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.

# SA3E Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

| FOR COPYRIGHT OFFICE USE ONLY |                      |  |  |  |  |  |  |
|-------------------------------|----------------------|--|--|--|--|--|--|
| DATE RECEIVED                 | AMOUNT               |  |  |  |  |  |  |
| 08/30/21                      | \$ ALLOCATION NUMBER |  |  |  |  |  |  |

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

| Α                    | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:   |                    |                              |            |        |  |  |  |  |  |  |  |
|----------------------|--|--------------------|------------------------------|------------|--------|--|--|--|--|--|--|--|
| Accounting<br>Period | 2021/1   |                    |                              |            |        |  |  |  |  |  |  |  |
| <b>B</b><br>Owner    | 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.  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  |                    |                              |            |        |  |  |  |  |  |  |  |
|                      | SERVICE ELECTRIC CABLE TV INC  |                    |                              |            |        |  |  |  |  |  |  |  |
|                      |  |                    |                              | 684        | 420211 |  |  |  |  |  |  |  |
|                      |  |                    |                              | 6844       | 2021/1 |  |  |  |  |  |  |  |
|                      | 2200 AVENUE A<br>BETHLEHEM, PA 18017-2108  |                    |                              |            |        |  |  |  |  |  |  |  |
| С                    | INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of   |                    |                              |            |        |  |  |  |  |  |  |  |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM:  |                    |                              |            |        |  |  |  |  |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM:   |                    |                              |            |        |  |  |  |  |  |  |  |
|                      | 2 (Number, street, rural route, apartment, or suite number)  |                    |                              |            |        |  |  |  |  |  |  |  |
|                      | (City, town, state, zip code)  |                    |                              |            |        |  |  |  |  |  |  |  |
| D                    | Instructions: For complete space D instructions, see page 1b. Identify   | only the frst comm | nunity served below and reli | st on page | 1b     |  |  |  |  |  |  |  |
| Area<br>Served       | with all communities.  CITY OR TOWN  | STATE              |                              |            |        |  |  |  |  |  |  |  |
| First                | ALLENTOWN CITY   | PA                 |                              |            |        |  |  |  |  |  |  |  |
| Community            | Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G.  |                    |                              |            |        |  |  |  |  |  |  |  |
|                      | CITY OR TOWN (SAMPLE)  | STATE              | CH LINE UP                   | SUB        | GRP#   |  |  |  |  |  |  |  |
| Sample               | Alda<br>Alliance   | MD<br>MD           | A<br>B                       |            | 2      |  |  |  |  |  |  |  |
|                      | Gering   | MD                 | В                            |            | 3      |  |  |  |  |  |  |  |

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.

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 6844 SERVICE ELECTRIC CABLE TV INC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE **ALLENTOWN CITY** PA Α 1 **First Lower Macungie** PA 1 Α Community **South Whitehall** PA Α 1 Whitehall PA Α 1 **Upper Macungie** PA Α 1 PA 1 Salisbury Α See instructions for **Upper Saucon** PA Α 1 additional information on alphabetization. 1 **Fountain Hill** Α PA **North Whitehall** PA Α 1 PA 1 Catasauqua Α Α 1 **Hanover (Lehigh County)** PA Add rows as necessary. 1 **Alburtis** PA Α 1 **Lower Milford** PA Α Lowhill PA Α 1 Coopersburg PA Α 1 Weisenberg PA Α 1 Coplay PA Α 1 **Emmaus** PA Α 1 Α 1 Macungie PA **Upper Milford** PA Α 1 1 Greenwich PA Α 1 PA Longswamp Α 1 Hereford PA Α A 1 **Springfield** PA Riegelsville PA Α 1 Haycock PA Α 1 1 Durham PA Α Richland PA 1 Α 3 **Nockamixon** PA Α **Bridgeton** PA Α 3 3 **Tinicum** PA Α Milford PA Α 1 2 Nazareth PA Α Pen Argyl 2 PA Α 2 Upper Mt. Bethel PA Α

**Wind Gap** 

**Upper Nazareth** 

**Lower Nazareth** 

2

2

2

Α

Α

Α

PA

PA

PA

| Hellertown                   | PA | Α | 2 |
|------------------------------|----|---|---|
| Williams                     | PA | Α | 2 |
| Bethlehem                    | PA | Α | 2 |
| Bethlehem                    | PA | Α | 2 |
| Bangor                       | PA | Α | 2 |
| Bangor<br>Roseto             | PA | Α | 2 |
| Lower Saucon                 | PA | Α | 2 |
| Lower Mt. Bethel             | PA | Α | 2 |
| Plainfield                   | PA | Α | 2 |
| Bushkill                     | PA | Α | 2 |
| Portland                     | PA | Α | 2 |
| Tatamy                       | PA | Α | 2 |
| Tatamy<br>Moore              | PA | Α | 2 |
| Bath                         | PA | Α | 2 |
| Washington                   | PA | Α | 2 |
| Freemansburg                 | PA | Α | 2 |
| Hanover (Northampton County) | PA | Α | 2 |
| East Allen                   | PA | Α | 2 |
| East Bangor                  | PA | Α | 2 |
| Allen                        | PA | Α | 2 |
| Chapman                      | PA | Α | 2 |
| North Catasauqua             | PA | Α | 2 |
| Easton                       | PA | Α | 2 |
| West Easton                  | PA | Α | 2 |
| Forks                        | PA | Α | 2 |
| Glendon                      | PA | Α | 2 |
| Palmer                       | PA | Α | 2 |
| Stockertown                  | PA | Α | 2 |
| Wilson                       | PA | Α | 2 |
| Northampton                  | PA | Α | 2 |
| Alexandria                   | NJ | В | 4 |
| Bloomsbury                   | NJ | В | 4 |
| Frenchtown                   | NJ | В | 4 |
| Holland                      | NJ | В | 4 |
| Kingwood                     | NJ | В | 4 |
| Milford                      | NJ | В | 4 |
| Alpha                        | NJ | В | 4 |
| Greenwich                    | NJ | В | 4 |
| Harmony                      | NJ | В | 4 |
| Lopatcong                    | NJ | В | 4 |
| Phillipsburg                 | NJ | В | 4 |
| Pohatcong                    | NJ | В | 4 |
|                              |    |   |   |

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLE TV INC

SYSTEM ID# 6844

# 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                             | 58,207      | \$<br>23.99 | Residential Converter | 112,963     | \$4.95 |  |
| <ul> <li>Service to additional set(s)</li> </ul> |             |             |                       |             |        |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |             |             |                       |             |        |  |
| Motel, hotel                                     | 42          | \$<br>91.00 |                       |             |        |  |
| Commercial                                       | 292         | \$<br>82.00 |                       |             |        |  |
| Converter  |             |             |                       |             |        |  |
| Residential                                      | 31,519      | \$<br>12.95 |                       |             |        |  |
| Non-residential                                  | 6,887       | \$<br>18.95 |                       |             |        |  |
|  |             | <br>        |                       |             |        |  |

# 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                             | F                   | RATE  | CATEGORY OF SERVICE           | F  | RATE  | CATEGORY OF SERVICE | RATE    |
| Continuing Services:                            |                     |       | Installation: Non-residential |    |       |                     |         |
| Pay cable                                       | \$                  | 22.99 | Motel, hotel                  |    |       | Expanded Basic      | \$79.00 |
| Pay cable—add'l channel                         | \$                  | 16.49 | Commercial                    |    |       | НВО                 | \$22.99 |
| Fire protection                                 |                     |       | Pay cable                     |    |       | Cinemax             | \$16.49 |
| •Burglar protection                             |                     |       | Pay cable-add'l channel       |    |       | Playboy             | \$18.99 |
| Installation: Residential                       |                     |       | Fire protection               |    |       | HBO/Cinemax Combo   | \$32.49 |
| • First set                                     | \$                  | 49.95 | Burglar protection            |    |       | Showtime/TMC Combo  | \$10.99 |
| Additional set(s)                               | \$                  | 29.95 | Other services:               |    |       | Starz!/Encore Combo | \$20.49 |
| <ul> <li>FM radio (if separate rate)</li> </ul> |                     |       | Reconnect                     | \$ | 29.95 | iNDemand            | PP      |
| Converter                                       | \$                  | 29.95 | Disconnect                    |    |       |                     |         |
|   |                     |       | Outlet relocation             | \$ | 29.95 |                     |         |
|   | Move to new address |       | Move to new address           | \$ | 29.95 |                     |         |
|   |                     |       |                               |    |       |                     |         |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6844 SERVICE ELECTRIC CABLE TV INC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 3. TYPE 2. B'CAST 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **KYW** 3 Ν Philadelphia, PA KYW-2 3.2 Philadelphia, PA N-M See instructions for KYW-3 3.3 N-M Philadelphia, PA additional information on alphabetization. WPHL 17 ı Philadelphia, PA WPHL-2 17.2 I-M Philadelphia, PA WPHL-3 17.3 I-M Philadelphia, PA WPHL-4 17.4 I-M Philadelphia, PA WPPT 35 Philadelphia, PA ı WPPT-2 35.2 I-M Philadelphia, PA WNYW 5 ı Yes 0 New York, NY **WPVI** 6 Ν Philadelphia, PA WPVI-2 Philadelphia, PA 6.2 N-M WPVI-3 N-M Philadelphia, PA 6.3 **WDPN** 2 ı Wilmington, DE WDPN-2 2.2 I-M Wilmington, DE WDPN-3 Wilmington, DE 2.3 I-M WDPN-4 2.4 Wilmington, DE I-M WDPN-5 2.5 I-M Wilmington, DE

#### 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 specifc 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 located in the paper SA3 form.

**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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: 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.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | Α                                       |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WDPN-6          | 2.6                            | I-M                      |                            |   | Wilmington, DE         |
| WDPN-7          | 2.7                            | I-M                      |                            |   | Wilmington, DE         |
| WPPX            | 61                             | I                        |                            |   | Wilmington, DE         |
| WWOR            | 9                              | ı                        | Yes                        | 0                                       | New York, NY           |
| WCAU            | 10                             | N                        |                            |   | Philadelphia, PA       |
| WCAU-2          | 10.2                           | N-M                      |                            |   | Philadelphia, PA       |
| WPIX            | 11                             | ı                        | Yes                        | 0                                       | New York, NY           |
| WLVT            | 39                             | Е                        |                            |   | Allentown, PA          |
| WLVT-DT3        | 39.3                           | E-M                      |                            |   | Allentown, PA          |
| WLVT-DT4        | 39.4                           | E-M                      |                            |   | Allentown, PA          |
| WTXF            | 29                             | ı                        |                            |   | Philadelphia, PA       |
| WTXF-2          | 29.2                           | I-M                      |                            |   | Philadelphia, PA       |
| WTXF-4          | 29.4                           | I-M                      |                            |   | Philadelphia, PA       |
| WACP            | 4                              | ı                        |                            |   | Atlantic City, NJ      |
| WPSG            | 57                             | ı                        |                            |   | Philadelphia, PA       |
| WFMZ            | 69                             | ı                        |                            |   | Allentown, PA          |
| WFMZ-W          | 69.2                           | I-M                      |                            |   | Allentown, PA          |
| WBPH            | 60                             | l 1                      |                            |   | Bethlehem, PA          |

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 specifc 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 located in the paper SA3 form.

**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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: 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.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| ,                 | 0 1                            | . ,                      | •                          | •                                       | '                      |  |  |  |  |  |
|-------------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|--|--|--|
| CHANNEL LINE-UP A |                                |                          |                            |   |                        |  |  |  |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |  |  |  |  |
| WBPH-2            | 60.2                           | I-M                      |                            |   | Bethlehem, PA          |  |  |  |  |  |
| WTVE              | 51                             | I                        |                            |   | Reading, PA            |  |  |  |  |  |
| WGTW              | 48                             | I                        |                            |   | Philadelphia, PA       |  |  |  |  |  |
| WUVP              | 65                             | ı                        |                            |   | Philadelphia, PA       |  |  |  |  |  |
| WUVP-2            | 65.2                           | I-M                      |                            |   | Philadelphia, PA       |  |  |  |  |  |
| WUVP-3            | 65.3                           | I-M                      |                            |   | Philadelphia, PA       |  |  |  |  |  |
| WHYY              | 12                             | E                        |                            |   | Wilmington, DE         |  |  |  |  |  |
| WHYY-DT2          | 12.2                           | E-M                      |                            |   | Wilmington, DE         |  |  |  |  |  |
| wwsi              | 62                             | I                        |                            |   | Atlantic City, NJ      |  |  |  |  |  |
| WWSI-2            | 62.2                           | I-M                      |                            |   | Atlantic City, NJ      |  |  |  |  |  |
| WFPA              | 28                             | l                        |                            |   | Philadelphia, PA       |  |  |  |  |  |
| WMCN              | 44                             | I                        |                            |   | Philadelphia, PA       |  |  |  |  |  |
|                   |                                |                          |                            |   |                        |  |  |  |  |  |
|                   |                                |                          |                            |   |                        |  |  |  |  |  |
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|                   |                                |                          |                            |   |                        |  |  |  |  |  |

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 specifc 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 located in the paper SA3 form.

**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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: 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.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| CHANNEL LINE-UP B |                                |                          |                            |   |                        |  |  |  |  |
|-------------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|--|--|
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |  |  |  |
| WCBS              | 2                              | N                        |                            |   | New York, NY           |  |  |  |  |
| WCBS-2            | 2.2                            | N-M                      |                            |   | New York, NY           |  |  |  |  |
| WCBS-3            | 2.3                            | N-M                      |                            |   | New York, NY           |  |  |  |  |
| KYW               | 3                              | N                        |                            |   | Philadelphia, PA       |  |  |  |  |
| WPHL              | 17                             | ı                        |                            |   | Philadelphia, PA       |  |  |  |  |
| WNYW              | 5                              | ı                        |                            |   | New York, NY           |  |  |  |  |
| WNYW-2            | 5.2                            | I-M                      |                            |   | New York, NY           |  |  |  |  |
| WPVI              | 6                              | N                        |                            |   | Philadelphia, PA       |  |  |  |  |
| WWOR              | 9                              | l                        |                            |   | New York, NY           |  |  |  |  |
| WWOR-3            | 9.3                            | I-M                      |                            |   | New York, NY           |  |  |  |  |
| WCAU              | 10                             | N                        |                            |   | Philadelphia, PA       |  |  |  |  |
| WPIX              | 11                             | ı                        |                            |   | New York, NY           |  |  |  |  |
| WPIX-2            | 11.2                           | I-M                      |                            |   | New York, NY           |  |  |  |  |
| WPIX-3            | 11.3                           | I-M                      |                            |   | New York, NY           |  |  |  |  |
| WLVT              | 39                             | E                        |                            |   | Allentown, PA          |  |  |  |  |
| WLVT-DT3          | 39.3                           | E-M                      |                            |   | Allentown, PA          |  |  |  |  |
| WLVT-DT4          | 39.4                           | E-M                      |                            |   | Allentown, PA          |  |  |  |  |
| WTXF              | 29                             | 1                        |                            |   | Philadelphia, PA       |  |  |  |  |

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 specifc 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 located in the paper SA3 form.

**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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: 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.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| •               | •                              |                          | ·                          | •                                       | · ·                    |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
|                 |                                | CHANN                    | EL LINE-UP                 | В                                       |                        |
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WABC            | 7                              | N                        |                            |   | New York, NY           |
| WABC-2          | 7.2                            | N-M                      |                            |   | New York, NY           |
| WABC-3          | 7.3                            | N-M                      |                            |   | New York, NY           |
| WNBC            | 4                              | N                        |                            |   | New York, NY           |
| WNBC-2          | 4.2                            | N-M                      |                            |   | New York, NY           |
| WPSG            | 57                             | ı                        |                            |   | Philadelphia, PA       |
| WFMZ            | 69                             | ı                        |                            |   | Allentown, PA          |
| WFMZ-W          | 69.2                           | I-M                      |                            |   | Allentown, PA          |
| WBPH            | 60                             | ı                        |                            |   | Bethlehem, PA          |
| WNJT            | 52                             | E                        |                            |   | Trenton, NJ            |
| WPXN            | 31                             | ı                        |                            |   | New York, NY           |
| WMBC            | 63                             | ı                        |                            |   | Newton, NJ             |
| WXTV            | 41                             | ı                        |                            |   | Paterson, NJ           |
| WXTV-3          | 41.3                           | I-M                      |                            |   | Paterson, NJ           |
| WHYY            | 12                             | E                        |                            |   | Wilmington, DE         |
| WHYY-DT2        | 12.2                           | E-M                      |                            |   | Wilmington, DE         |
| WNJU            | 47                             | ı                        |                            |   | Linden, NJ             |
| WNJU-2          | 47.2                           | I-M                      |                            |   | Linden, NJ             |

G

Primary Transmitters: Television

|   | ACCOUNT    | ING PERIOD: 2021/1 |
|---|------------|--------------------|
| FORM SA3E. PAGE 3.  |            |                    |
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# | Name               |
| SERVICE ELECTRIC CABLE TV INC   | 6844       | Name               |
| 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 unless and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section | nder       | G                  |
| 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  | l on a     | Primary            |
| substitute program basis, as explained in the next paragraph.   |            | Transmitters:      |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute p  | rogram     | Television         |
| basis under specifc 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 Lifthe station was carried both on a substitute basis and also on some   | other      |                    |

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form.

**Column 2:** Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

**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 (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: 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.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|      | CHANN                      | 3                          |  |  |  |
|------|----------------------------|----------------------------|--|--|--|
|      |                            | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant)                        | 6. LOCATION OF STATION                               |  |
| 33   | I                          |                            |  | New York, NY   |  |
| 33.3 | I-M                        |                            |  | New York, NY   |  |
| 68   | ı                          |                            |  | Newark, NJ   |  |
| 68.2 | I-M                        |                            |  | Newark, NJ   |  |
|      |                            |                            |  |  |  |
|      |                            |                            |  |  |  |
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|      | l                          |                            |  |  |  |
|      |                            |                            |  |  |  |
|      | CHANNEL NUMBER  33 33.3 68 | 2. B'CAST                  | 2. B'CAST CHANNEL NUMBER STATION  33 I STATION  33.3 I-M  68 I | CHANNEL   OF   (Yes or No)   CARRIAGE   (If Distant) |  |

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6844 SERVICE ELECTRIC CABLE TV INC PRIMARY TRANSMITTERS: RADIO Н 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/1

| LEGAL NAME OF OWNER OF  | CABLE SYST            | EM:                       |   |                     |                                  | SYSTEM ID#    |                      |  |  |  |  |
|---|-----------------------|---------------------------|---|---------------------|----------------------------------|---------------|----------------------|--|--|--|--|
| SERVICE ELECTRIC C  | ABLE TV               | INC                       |   |                     |                                  | 6844          | Name                 |  |  |  |  |
| SUBSTITUTE CARRIAGE   | E: SPECIA             | L STATEMEN                | NT AND PROGRAM LOG  | i                   |                                  |               |                      |  |  |  |  |
| In General: In space I, ident<br>substitute basis during the ar<br>explanation of the programm                      | ccounting pe          | eriod, under spe          | ecific present and former FC                                | C rules, regul      | lations, or authorizations.      | For a further | Substitute           |  |  |  |  |
| 1. SPECIAL STATEMENT  |                       |                           |   | -                   |                                  |               | Carriage:<br>Special |  |  |  |  |
| 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 pag          | ge blank. If your answer is '                               | 'Yes," you mι       | ust complete the progran         | n             |                      |  |  |  |  |
| log in block 2.   |                       |                           |   |                     |                                  |               |                      |  |  |  |  |
| 2. LOG OF SUBSTITUTE In General: List each subst  |                       |                           | te line. Lise abbreviations                                 | wherever no         | ssible if their meaning is       |               |                      |  |  |  |  |
| clear. If you need more spa   |                       |                           |   | wilelevel pos       | ssible, il tileli illealillig is | •             |                      |  |  |  |  |
| Column 1: Give the title  | of every no           | nnetwork telev            | ision program (substitute p                                 |                     |                                  |               |                      |  |  |  |  |
| period, was broadcast by a under certain FCC rules, re  |                       |                           |   |                     |                                  | tion          |                      |  |  |  |  |
| SA3 form for futher informa   |                       |                           |   |                     |                                  |               |                      |  |  |  |  |
| titles, for example, "I Love L  |                       |                           |   | _                   |                                  |               |                      |  |  |  |  |
|   |                       |                           | r "Yes." Otherwise enter "N<br>asting the substitute progra |                     |                                  |               |                      |  |  |  |  |
| Column 4: Give the broa   | dcast statio          | on's location (th         | ne community to which the                                   | station is lice     |                                  |               |                      |  |  |  |  |
| the case of Mexican or Can  |                       |                           |   |                     |                                  | th.           |                      |  |  |  |  |
| first. Example: for May 7 giv   |                       | when your sys             | tem carried the substitute p                                | orogram. Ose        | numerais, with the mon           | u1            |                      |  |  |  |  |
| Column 6: State the time  | es when the           |                           | gram was carried by your o                                  |                     |                                  | у             |                      |  |  |  |  |
| 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      | 28:30 p.m. should be             |               |                      |  |  |  |  |
|   | er "R" if the         | listed program            | was substituted for progra                                  | mming that y        | our system was required          | t             |                      |  |  |  |  |
| to delete under FCC rules a   |                       |                           |   |                     |                                  |               |                      |  |  |  |  |
| gram was substituted for preffect on October 19, 1976.  |                       | that your syste           | em was permitted to delete                                  | under FCC r         | rules and regulations in         |               |                      |  |  |  |  |
| ellect off October 19, 1970.  | •                     |                           |   |                     |                                  |               |                      |  |  |  |  |
|   |                       |                           |   | I I                 | EN SUBSTITUTE                    | 7. REASON     |                      |  |  |  |  |
|   |                       | E PROGRAM                 | <u> </u>  |                     | IAGE OCCURRED  6. TIMES          | FOR           |                      |  |  |  |  |
| TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                       | 5. MONTH<br>AND DAY | FROM — TO                        | DELETION      |                      |  |  |  |  |
|   |                       |                           |   |                     | _                                |               |                      |  |  |  |  |
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|   |                       |                           |   |                     | _                                |               |                      |  |  |  |  |

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

| Name                              |  | OWNER OF CABLE   |  |   |  |   |  |  | S          | 4844<br>6844 |
|-----------------------------------|--|--|--|---|--|---|--|--|------------|--------------|
|                                   | PART-TIME CA   | RRIAGE LOG   |  |   |  |   |  |  |            |              |
| J<br>Part-Time<br>Carriage<br>Log | In General: Thi time carriage do hours your syste Column 1 (Column 5 of spa Column 2 (Dourred during th Give the mont "4/10." State the start television statio "app." Example | s space ties in vue to lack of actiem carried that sall sign): Give face G.  ates and hours to accounting perhand day when ing and ending the n's broadcast date: "12:30 a.m.— 3 | the carriage occur<br>times of carriage to<br>ay, you may give a | acity, you are required in more space, ple ry distant station each station, list red. Use numerate the nearest quain approximate en | uired<br>ase<br>who:<br>the d<br>ls, w<br>rter h | d to complete thi attach additional se basis of carriadates and hours with the month first nour. In any case, hour, followed by | s log giving the pages. age you identifie when part-time st. Example: for where carriage by the abbreviati | total dates and d by "LAC" in carriage oc- April 10 give ran to the end or | f the      |              |
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|                                   |  | WHEN   | N CARRIAGE OCC   | URRED   |  |   | WHE  | N CARRIAGE OC  | CUR        | RED          |
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| LEGA  | AL NAME OF OWNER OF CABLE SYSTEM:  RVICE ELECTRIC CABLE TV INC  | SYSTEM ID#<br>6844                             | Name   |
|---|---|--|--|
| Inst<br>all a<br>(as i                          | OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's secondard identified in space E) during the accounting period. For a further explanation of how to come (viii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  | ary transmission service pute this amount, see | K<br>Gross Receipts                                  |
| IMP   | during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.  | \$ 20,970,394.68<br>(Amount of gross receipts) |  |
| Instru Com Com If you fee to If you accom If pa | RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the amount from block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable parts companying this form and attach the schedule to your statement of account.  For statement of account.  For statement 9, block A, of the DSE schedule was completed, the base rate fee should be ended a below. | of the DSE Schedule                            | L<br>Copyright<br>Royalty Fee                        |
| ▶ If pa   | art 6 of the DSE schedule was completed, the amount from line 7 of block $\sf C$ should be enterlow.  | ered on line 2 in block                        |  |
|   | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.   | be entered on line                             |  |
| Block<br>1                                      | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more ar least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period.   | 1.064 percent of the                           |  |
|   | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064  | \$ 20,970,394.68                               |  |
|   | Enter the result here. This is your minimum fee.  | \$ 223,125.00                                  |  |
| 2   | space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4 "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and column 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or   | omplete line 1, block 4.                       |  |
| Block<br>3                                      | 4, or part 9, block A of the DSE schedule. If none, enter zero  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero   | \$ 259,940.66                                  |  |
|   | Line 3. Add lines 1 and 2 and enter here  | \$ 259,940.66                                  |  |
| Block<br>4                                      | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7   | \$ 259,940.66                                  | Cable systems  |
|   | (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.   | 0.00   | submitting<br>additional<br>deposits under           |
|   | Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)  | 0.00   | Section 111(d)(7)<br>should contact<br>the Licensing |
|   | Line 4. FILING FEE  | \$ 725.00                                      | additional fees. Division for the appropriate        |
|   | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here  | \$ 260,665.66                                  | form for submitting the additional fees.             |
|   | EFT Trace # or TRANSACTION ID # 76140147498   |  |  |
|   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See general instructions located in the paper SA3 form and the Excel instructions tab   | · · · · · ·                                    |  |

|               | TONINO ORDET  |
|---------------|---|
| Name          | LEGAL NAME OF OWNER OF CABLE SYSTEM:  SERVICE ELECTRIC CABLE TV INC  68   |
|               | CHANNELO  |
| М             | CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations  |
| IVI           | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.   |
| Channels      | to the cases like to that (L) the case system total names of admitted shall not give 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   |
|               |   |
| N             | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)   |
| Individual to | we can contact about this statement of account.)  |
| Be Contacted  |   |
| for Further   | Name Joseph G. Macus Telephone (610) 625-8526   |
| Information   |   |
|               | Address 2200 Avenue A (Number, street, rural route, apartment, or suite number)   |
|               | Rethlehem PA 18017-2108   |
|               | (City, town, state, zip)  |
|               | Email Fax (optional)  |
|               |   |
|               | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  |
| 0             | The first of the statement of account made to state and any account made to the company of the statement of |
| Certifcation  | • I, the undersigned, hereby certify that (Check one, but only one, 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; or   |
|               | (Agent 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 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 owner of the cable system   |
|               | 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 heliof, and are made in good faith.  |
|               | 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)]  |
|               |   |
|               |   |
|               | X /s/ Joseph G. Macus   |
|               | /s/ Joseph G. Macus   |
|               | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.   |
|               | (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.  |
|               | Typed or printed name: Joseph G. Macus  |
|               | 1. Jpcc of printed risino. Cooppil of Interest  |
|               |   |
|               | Title: Vice President   |
|               | Title: Vice President (Title of official position held in corporation or partnership)   |
|               |   |
|               | Date: August 26, 2021   |

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 sufficiency of the fling, a determination that would be made by a court of law.

| LEGAL NAME OF OWNE  | ER OF CABLE SYSTEM:   | STEM ID#         |   |
|---|---|------------------|---|
| SERVICE ELEC  | TRIC CABLE TV INC   | 6844             | Name  |
| The Satellite Hor lowing sentence:  "In determ service of scribers at For more information paper SA3 form.  During the account made by satellite.  X NO | mining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>f providing secondary transmissions of primary broadcast transmitters, the system shall not include<br>and amounts collected from subscribers receiving secondary transmissions pursuant to section 119<br>ation on when to exclude these amounts, see the note on page (vii) of the general instructions in the | c<br>sub-<br>."  | Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| Name<br>Mailing Address   | Name Mailing Address  |                  |   |
| INTEREST AS   | SSESSMENTS  |                  |   |
| •   | ete this worksheet for those royalty payments submitted as a result of a late payment or underpaymon of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | ient.            | Q   |
| Line 1 Enter the  | e amount of late payment or underpayment  |                  | Interest<br>Assessment  |
|   | line 1 by the interest rate* and enter the sum here   | <b>-</b><br>days |   |
| Line 3 Multiply I   | line 2 by the number of days late and enter the sum here  | <u>-</u>         |   |
|   | line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)  |                  |   |
|   | e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance plant Licensing Division at (202) 707-8150 or licensing@copyright.gov.  | ease             |   |
| ** This is the  | decimal equivalent of 1/365, which is the interest assessment for one day late.   |                  |   |
| •   | e filing this worksheet covering a statement of account already submitted to the Copyright Offce, the owner, address, first community served, accounting period, and ID number as given in the orig   | inal             |   |
| Owner<br>Address  |   |                  |   |
| First community Accounting perio  |   |                  |   |

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 sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2021/1

DSE SCHEDULE, PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

# BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

| Independent: its type-value is                                     | 1.00 |
|--|------|
| Network: its type-value is   | 0.25 |
| Noncommercial educational: its type-value is                       | 0.25 |
| Note that local stations are not counted at all in computing DSEs. |      |

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

### SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

#### **TOTAL OF DSEs**

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

# COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

# COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
  major television market as defined by the FCC rules and regulations in
  effect on June 24, 1981. If no portion of the cable system is located in
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

# COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

#### **SCHEDULE**

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
- 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

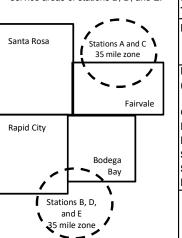
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

### **EXAMPLE:**

### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



|   | Distant Stations Carr | ied         | Identification | of Subscriber Groups   |                  |
|---|-----------------------|-------------|----------------|------------------------|------------------|
|   | STATION               | DSE         | CITY           | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| n | A (independent)       | 1.0         |                | SERVICE AREA OF        | FROM SUBSCRIBERS |
|   | B (independent)       | 1.0         | Santa Rosa     | Stations A, B, C, D ,E | \$310,000.00     |
|   | C (part-time)         | 0.083       | Rapid City     | Stations A and C       | 100,000.00       |
|   | D (part-time)         | 0.139       | Bodega Bay     | Stations A and C       | 70,000.00        |
|   | E (network)           | <u>0.25</u> | Fairvale       | Stations B, D, and E   | 120,000.00       |
|   | TOTAL DSEs            | 2.472       |                | TOTAL GROSS RECEIPTS   | \$600,000.00     |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 600,000.00
 .00

|                              |              | \$0,304.00                  |              |                             |              |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| First Subscriber Group       |              | Second Subscriber Group     |              | Third Subscriber Group      |              |
| (Santa Rosa)                 |              | (Rapid City and Bodega Bay) |              | (Fairvale)                  |              |
| Gross receipts               | \$310,000.00 | Gross receipts              | \$170,000.00 | Gross receipts              | \$120,000.00 |
| DSEs                         | 2.472        | DSEs                        | 1.083        | DSEs                        | 1.389        |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |
| \$310,000 x .01064 x 1.0 =   | 3,298.40     | \$170,000 x .01064 x 1.0 =  | 1,808.80     | \$120,000 x .01064 x 1.0 =  | 1,276.80     |
| \$310,000 x .00701 x 1.472 = | 3,198.80     | \$170,000 x .00701 x .083 = | 98.91        | \$120,000 x .00701 x .389 = | 327.23       |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2021/1** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1                                | LEGAL NAME OF OWNER OF CAB                                   |                           |                               |                   | S'                     | YSTEM ID# |
|----------------------------------|--|---------------------------|-------------------------------|-------------------|------------------------|-----------|
|                                  | SERVICE ELECTRIC C   |                           |                               |                   |                        | 6844      |
|                                  | SUM OF DSEs OF CATEGO  |                           |                               |                   |                        |           |
|                                  | Add the DSEs of each statio  Forter the sum bers and in line |                           | andula                        |                   | 3.00                   |           |
|                                  | Enter the sum here and in line                               | e i di part 5 di this scr | iedule.                       | Ŀ                 | 3.00                   |           |
| 2                                | Instructions:<br>In the column headed "Call                  | Sign": list the call sig  | une of all distant stations i | identified by the | letter "O" in column 5 |           |
|                                  | of space G (page 3).   | Jigii . list the call sig | ins of all distant stations   | identified by the | rietter O in column 3  |           |
| Computation                      | In the column headed "DSE                                    |                           | ent station, give the DSE     | as "1.0"; for ea  | ch network or noncom-  |           |
| of DSEs for                      | mercial educational station, gi                              |                           |                               |                   |                        |           |
| Category "O"                     |  |                           | ATEGORY "O" STATION           |                   |                        |           |
| Stations                         | CALL SIGN  | DSE                       | CALL SIGN                     | DSE               | CALL SIGN              | DSE       |
|                                  | WNYW   | 1.000                     |                               |                   |                        |           |
|                                  | WWOR   | 1.000                     |                               |                   |                        |           |
|                                  | WPIX   | 1.000                     |                               |                   |                        |           |
|                                  |  |                           |                               |                   |                        |           |
| Address                          |  |                           |                               |                   |                        |           |
| Add rows as                      |  |                           |                               |                   |                        |           |
| necessary.  Remember to copy all |  |                           |                               |                   |                        |           |
| formula into new                 |  |                           |                               |                   |                        |           |
| rows.                            |  |                           |                               |                   |                        |           |
| TOWS.                            |  |                           |                               |                   |                        |           |
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|                                  |  | <mark></mark>             |                               |                   |                        |           |
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|                                  |  | <u> </u>                  |                               |                   |                        |           |
|                                  |  | <del></del>               |                               |                   |                        |           |
|                                  |  |                           |                               | †                 |                        |           |
| I                                | l  |                           |                               | LL                | J                      | L         |

| Name  |   | OWNER OF CABLE SYSTEM:<br>ECTRIC CABLE TV II   | NC   |  |  |   | S   | 6844   |
|---|---|--|--|--|--|---|---|--------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-V   | at the call sign of all distar For each station, give the correspond with the inform For each station, give the Divide the figure in colurat least to the third deciments.   | ne number of hou mation given in some total number of mm 2 by the figurenal point. This is tation, give the "  | urs your cable system space J. Calculate on of hours that the static re in column 3, and g the "basis of carriage type-value" as "1.0."  | n carried the static<br>ly one DSE for ea<br>on broadcast over<br>ive the result in do<br>e value" for the sta<br>For each network               | on during the accounting ch station.  the air during the accounting ecimals in column 4. This ation.  or noncommercial educations of the column 6. Round to no le | nting period. figure must tional station, |        |
| Capacity  |   | (  | CATEGORY I   | LAC STATIONS:  | COMPUTATION  | ON OF DSEs  |   |        |
|   | 1. CALL<br>SIGN   | 2. NUMBE<br>OF HOL<br>CARRIE<br>SYSTEM   | JRS<br>D BY  | B. NUMBER<br>OF HOURS<br>STATION<br>ON AIR   | 4. BASIS OF<br>CARRIAG<br>VALUE  |   | 6. DS                                     | SE     |
|   |   |  | ÷  |  | =  | X   | =   |        |
|   |   |  | ÷  |  | =  | x<br>x  | =   |        |
|   |   |  | ÷  |  | =  | x   | =   |        |
|   |   |  | ÷  |  | =  | x   | =   |        |
|   |   |  | ÷  |  |  | x<br>x  | =   |        |
|   |   |  | ÷  |  | =  | x   | =   |        |
| Computation of DSEs for Substitute-Basis Stations                                   | Instructions: Column 1: Giv • Was carried tions in effe • Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I | of each station.  m here and in line 2 of pa  e the call sign of each sta I by your system in substict on October 19, 1976 (a  one or more live, nonnetwo  For each station give the This figure should corres  Enter the number of days Divide the figure in colum  This is the station's DSE ( | ation listed in spa<br>tution for a progras<br>as shown by the<br>ork programs duri<br>number of live, r<br>pond with the in<br>in the calendar<br>n 2 by the figure | ace I (page 5, the Log<br>ram that your system<br>letter "P" in column 7<br>ng that optional carrie<br>nonnetwork programs<br>formation in space I.<br>year: 365, except in a<br>in column 3, and give | of Substitute Pro<br>was permitted to<br>of space I); and<br>age (as shown by the<br>carried in substite<br>a leap year.<br>e the result in colu | delete under FCC rules a<br>ne word "Yes" in column 2 c<br>ution for programs that w<br>umn 4. Round to no less t   | and regular- of ere deleted han the third | ).     |
|   |   | SI   | IRSTITLITE-F   | BASIS STATION  | S: COMPLITA  | TION OF DSEs  |   |        |
|   | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBER<br>OF DAYS<br>IN YEAR  | R 4. DSE   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR           | 4. DSE |
|   |   | ÷  |  | =  |  | ÷   |   | =      |
|   |   | ÷  |  |  |  | ÷   |   | =      |
|   |   | ÷  |  | =  |  | ÷   |   | =      |
|   |   | ÷  |  | =  |  | ÷   |   | =      |
|   | Add the DSEs  | ÷ OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa  | S STATIONS:  | =<br>dule,   |  | 0.00  |   | =      |
| 5   |   | ER OF DSEs: Give the amo   |  | exes in parts 2, 3, and  | 4 of this schedule   | and add them to provide th  | ne total                                  |        |
| Total Number  | 1. Number   | of DSEs from part 2 ●  |  |  |  | <b>-</b>  | 3.00                                      |        |
| of DSEs   | 2. Number   | of DSEs from part 3 ●  |  |  |  | -   | 0.00                                      |        |
|   | 3. Number   | of DSEs from part 4 ●  |  |  |  | ·   | 0.00                                      |        |
|   |   |  |  |  |  |   |   |        |
|   | TOTAL NUMBE   | R OF DSEs  |  |  |  |   |   | 3.00   |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

|   | AL NAME OF OWNER OF CABLE SYSTEM:  RVICE ELECTRIC CABLE TV INC  6844   |  |  |   |  |  |                                 |          | Namo   |
|---|--|--|--|---|--|--|---------------------------------|----------|--|
| tructions: Bloc   | ck A must be comp  | leted.   |  |   |  |  |                                 |          | 6  |
| lock A:<br>/our answer if '   | "Yes." leave the rer   | mainder of pa  | rt 6 and part 7  | of the DSE schedu   | ule blank and  | complete part  | 3. (page 16) of the             |          |  |
| edule.  | "No," complete bloc  | ·  |  |   |  |  | -, (i 3 -,                      |          |  |
| your unswer ii  | 140, Complete bloc   |  |  | TELEVISION MA   | ARKETS   |  |                                 |          | Computation  |
| ,   | ,  | ıtside of all ma   | ajor and small   | er markets as defin   | ned under sect   | tion 76.5 of FC  | C rules and regula              | tions in | 3.75 Fee   |
| ct on June 24,  Yes—Com   |  | schedule—DC  | NOT COMP   | LETE THE REMAIN   | NDER OF PAR  | RT 6 AND 7.  |                                 |          |  |
|   | elete blocks B and (   |  |  |   |  | 072  |                                 |          |  |
| <u> </u>  |  | BLOG   | CK B: CARF   | RIAGE OF PERM   | MITTED DS  | Es   |                                 |          | _  |
| Column 1:<br>CALL SIGN  | FCC rules and re   | gulations prio<br>e DSE Sched  | r to June 25, 1<br>ule. (Note: Th  | part 2, 3, and 4 of th<br>1981. For further ex<br>e letter M below ref<br>Act of 2010.)   | planation of p   | ermitted station   | ns, see the                     |          |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE                                  | Enter the appropr<br>(Note the FCC rul<br>A Stations carrie<br>76.61(b)(c)]<br>B Specialty statio<br>C Noncommerica<br>D Grandfathered | riate letter indi<br>les and regula<br>ed pursuant to<br>on as defined<br>al educational<br>station (76.63 | cating the bas<br>ations cited be<br>the FCC mar<br>in 76.5(kk) (76<br>station [76.59<br>5) (see paragr  | sis on which you ca<br>elow pertain to those<br>ket quota rules [76.<br>6.59(d)(1), 76.61(e)<br>9(c), 76.61(d), 76.63<br>aph regarding subs | e in effect on 3.57, 76.59(b),<br>0(1), 76.63(a) i<br>3(a) referring t | June 24, 1981.<br>76.61(b)(c), 76<br>referring to 76.6<br>to 76.61(d)] | .63(a) referring to<br>61(e)(1) |          |  |
| Column 3:   | G Commercial U<br>M Retransmissio  | ant to individua<br>viously carried<br>HF station wit<br>in of a distant<br>each distant st                | al waiver of F(<br>I on a part-tim<br>hin grade-B c<br>multicast strea<br>ation listed in  | e or substitute basi<br>ontour, [76.59(d)(5)  | the schedule   | 76.63(a) refer   |                                 |          |  |
|   | this schedule to d   |  |  |   |  |  | Mondot on page 11               | · UI     |  |
| 1. CALL   | 2. PERMITTED   | 3. DSE   | 1. CALL  | 2. PERMITTED  | 3. DSE   | 1. CALL  | 2. PERMITTED                    | 3. DSE   |  |
| SIGN  | 1 1  |  | ,<br>  | 2. PERMITTED<br>BASIS   | 3. DSE   |  | Ι                               |          |  |
| SIGN<br>WNYW<br>WWOR  | 2. PERMITTED BASIS D D   | 3. DSE<br>1.00<br>1.00   | 1. CALL  |   | 3. DSE   | 1. CALL  | 2. PERMITTED                    |          |  |
| SIGN<br>WNYW<br>WWOR  | 2. PERMITTED<br>BASIS<br>D   | 3. DSE 1.00  | 1. CALL  |   | 3. DSE   | 1. CALL  | 2. PERMITTED                    |          |  |
| SIGN<br>WNYW<br>WWOR  | 2. PERMITTED BASIS D D   | 3. DSE<br>1.00<br>1.00   | 1. CALL  |   | 3. DSE   | 1. CALL  | 2. PERMITTED                    |          |  |
| SIGN<br>WNYW<br>WWOR  | 2. PERMITTED BASIS D D   | 3. DSE<br>1.00<br>1.00   | 1. CALL  |   | 3. DSE   | 1. CALL  | 2. PERMITTED                    |          |  |
| SIGN<br>WNYW<br>WWOR  | 2. PERMITTED BASIS D D   | 3. DSE<br>1.00<br>1.00   | 1. CALL  |   | 3. DSE   | 1. CALL  | 2. PERMITTED                    | 3. DSE   |  |
| SIGN<br>WNYW<br>WWOR  | 2. PERMITTED BASIS D D   | 3. DSE<br>1.00<br>1.00<br>1.00   | 1. CALL<br>SIGN  | BASIS   |  | 1. CALL  | 2. PERMITTED                    |          |  |
| SIGN WNYW WWOR WPIX   | 2. PERMITTED BASIS D D D   | 3. DSE 1.00 1.00 1.00  | 1. CALL<br>SIGN  | BASIS  DMPUTATION OF  |  | 1. CALL  | 2. PERMITTED                    | 3. DSE   |  |
| SIGN<br>WNYW<br>WWOR<br>WPIX  | 2. PERMITTED BASIS D D   | 3. DSE 1.00 1.00 1.00  | 1. CALL<br>SIGN  | BASIS  DMPUTATION OF  |  | 1. CALL  | 2. PERMITTED                    | 3. DSE   |  |
| SIGN WNYW WWOR WPIX   | 2. PERMITTED BASIS D D D   | 3. DSE 1.00 1.00 1.00  SES from p  | 1. CALL SIGN  BLOCK C: CO  | DMPUTATION OF schedule  |  | 1. CALL  | 2. PERMITTED                    | 3. DSE   |  |
| SIGN WNYW WWOR WPIX  1: Enter the 2: Enter the 3: Subtract                      | 2. PERMITTED BASIS  D D D sum of permitted line 2 from line 1.   | 3. DSE  1.00 1.00 1.00  SES from p DSEs from This is the t   | 1. CALL SIGN  BLOCK C: CO  art 5 of this s block B about   | DMPUTATION OF schedule  | F 3.75 FEE   | 1. CALL<br>SIGN  | 2. PERMITTED                    | 3. DSE   |  |
| sign wnyw wwor wpix  1: Enter the 2: Enter the 3: Subtract (If zero, Id         | 2. PERMITTED BASIS  D D D sum of permitted line 2 from line 1.   | 3. DSE  1.00  1.00  1.00  1.00  DSEs from p  DSEs from  This is the tank and process.                      | 1. CALL SIGN  BLOCK C: CO  art 5 of this s block B above the control of the contr | DMPUTATION OF schedule  ve  of DSEs subject t   | F 3.75 FEE   | 1. CALL<br>SIGN  | 2. PERMITTED                    | 3. DSE   | -  |
| SIGN WNYW WWOR WPIX  e 1: Enter the e 2: Enter the e 3: Subtract   (If zero, le | 2. PERMITTED BASIS D D D sum of permitted line 2 from line 1. eave lines 4–7 bla   | 3. DSE  1.00 1.00 1.00 1.00  DSEs from p DSEs from This is the tank and processors                         | 1. CALL SIGN  BLOCK C: CO art 5 of this s block B abordal number ceed to part 7  | DMPUTATION OF schedule  ve  of DSEs subject t   | F 3.75 FEE   | 1. CALL<br>SIGN  | 2. PERMITTED BASIS              | 3. DSE   | Do any of t<br>DSEs repres<br>partially<br>permited<br>partially |
| SIGN WNYW WWOR WPIX  2: Enter the 3: Subtract (If zero, le 4: Enter gro         | 2. PERMITTED BASIS  D D D total number of E sum of permitted line 2 from line 1. eave lines 4–7 blass receipts from s                  | 3. DSE  1.00 1.00 1.00 1.00  DSEs from p DSEs from This is the tank and processes from poores.             | 1. CALL SIGN  BLOCK C: CO art 5 of this s block B above the seed to part 7 ge 7)  here   | DMPUTATION OF schedule  ve  of DSEs subject t   | F 3.75 FEE   | 1. CALL<br>SIGN  | 2. PERMITTED BASIS              | 3. DSE   | DSEs repres<br>partially<br>permited                             |

| Name                    | 6844   |                       |                 |          |                       |                 | TV INC | CTRIC CABLE           | RVICE ELI       |
|-------------------------|--------|-----------------------|-----------------|----------|-----------------------|-----------------|--------|-----------------------|-----------------|
|                         |        |                       | JED)            | (CONTINU | SION MARKETS          | A: TELEVIS      | BLOCK  |                       |                 |
| 6                       | 3. DSE | 2. PERMITTED<br>BASIS | 1. CALL<br>SIGN | 3. DSE   | 2. PERMITTED<br>BASIS | 1. CALL<br>SIGN | 3. DSE | 2. PERMITTED<br>BASIS | 1. CALL<br>SIGN |
| Computation<br>3.75 Fee |        | B/ (e/e               | CICIT           |          | B/ (ele               | CICIT           |        | E/ (OIC               | CICIT           |
|                         |        |                       |                 |          |                       |                 |        |                       |                 |
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|                         |        |                       |                 |          |                       |                 |        |                       |                 |

**ACCOUNTING PERIOD: 2021/1** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SERVICE ELECTRIC CABLE TV INC 6844 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED DSE PERIOD CARRIAGE SIGN DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE **WNYW** 1.00 WNYW 1.00 **WWOR WWOR** 1.00 1.00 **WPIX** 1.00 WPIX 1.00 3.00 3.00 TOTAL DSEs TOTAL DSEs

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:  SERVICE ELECTRIC CABLE TV INC   | M ID#<br>6844 | Name                      |
|---------------|---|---------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |               |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)  | 94.68         | 7                         |
| Section<br>2  | A. Enter the total DSEs from block B of part 7  | 3.00          | Computation of the        |
|               | B. Enter the total number of exempt DSEs from block C of part 7   | 3.00          | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.   | 0.00          | Surcharge                 |
| • Is any      | y portion of the cable system within a top 50 television market as defined by the FCC?  X Yes—Complete section 3 below.   |               |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |               |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE |               |                           |
|               | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.   |               |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)   |               |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)  |               |                           |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here  |               |                           |
|               | D. Multiply line B by line C and enter here   |               |                           |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |               |                           |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.  | -             |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)  |               |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)  |               |                           |
|               | C. Multiply line B by 3.000 and enter here  |               |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)  |               |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here   |               |                           |
|               | F. Multiply line D by line E and enter here   |               |                           |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |               |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  |               |                           |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?   |               |                           |
| Section<br>4a | X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.   |               |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)        |               |                           |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)  |               |                           |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here  |               |                           |
|               | D. Multiply line B by line C and enter here   |               |                           |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |               |                           |

| Name  |   | ME OF OWNER OF CABLE SYSTEM:  SERVICE ELECTRIC CABLE TV INC  | 6844 |  |  |  |
|---|---|--|------|--|--|--|
| Computation of the Syndicated Exclusivity Surcharge | Section<br>4b   | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1)   |      |  |  |  |
|   |   | D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here.  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge. |      |  |  |  |
| 8<br>Computation<br>of<br>Base Rate Fee             | • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below |  |      |  |  |  |
|   |   |  |      |  |  |  |
|   | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE   |  |      |  |  |  |
|   | Section 1 Enter   | Enter the amount of gross receipts from space K (page 7) ▶ \$  |      |  |  |  |
|   | Section<br>2  | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)   |      |  |  |  |
|   | Section 3   | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts  (the amount in section 1)  |      |  |  |  |
|   |   | D. Multiply line B by line C and enter here.  E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee.   | 0.00 |  |  |  |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/1

| DOL 001         | ESSELITAGE III.   | 7,00001111110     |                            |
|-----------------|---|-------------------|----------------------------|
|                 | AME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#        | Name                       |
| SERV            | ICE ELECTRIC CABLE TV INC   | 6844              |                            |
| Section         | If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.   |                   |                            |
| 4               | A. Enter 0.01064 of gross receipts  |                   | 8                          |
|                 | (the amount in section 1) \$  |                   |                            |
|                 |   | _                 |                            |
|                 | B. Enter 0.00701 of gross receipts  (the amount in section 1)   |                   | Computation                |
|                 | (the amount in section 1) \$  |                   | of<br>Base Rate Fee        |
|                 | C. Multiply line B by 3.000 and enter here <b>\$</b>  |                   |                            |
|                 | D. Enter 0.00330 of gross receipts  |                   |                            |
|                 | (the amount in section 1) <b>&gt;</b> \$  |                   |                            |
|                 | E. Subtract 4.000 from total DSEs   |                   |                            |
|                 | (the figure in section 2) and enter here  |                   |                            |
|                 |   |                   |                            |
|                 | F. Multiply line D by line E and enter here <b>&gt;</b>   |                   |                            |
|                 | G. Add lines A, C, and F. This is your base rate fee.   | <del></del>       |                            |
|                 | Enter here and in block 3, line 1, space L (page 7)   |                   |                            |
|                 | Base Rate Fee   | 0.00              |                            |
|                 |   |                   |                            |
|                 | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca<br>be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe<br>G.   | •                 | 9                          |
| In Gen          | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee  | e, to exclude     |                            |
| receipt         | s from subscribers located within the station's local service area, from your system's total gross receipts. To take a  |                   | Computation of             |
| exclusi         | on, you must:   |                   | Base Rate Fee              |
|                 | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant   |                   | and<br>Syndicated          |
|                 | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine<br>and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee fo  |                   | Exclusivity                |
|                 | : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  | each group.       | Surcharge                  |
|                 | If any portion of your cable system is located within the top 100 television market and the station is not exempt in  | part 7 you must   | for<br>Partially           |
| also co         | many portion or your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B broable system is wholly located outside all major television markets, complete block A only.  |                   | Distant<br>Stations, and   |
| How to          | Identify a Subscriber Group for Partially Distant Stations  |                   | for Partially<br>Permitted |
| Step 1          | For each community served, determine the local service area of each wholly distant and each partially distant sta   | tion you          | Stations                   |
|                 | to that community.  |                   |                            |
| outside         | : For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo<br>the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the token, the station is distant to the subscriber.)   |                   |                            |
| Step 3          | : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.   | Each              |                            |
|                 | ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.  | ıat a cable       |                            |
| Compu<br>groups | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys   | tem's subscriber  |                            |
| In each         | section:  |                   |                            |
| • Identi        | fy the communities/areas represented by each subscriber group.  |                   |                            |
|                 | the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers in the group.   | il of the         |                            |
| • If:           |   |                   |                            |
| , -             | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it s schedule; or,   | n parts 2, 3, and |                            |
| , .             | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l<br>6 of this schedule.  | olock B,          |                            |
| • Add t         | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.  |                   |                            |
|                 | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general apper SA3 form.   | instructions      |                            |
| page.<br>DSEs f | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the<br>In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the<br>for that group's complement of stations and total gross receipts from the subscribers in that group). You do not necesticulations on the form. | at is, the total  |                            |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6844 SERVICE ELECTRIC CABLE TV INC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNE SERVICE ELECTR                   |          |                       |  |                         |           |                 | 6844                | Name        |
|---|----------|-----------------------|--|-------------------------|-----------|-----------------|---------------------|-------------|
|   | BLOCK A: | COMPUTATION OF        | BASE RA  | TE FEES FOR EACH        | SUBSCRIB  | ER GROUP        |                     |             |
|   | FIRST    | SUBSCRIBER GROU       | Р  |                         |           | SUBSCRIBER GROU |                     | ^           |
| COMMUNITY/ AREA Lehigh, Berks, Bucks Counties, P.A. |          |                       | COMMUNITY/ AREA                                  | Northampton County, PA  |           |                 | <b>9</b> Computatio |             |
| CALL SIGN   | DSE      | CALL SIGN             | DSE  | CALL SIGN               | DSE       | CALL SIGN       | DSE                 | of          |
| WNYW  | 1.00     |                       |  |                         |           |                 |                     | Base Rate F |
| WWOR  | 1.00     |                       |  |                         |           |                 |                     | and         |
| WPIX  | 1.00     |                       |  |                         |           |                 |                     | Syndicate   |
|   |          |                       |  |                         |           |                 | ····                | Exclusivity |
|   |          |                       | <del></del>                                      |                         | ·····     |                 |                     |             |
|   |          |                       |  |                         | -         |                 |                     | Surcharge   |
|   |          |                       |  |                         |           |                 | <del></del>         | for         |
|   |          |                       |  |                         |           |                 |                     | Partially   |
|   |          |                       |  |                         |           |                 |                     | Distant     |
|   |          |                       |  |                         |           |                 |                     | Stations    |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       | <b>-</b>   |                         |           |                 |                     |             |
|   | <u> </u> |                       |  |                         | <u> </u>  |                 |                     |             |
| Total DSEs  |          |                       | 3.00   | Total DSEs              |           |                 | 0.00                |             |
| Gross Receipts First G                              | oup      | s 10,540              | ,983.84  | Gross Receipts Secon    | d Group   | ş 7,1           | 56,895.07           |             |
| ,   | •        |                       |  |                         | •         |                 |                     |             |
| Base Rate Fee First G                               | oup      | \$ 259                | ,940.66  | Base Rate Fee Secon     | d Group   | \$              | 0.00                |             |
|   | THIRD    | SUBSCRIBER GROU       | Р  | FOURTH SUBSCRIBER GROUP |           |                 |                     |             |
| COMMUNITY/ AREA Bucks County, PA                    |          |                       | COMMUNITY/ AREA Hunterdon and Warren Counties,NJ |                         |           |                 |                     |             |
| CALL SIGN   | DSE      | CALL SIGN             | DSE  | CALL SIGN               | DSE       | CALL SIGN       | DSE                 |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       | <u> </u>   |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
|   |          |                       |  |                         |           |                 |                     |             |
| Total DSEs  |          |                       | 0.00   | Total DSEs              |           |                 | 0.00                |             |
| Gross Receipts Third Group \$ 509,604.13            |          | Gross Receipts Fourth | Group  | \$ 2,7                  | 62,911.64 |                 |                     |             |
| Base Rate Fee Third Group \$ 0.00                   |          | 0.00                  | Base Bate For Fourth Course                      |                         | 0.00      |                 |                     |             |
| Dase Rate Fee Third G                               | up       | \$                    | 0.00   | Base Rate Fee Fourth    | - Group   | \$              | 0.00                |             |
|   |          |                       |  |                         |           |                 |                     |             |

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SERVICE ELECTRIC CABLE TV INC 6844 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . 3.00 Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . 3.00 Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . \$ 0.00 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE \$ 0.00 SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown