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						
8-30-21	\$ 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

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20211 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.						
		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)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	e					
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, 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 fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1				
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
Name	Atlantic Broadband (SC) LLC	4011				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: " separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discr					
J	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y community." Please use it as the first community on all future filings.	rou list will serve as a form of system identification hereafter known as the "fir				
		s, or mobile home parks should be reported in parentheses below the identific				
Area	city.	s) or mostic name parts should be reported in parentineses sellon the lacitude.				
Served						
	CITY OR TOWN	STATE				
F11	Town of Allendale					
First		SC				
Community	Allendale County (un-incorp)	SC				
	Fairfax	SC				
d Rows as Necessary						

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40118

Atlantic Broadband (SC) LLC

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.

BLG	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	353	39.99	Residential Expanded Basic	310	59.99		
Service to additional set(s)			Entertainment +	-	29.99		
• FM radio (if separate rate)			Bulk EBU Expanded Basic	-	39.99		
Motel, hotel	6	39.99	Variety +	44	49.99		
Commercial	58	39.99	Family +	13	9.99		
Converter			Movie + Digital	61	29.99		
Residential	109	14.99					
Non-residential							

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 2					
CATEGORY OF SERVICE	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
Continuing Services:		Installation: Non-residential				
• Pay cable	19.99	Motel, hotel				
 Pay cable—add'l channel 		Commercial		НВО	19.99	
Fire protection		• Pay cable		Showtime	19.99	
•Burglar protection		Pay cable-add'l channel		Cinemax	19.99	
Installation: Residential		Fire protection		MoviePlex	9.00	
• First set	50.00	Burglar protection		2 Premium	38.99	
Additional set(s)	50.00	Other services:		3 Premium	55.99	
• FM radio (if separate rate)		Reconnect	40.00			
Converter	9.99	Disconnect				
		Outlet relocation	40.00			
		Move to new address	40.00			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40118

G

Primary Transmitters: Television

Atlantic Broadband (SC) LLC
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
WAGT	30.4	N	Augusta, GA
WAGT-CW	30.3	N	Augusta, GA
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	N	Augusta, GA
WFXG GRIT	54.3	N	Augusta, GA
WFXG/Bounce	54.2	N	Augusta, GA
WJBF	42.1	N	Augusta, GA
WJBF/MeTV	42.2	N	Augusta, GA
WRDW Antenna	12.3	N	Augusta, GA
WRDW-MYTV	12.2	N	Augusta, GA
WRDW	12.1	N	Augusta, GA

SYSTEM ID#

FORM SA1-2E. PAGE 4.

Atlantic Broadband (SC) LLC

40118

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
	ļ						
	T						
	 						
	t						

Accounting Perio	d: 2021/1 LEGAL NAME OF OWNER OF O	ADI E QVQT	EM.					FOR	M SA1-2E. PAGE 5.
Name	Atlantic Broadband (SC		LIVI.						SYSTEM ID# 40118
•	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	3				
I Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former F	CC rul	les, regula	itions, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant stat	ion?						YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes	s," you mu	st complet		
	log in block 2.								
	2. LOG OF SUBSTITUTE						_: _ _ :£4		
	In General: List each substiclear. If you need more space				wher	rever pos	sible, il trie	ir meaning is	5
	Column 1: Give the title				prog	ram") tha	t, during th	e accounting	J
	period, was broadcast by a								
	under certain FCC rules, reç Do not use general categori			1 0 ()					
	"NBA Basketball: 76ers vs.		vice of backs	todii. Liot opooliio progre		00, 101 07	ampio, 12	ovo Lucy of	
	Column 2: If the program								
	Column 3: Give the call s Column 4: Give the broa					ion is lice	nsed by the	FCC or in	
	the case of Mexican or Cana							, 1 00 01, 111	
	Column 5: Give the mon	•	when your syst	em carried the substitute	prog	ram. Use	numerals,	with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by you	· cable	e evetem	I ist the tin	nes accurate	dv
	to the nearest five minutes.			, ,		•			· i y
	stated as "6:00–6:30 p.m."								
	Column 7: Enter the letter to delete under FCC rules a						•	•	
	was substituted for program	•		0.					am
	effect on October 19, 1976.								
						WHE	N SUBST	TUTE	
	S	UBSTITUT	E PROGRAM				AGE OCC	-	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	111	MONTH	6. ⁻ FROM	TIMES — TO	DELETION
								<u>– </u>	
									
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								_	

Accounting Period:	2021/1	FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (SC) LLC	,	40118
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ary transmission service apute this amount, see	26,234.84 pross receipts)
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 less than or Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$5 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	27,600	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	S	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must accounting period is \$52.00	st pay for this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	s	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the		02.00
	1. Base amount under statutory formula	3,800.00	
	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)	<u></u>	
	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 (but less	than \$527,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	3,800.00	
	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, 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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form for mor	•	jhts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW Atlantic Broadba	NER OF CABLE SYSTEM: nd (SC) LLC				SYSTEM ID# 40118
M Channels	to its subscribers, 1. Enter the total n system carried	and (2) the cable system's	total number	s on which the cable system carried to be of activated channels during the activated channels during the activated channels during the activated by the control of the cont	ccounting period.	8
	on which the ca	ast services	n broadcas			336
N Individual to Be Contacted		BE CONTACTED IF FURTH oout this statement of accou		RMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information		Patrick Bratton			Telephone	617-786-8800
	(1	2 Batterymarch Park, Number, street, rural route, apartn Quincy, MA 02169 City, town, state, zip)	, Suite 20 nent, or suite	e number)		
	Email	pbratton@atlant	ticbb.com		Fax (optional	
•	CERTIFICATION (Th	nis statement of account mu	ıst be certif	ified and signed in accordance with C	opyright Office regulations)	
O Certification	• I, the undersigned,	hereby certify that (Check or	ne, <i>but only</i>	one, of the boxes.)		
	(Owner o	other than corporation or pa	artnership)) I am the owner of the cable system a	s identified in line 1 of space I	3; or
				rtnership) I am the duly authorized age not a corporation or partnership; or	ent of the owner of the cable s	system as identified
	in	line 1 of space B.		ition) or a partner (if a partnership) of th		ner of the cable system
		and correct to the best of my		lare under penalty of law that all statem le, information, and belief, and are mad		
			X	/s/ Patrick Bratton		-
				lectronic signature on the line above to c ature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed	name:	Patrick Bratton		
		Title:		Financial Officer position held in corporation or partnership)		
		Date:			August 30, 2021	

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counting Period: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
antic Broadband (SC) LLC	40118
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 additional sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section or information on when to exclude these amounts, see the note on page (vii) of the general instruction located 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 see the note on page (viii) of the general instruction located in the paper SA1-2 form.	the basic t include sub- ction 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 un- For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	(.)
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
	uays
Line 3 Multiply line 2 by the number of days late and enter the sum here	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	<u>-</u>
· ·	est charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assist contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	tance 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 C list below the owner, address, first community served, ID number, and accounting period as given in the original	•
Owner	
Address	
ID surebox	
ID number First community served	
Accounting period	

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