that you list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all	
Area		ums, or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Shippenville	PA
Community	Ashland	PA
	Beaver	PA
d Rows as Necessary	Clarion	PA
	Elk	PA
	Knox Borough	PA
	Limestone	PA
	Monroe	PA
	Ninevah	PA
	Paint	PA
	Piney	PA
	Porter	PA
		PA

Accounting Period: 2020/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Atlantic Broadband (Penn) LLC

SYSTEM ID# 29232

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	957	43.89	Expanded Basic	826	57.92
 Service to additional set(s) 			Value	1,783	#####
• FM radio (if separate rate)			Digital Value	71	#####
Motel, hotel	0	43.89	Digital Plus	-	#####
Commercial	65	43.89			
Converter					
Residential	0	6.99			
Non-residential					
					1

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					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	(CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	7.99 - 19.99	Motel, hotel		H	HBO	19.99
 Pay cable—add'l channel 		Commercial		C	Cinemax	19.99
 Fire protection 		• Pay cable		S	Showtime	19.99
 Burglar protection 		 Pay cable-add'l channel 		٨	MoviePlex	9.00
Installation: Residential		Fire protection		2	2 Premium	34.95
• First set	50.00	Burglar protection		3	3 Premium	49.95
 Additional set(s) 	40.00	Other services:				
• FM radio (if separate rate)		Reconnect	40.00			
Converter		Disconnect				
		 Outlet relocation 	40.00			
		 Move to new address 	40.00			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29232

Atlantic Broadband (Penn) LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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), 76.61(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 specific 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.

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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

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 (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDKA	2	N	PITTSBURGH, PA
WJAC	6	N	JOHNSTOWN, PA
WPCB	9	l	GREENSBURG, PA
WPCW	5	<u> </u>	JEANETTE, PA
WPGH	8	N	PITTSBURGH, PA
WPNT	7	<u> </u>	PITTSBURGH, PA
WPSU	3	E	CLEARFIELD, PA
WPXI	11	N	PITTSBURGH, PA
WQED	13	E	PITTSBURGH, PA
WTAE	4	N	PITTSBURGH, PA
WINP	16	<u> </u>	PITTSBURGH, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Atlantic Broadband (Penn) LLC

29232

PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- 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).

CALLOCOL	ANA == 1	0/5	LOCATION OF STATION	CALLOGO	AM	0.0	LOCATION OF STATION
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WCCR	FM		Clarion, PA				
WDSY	FM]	Pittsburgh, PA]	
WOKW	FM		Indiana, PA		T		
WORK	FM		Pittsburgh, PA				
WQED	FM		Pittsburgh, PA				
WRJS	FM		Oil City, PA				
WWSW	FM	1	Pittsburgh, PA				
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Accounting Perio	nd: 2020/1						FORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 29232
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system ce substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 ff. 1. 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 station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program "substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the broadcast station's location (the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5f7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurate						orizations. For a further paper SA1-2 form. on program YES NO the program meaning is accounting nother station information. e Lucy" or FCC or, in ith the month s accurately
	was substituted for progran effect on October 19, 1976.	JBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	and regulations N SUBSTITUT AGE OCCURE 6. TIMES	TE 7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — — — — — — — — — — — — — — — — — — —	TO

Accounting Period:				A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC		s	29232
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how t 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.	condary transmi o compute this a	ssion service imount, see	8,994.06 pas receipts)
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 less the Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$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 that y accounting period is \$52.00	ou must pay for t	his 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 mo			
	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		08,994.06	
	5. Enter the amount from line 3		54,805.94	
	6. Subtract line 5 from line 4			
				770.04
	7. Multiply line 6 by .005 (enter figure here)	•		770.94
	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		\$	770.94
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527,	600)	
	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	200,000.00		
	4. Multiply line 3 by .01		4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			
	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.			
	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)	\$	770.94	
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		\$	790.94
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		hts!

Accounting Period:	2020/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABI Atlantic Broadband (Penn) I			SYSTEM ID# 29232
M	, ,	•	nnels on which the cable system carried television broadcast stations number of activated channels during the accounting period.	
Channels	Enter the total number of char system carried television broad		cable	11
	Enter the total number of active on which the cable system carriand nonbroadcast services	ried television broad	dcast stations	211
N Individual to	INDIVIDUAL TO BE CONTACT we can contact about this staten		NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Patrick Br	atton	Telephone (617-786-8800
	Address 2 Batteryn (Number, street, Quincy, M (City, town, state	march Park, Surural route, apartment, o	iite 205 or suite number)	
	, ,	oratton@atlanticbb	o.com Fax (optional)	
	CERTIFICATION (This statement	t of account must be	e certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify	y that (Check one, <i>bi</i>	ut only one, of the boxes.)	
	(Owner other than co	orporation or partne	ership) I am the owner of the cable system as identified in line 1 of space B	i; or
			or partnership) I am the duly authorized agent of the owner of the cable so is not a corporation or partnership; or	ystem as identified
	(Officer or partner) I in line 1 of space B		orporation) or a partner (if a partnership) of the legal entity identified as owr	ner of the cable system
			by declare under penalty of law that all statements of fact contained herein wledge, information, and belief, and are made in good faith.	
			X /s/ Patrick Bratton	
	_		er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Ту	ped or printed nam	ne: Patrick Bratton	
	Tit		ilef Financial Officer position held in corporation or partnership)	
	Da	ate:	August 31, 2020	

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counting Period: 2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lantic Broadband (Penn) LLC	29232
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusive scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section from the paper shall not inclused in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions pursuant to section from the paper shall not inclused in the paper shall not incluse the section of the secondary transmissions pursuant to section from the paper shall not incluse the section from the paper shall not include the section from the paper shall not incluse the paper shall	asic ude sub- 119." Special Statement Concerning Gross Receipts Exclusion
X NO 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 underpated as an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	•
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	<u>-</u> 4
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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original	·
Owner	
Address	
ID number First community served	
Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 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.