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					
2-28-22	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	2021/2							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the the	es of the cable syste on the last day of the cunting period.	m. e accounting period should su					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Verizon Pennsylvania LLC							
				06271520212				
				062715 2021/2				
	22001 Loudoun County Parkway Ashburn, VA 20147							
С	INSTRUCTIONS: In line 1, give any business or trade names used to id							
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	ı in space B.				
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Philadelphia, PA) VHO 8							
	MAILING ADDRESS OF CABLE SYSTEM:							
	17 East Oregon Ave (Number, street, rural route, apartment, or suite number)							
	Philadelphia, PA 19148 (City, town, state, zip code)							
	(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 Served	with all communities.  CITY OR TOWN	STATE						
First	AMBLER BORO	PA						
Community	Below is a sample for reporting communities if you report multiple cha		pace G					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	A	1				
Campio	Alliance	MD	В	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: 2021/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062715 Verizon Pennsylvania LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined ח 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 **AMBLER BORO** PA Α 5 **First ABINGTON TWP** PA 5 Α Community **ALDAN BORO** PA Α 5 **ALLENTOWN BORO MONMOUTH** NJ C 7 **ALLENTOWN CITY** PA Α 3 2 **ALLOWAY TWP SALEM** NJ Α See instructions for 2 **ARDEN** DE Α additional information on alphabetization. DE 2 ARDENCROFT Α 2 **ARDENTOWN** DE Α **ASTON TWP** PA 2 Α **AUDUBON BORO CAMDEN** NJ Α 4 Add rows as necessary. **AUDUBON PARK BORO CAMDEN** NJ Α 4 2 **AVONDALE BORO** PA Α **BARRINGTON BORO CAMDEN** NJ Α 4 **BEDMINSTER TWP** PA Α 5 **BELLEFONTE** DE Α 2 BELLMAWR BORO CAMDEN NJ 4 Α **BENSALEM TWP** PA Α 5 **BERLIN BORO CAMDEN** NJ Α 4 **BERLIN TWP CAMDEN** NJ Α 4 BETHEL TWP DELAWARE COUNTY 2 PA Α 2 **BIRMINGHAM TWP** PA Α **BORDENTOWN CITY BURLINGTON** NJ Α 4 **BORDENTOWN TWP BURLINGTON** 4 NJ Α **BRIDGEPORT BORO** PA Α 5 2 **BRIDGETON CITY CUMBERLAND** NJ Α 5 **BRISTOL BORO** PA Α **BRISTOL TWP** PA Α 5 2 **BROOKHAVEN BORO** PA Α **BROOKLAWN BORO CAMDEN** NJ Α 4 **BRYN ATHYN BORO** PA 5 Α **BUCKINGHAM TWP** PA Α 5 **BURLINGTON TWP BURLINGTON** NJ Α 4 3 **CALN TWP** PA Α **CAMDEN CITY CAMDEN** NJ Α 4 **CHADDS FORD TWP** 2 PA Α

PA

PA

Α

5

3

CHALFONT BORO

**CHARLESTOWN TWP** 

CUEL TENUAM TWD	DA	Δ.	E
CHELTENHAM TWP	PA	Α	5
CHERRY HILL TWP CAMDEN	NJ	Α	4
CHESILHURST BORO CAMDEN	NJ	Α	4
CHESTER CITY	PA	Α	2
CHESTER HEIGHTS BORO	PA	Α	2
CHESTER TWP	PA	Α	2
CHESTERFIELD TWP BURLINGTON		_	
	NJ	<u> </u>	4
CHESWOLD	DE	E	2
CITY OF NEW CASTLE	DE	Α	2
CLAYTON BORO GLOUCESTER	NJ	Α	2
CLIFTON HEIGHTS BORO	PA	Α	5
COATESVILLE CITY	PA	Α	3
COLLEGEVILLE BORO	PA	A	5
	PA	_	
COLLINGDALE BORO		A	4
COLLINGSWOOD BORO CAMDEN	NJ	Α	4
CONCORD TWP	PA	Α	2
CONSHOHOCKEN BORO	PA	Α	5
CORBIN CITY	NJ	Α	2
CRANBURY TWP MIDDLESEX	NJ	С	6
DARBY BORO	PA	_	4
		A	4
DARBY TWP	PA	Α	4
DEERFIELD TWP CUMBERLAND	NJ	Α	2
DELAWARE CITY	DE	Α	2
DEPTFORD TWP GLOUCESTER	NJ	Α	4
DOVER	DE	E	8
DOVER AIR FORCE BASE	DE	E	1
DOWNINGTOWN BORO	PA	Α	3
DOYLESTOWN BORO	PA	Α	5
DOYLESTOWN TWP	PA	Α	5
DUBLIN BORO	PA	Α	5
EAST AMWELL TWP HUNTERDON	NJ	С	6
EAST BRADFORD TWP	PA	Α	3
EAST BRANDYWINE TWP	PA	Â	3
		_	
EAST CALN TWP	PA	Α	3
EAST COVENTRY TWP	PA	Α	3
EAST FALLOWFIELD TWP	PA	Α	2
EAST GOSHEN TWP	PA	Α	3
EAST LANSDOWNE BORO	PA	Α	5
EAST MARLBOROUGH TWP	PA	Α	2
		_	
EAST NANTMEAL TWP	PA	A	3
EAST NORRITON TWP	PA	Α	5
EAST PIKELAND TWP	PA	Α	3
EAST ROCKHILL TWP	PA	Α	5
EAST VINCENT TWP	PA	Α	3
EAST WHITELAND TWP	PA	A	3
EAST WINDSOR TWP MERCER	NJ	B	4
		1	4
EASTAMPTON TWP BURLINGTON	NJ	A	4
EASTTOWN TWP	PA	Α	5
EDGMONT TWP	PA	Α	3
EGG HARBOR CITY	NJ	Α	2
ELK TWP GLOUCESTER	NJ	Α	2
ELSINBORO TWP SALEM	NJ	A	2
ELSMERE	DE		2
		Α .	
ESTELL MANOR CITY ATLANTIC	NJ	A	2
EVESHAM TWP BURLINGTON	NJ	Α	4
EWING TWP MERCER	NJ	В	5
FALLS TWP	PA	Α	5
	-	-	

FIELDSBORO BORO BURLINGTON	NJ	Λ.	4
		A	4
FOLCROFT BORO	PA	Α	4
FORT DIX BURLINGTON	NJ	Α	4
FRANCONIA TWP	PA	Α	5
FRANKLIN TWP GLOUCESTER	NJ	Α	2
FRANKLIN TWP SOMERSET	NJ	С	6
GLASSBORO BORO GLOUCESTER	NJ	Α	2
GLENOLDEN BORO	PA	A	4
GLOUCESTER CITY CAMDEN	NJ	Â	4
	NJ	_	4
GLOUCESTER TWP CAMDEN		A	
GREEN LANE BORO	PA	Α	5
GREENWICH TWP CUMBERLAND	NJ	Α	2
HADDON HEIGHTS BORO CAMDEN	NJ	Α	4
HADDON TWP CAMDEN	NJ	Α	4
HADDONFIELD BORO CAMDEN	NJ	Α	4
HAINESPORT TWP BURLINGTON	NJ	Α	4
HAMILTON TWP ATLANTIC	NJ	Α	2
HAMILTON TWP MERCER	NJ	В	5
HARRISON GLOUCESTER	NJ	Ā	4
HATBORO BORO		_	
	PA	A	5
HATFIELD BORO	PA	Α	5
HATFIELD TWP	PA	Α	5
HAVERFORD TWP	PA	Α	5
HAYCOCK TWP	PA	Α	5
HIGHLAND TWP	PA	Α	2
HIGHTSTOWN BORO MERCER	NJ	В	4
HILLSBOROUGH TWP SOMERSET	NJ	С	6
HILLTOWN TWP	PA	Ā	5
HOPEWELL BORO MERCER	NJ	В	5
HOPEWELL TWP CUMBERLAND	NJ	A	2
	NJ	В	
HOPEWELL TWP MERCER		_	5
HORSHAM TWP	PA	Α	5
HULMEVILLE BORO	PA	Α	5
IVYLAND BORO	PA	Α	5
JENKINTOWN BORO	PA	Α	5
KENNETT SQUARE BORO	PA	Α	2
KENNETT TWP	PA	Α	2
KENT COUNTY	DE	E	2
LANGHORNE BORO	PA	Α	5
LANGHORNE MANOR BORO	PA	Α	5
LANSDALE BORO	PA	A	5
LANSDOWNE BORO	PA	_	5
		Α .	3
LAWNSIDE BORO CAMDEN	NJ	A	4
LAWRENCE TWP MERCER	NJ	В	5
LEIPSIC	DE	E	2
LIMERICK TWP	PA	Α	5
LITTLE CREEK	DE	E	2
LONDON GROVE TWP	PA	Α	2
LONDONDERRY TWP CHESTER	PA	Α	2
LOWER ALLOWAYS CREEK TWP SALEM	NJ	Α	2
LOWER CHICHESTER TWP	PA	A	2
LOWER FREDERICK TWP	PA	Â	5
		1	
LOWER GWYNEDD TWP	PA	A	5
LOWER MAKEFIELD TWP	PA	A	5
LOWER MERION TWP	PA	A	5
LOWER MORELAND TWP	PA	Α	5
LOWER POTTSGROVE TWP	PA	Α	3

LOWED DROVIDENCE TWD	DA	Δ.	E
LOWER PROVIDENCE TWP	PA	A	5
LOWER SALFORD TWP	PA	Α	5
LOWER SOUTHAMPTON TWP	PA	Α	5
LUMBERTON TWP BURLINGTON	NJ	Α	4
MALVERN BORO	PA	A	3
MANNINGTON TWP SALEM	NJ	Α	2
		_	4
MANSFIELD TWP BURLINGTON	NJ	A	4
MANTUA TWP GLOUCESTER	NJ	Α	4
MAPLE SHADE TWP BURLINGTON	NJ	Α	4
MARCUS HOOK BORO	PA	Α	2
MARLBOROUGH TWP	PA	Α	5
MARPLE TWP	PA	Α	5
MCGUIRE AIR FORCE BASE	NJ	A	4
MEDFORD LAKES BORO BURLINGTON	NJ	_	4
		A	4
MEDFORD TWP BURLINGTON	NJ	Α	4
MEDIA BORO	PA	Α	4
MERCHANTVILLE BORO CAMDEN	NJ	Α	4
MIDDLE TWP CAPE MAY	NJ	Α	1
MIDDLETOWN	DE	Α	2
MIDDLETOWN TWP BUCKS COUNTY	PA	A	3
MIDDLETOWN TWP DELAWARE COUNTY		_	
	PA	Α	2
MILFORD TWP	PA	Α	5
MILLBOURNE BORO	PA	Α	5
MILLSTONE TWP MONMOUTH	NJ	С	6
MODENA BORO	PA	Α	2
MONROE TWP GLOUCESTER	NJ	Α	2
MONROE TWP MIDDLESEX	NJ	C	6
		4	
MONTGOMERY TWP	PA	A	5
MONTGOMERY TWP SOMERSET	NJ	С	6
MORRISVILLE BORO	PA	Α	5
MORTON BORO	PA	Α	4
MOUNT EPHRAIM BORO CAMDEN	NJ	Α	4
MOUNT HOLLY TWP BURLINGTON	NJ	Α	4
MOUNT LAUREL TWP BURLINGTON	NJ	A	4
MUNICIPALITY OF NORRISTOWN	PA	Λ	5
		^	5
NARBERTH BORO	PA	Α	5
NATIONAL PARK BORO GLOUCESTER	NJ	Α	4
NETHER PROVIDENCE TWP	PA	Α	4
NEW BRITAIN BORO	PA	Α	5
NEW BRITAIN TWP	PA	Α	5
NEW CASTLE COUNTY	DE	A	2
NEW GARDEN TWP	PA	Â	2
		_	
NEW HANOVER TWP	PA	Α	3
NEW HANOVER TWP BURLINGTON	NJ	Α	4
NEW HOPE BORO	PA	Α	5
NEW LONDON TWP	PA	Α	2
NEWARK	DE	Α	2
NEWLIN TWP	PA	A	2
NEWPORT	DE	Â	2
		_	
NEWTOWN BORO	PA	Α	5
NEWTOWN TWP BUCKS COUNTY	PA	Α	5
NEWTOWN TWP DELWARE COUNTY	PA	Α	5
NORTH HANOVER TWP BURLINGTON	NJ	Α	4
NORTH WALES BORO	PA	Α	5
NORTHAMPTON TWP	PA	A	5
NORWOOD BORO	PA	Â	1
		_	4
OAKLYN BORO CAMDEN	NJ	Α	4

ODESSA	DE	Α	2
PARKESBURG BORO	PA	A	2
PARKSIDE BORO	PA	A	2
PEMBERTON TWP BURLINGTON	NJ	A	4
PENN TWP CHESTER	PA	Α	2
PENNDEL BORO	PA	Α	5
PENNINGTON BORO MERCER	NJ	В	5
PENNSAUKEN TWP CAMDEN	NJ	Α	4
PENNSBURY TWP	PA	Α	2
PERKASIE BORO	PA	Α	5
PERKIOMEN TWP	PA	Α	5
PHILADELPHIA CITY	PA	Α	5
PHOENIXVILLE BORO	PA	Α	5
PINE HILL BORO CAMDEN	NJ	Α	4
PITMAN BORO GLOUCESTER	NJ	Α	4
PLAINSBORO TWP MIDDLESEX	NJ	С	6
PLUMSTEAD TWP	PA	Α	5
PLYMOUTH TWP	PA	Α	5
POCOPSON TWP	PA	Α	2
PRINCETON BORO MERCER	NJ	В	5
PRINCETON TWP MERCER	NJ	В	5
QUAKERTOWN BORO	PA	Ā	5
QUINTON TWP SALEM	NJ	A	2
RADNOR TWP	PA	Ä	5
RICHLAND TWP	PA	Ā	5
RICHLANDTOWN BORO	PA	Ā	5
RIDLEY PARK BORO	PA		4
RIDLEY TWP	PA PA	Α	4
		A	
ROCKLEDGE BORO ROCKY HILL BORO SOMERSET	PA	A C	5
	NJ	C	6
ROOSEVELT BORO MONMOUTH	NJ		6
ROSE VALLEY BORO ROYERSFORD BORO	PA	A	2
	PA	A	3
RUNNEMEDE BORO CAMDEN	NJ	A	4
RUTLEDGE BORO	PA	A	4
SADSBURY TWP	PA	A	2
SALEM CITY SALEM	NJ	A	2
SALFORD TWP	PA	A	5
SCHUYLKILL TWP	PA	A	5
SCHWENKSVILLE BORO	PA	Α	5
SELLERSVILLE BORO	PA	Α	5
SHAMONG TWP BURLINGTON	NJ	Α	4
SHARON HILL BORO	PA	Α	4
SHILOH BORO CUMBERLAND	NJ	Α	2
SILVERDALE BORO	PA	Α	5
SKIPPACK TWP	PA	Α	5
SOUDERTON BORO	PA	Α	5
SOUTH BRUNSWICK TWP MIDDLESEX	NJ	С	6
SOUTH COATESVILLE BORO	PA	Α	2
SOUTHAMPTON TWP BURLINGTON	NJ	Α	4
SPRINGFIELD TWP	PA	Α	5
SPRINGFIELD TWP BURLINGTON	NJ	Α	4
SPRINGFIELD TWP DELAWARE COUNTY	PA	Α	5
STOW CREEK TWP CUMBERLAND	NJ	Α	2
SUSSEX COUNTY	DE	D	5
SWARTHMORE BORO	PA	Α	4
TAVISTOCK BORO CAMDEN	NJ	Α	4

I		1 _	
TELFORD BORO BUCKS	PA	Α	5
TELFORD BORO MONTGOMERY	PA	Α	5
THORNBURY TWP CHESTER COUNTY	PA	Α	3
THORNBURY TWP DELAWARE COUNTY	PA	Α	3
TOWAMENCIN TWP	PA	_	
		Α	5
TOWNSEND	DE	Α	2
TOWNSHIP OF ROBBINSVILLE MERCER	NJ	В	5
TRAINER BORO	PA	Α	2
TRAPPE BORO	PA	Α	5
TREDYFFRIN TWP	PA	A	5
TRENTON CITY MERCER	NJ	В	5
TRUMBAUERSVILLE BORO	PA	Α	5
TULLYTOWN BORO	PA	Α	5
UPLAND BORO	PA	Α	2
UPPER CHICHESTER TWP	PA	A	2
		_	
UPPER DARBY TWP	PA	Α	5
UPPER DEERFIELD TWP CUMBERLAND	NJ	Α	2
UPPER DUBLIN TWP	PA	Α	5
UPPER FREDERICK TWP	PA	Α	5
UPPER FREEHOLD TWP MONMOUTH	NJ	C	7
UPPER GWYNEDD TWP	PA	_	5
		A	
UPPER MAKEFIELD TWP	PA	Α	5
UPPER MERION TWP	PA	Α	5
UPPER MORELAND TWP	PA	Α	5
UPPER OXFORD TWP	PA	Α	2
UPPER POTTSGROVE TWP	PA	Α	3
UPPER PROVIDENCE TWP DELAWARE	PA	A	5
UPPER PROVIDENCE TWP MONTGOMERY	PA	Α	5
UPPER SALFORD TWP	PA	Α	5
UPPER SOUTHAMPTON TWP	PA	Α	5
UPPER UWCHLAN TWP	PA	Α	3
UWCHLAN TWP	PA	Α	3
VALLEY TWP	PA	Α	2
VINELAND CITY CUMBERLAND	NJ	Λ	2
VOORHEES TWP CAMDEN		2	4
	NJ	_ ^	
WALLACE TWP	PA	Α	3
WARMINSTER TWP	PA	Α	5
WARRINGTON TWP (BUCKS)	PA	Α	5
WARWICK TWP (BUCKS)	PA	Α	3
WASHINGTON TWP GLOUCESTER	NJ	Α	4
WATERFORD TWP CAMDEN	NJ	_	4
		A	4
WEST BRADFORD TWP	PA	Α	3
WEST BRANDYWINE TWP	PA	Α	3
WEST CALN TWP	PA	Α	2
WEST CHESTER BORO	PA	Α	3
WEST CONSHOHOCKEN BORO	PA	Α	5
WEST DEPTFORD TWP GLOUCESTER	NJ	Ä	4
		_	4
WEST GOSHEN TWP	PA	Α	3
WEST GROVE BORO	PA	Α	2
WEST MARLBOROUGH TWP	PA	Α	2
WEST NANTMEAL TWP	PA	Α	3
WEST NORRITON TWP	PA	Α	5
WEST PIKELAND TWP	PA	A	3
WEST POTTSGROVE TWP	PA	Â	3
		_	
WEST ROCKHILL TWP	PA	A	5
WEST VINCENT TWP	PA	Α	3
WEST WHITELAND TWP	PA	Α	3

		_	
WEST WINDSOR TWP MERCER	NJ	В	4
WESTAMPTON TWP BURLINGTON	NJ	Α	4
WESTTOWN TWP	PA	A	3
WEYMOUTH TWP ATLANTIC	NJ	Α	2
WHITEMARSH TWP	PA	Α	5
WHITPAIN TWP	PA	Α	5
WILLINGBORO TWP BURLINGTON	NJ	A	5
WILLISTOWN TWP	PA	Α	3
WINSLOW TWP CAMDEN	NJ	Α	4
WOODBURY CITY GLOUCESTER	NJ	Α	4
WOODBURY HEIGHTS BORO GLOUCESTER	NJ	Α	4
WOODLAND TWP BURLINGTON	NJ	Α	4
WOODLYNNE BORO CAMDEN	NJ	Α	4
WORCESTER TWP	PA	Α	5
WRIGHTSTOWN BORO BURLINGTON	NJ	Α	4
WRIGHTSTOWN TWP	PA	Α	5
WYOMING	DE	E	1
YARDLEY BORO	PA	Α	5
YEADON BORO	PA	Α	5
		1	
		1	

Name Verizon Pennsylvania LLC SYSTEM: SYSTEM ID#

# 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	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	563,321	\$	25.00				
<ul> <li>Service to additional set(s)</li> </ul>		Ī					
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	10,522	\$	35.00				
Converter							
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							
		† • • • • • • • • • • • • • • • • • • •		11		1	†····

# F

## Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLO	CK 1				BLOCK 2	
CATEGORY OF SERVICE	I	RATE	CATEGORY OF SERVICE	R	ATE	CATE	GORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
<ul> <li>Pay cable</li> </ul>	\$	15.00	Motel, hotel			See Ta	ab Attachment B	
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial					
<ul> <li>Fire protection</li> </ul>			Pay cable					
<ul> <li>Burglar protection</li> </ul>			Pay cable-add'l channel					
Installation: Residential			Fire protection					
<ul> <li>First set</li> </ul>	\$	99.00	Burglar protection					
<ul> <li>Additional set(s)</li> </ul>	\$	60.00	Other services:					
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect					
Converter			Disconnect					
			Outlet relocation	\$	60.00			
			Move to new address					

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV	N/A	40.00
Fios Current TV for Bar/Restaurant	N/A	40.00
Fios TV Local	25.00	35.00
FIOS TV Local for Bar/Restaurant	N/A	35.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios Local TV	55.00	N/A
Fios TV Test Drive	65.00	N/A
Your Fios TV	65.00	N/A
More Fios TV	85.00	N/A
The MostFios TV	105.00	N/A
Fios TV Mundo Total	105.00	N/A
Fios TV Mundo	85.00	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
НВО	15.00	15.00
HBO Max	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package	N/A	34.99
Internaltional Language Packages	, Varies	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	129.99	Varies
MLS Direct Kick	89.00	Varies
	55.55	

Category of Service	Residential Rate	Commercial Rate
NBA League Pass	199.00	Varies
NHL Center Ice	99.99	Varies
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No charge	11.99
	\$12 rental,	
Fios Quantum Gateway Router	\$199.99 purchase	N/A
	\$15 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
Agent Assistance Fee	7.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	up to 25.00	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	50.00	50.00
TV Equipment Tech Install	up to 100	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV One Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Router	100.00	N/A
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STB Fios TV One	375.00	375.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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) **WDPN** 2 ı No Wilmington **KYW** Ν Philadelphia 3 No See instructions for **WACP** 4 Ī No **Atlantic City** additional information on alphabetization. WPVI 6 Ν Philadelphia No **WCAU** 10 Ν No **Philadelphia** WHYY 12 Ε Yes 0 Wilmington WTXF 29 Ī No **Philadelphia WUVP** 65 I Vineland No **WFMZ** 69 ı Allentown No **WPSG** 57 I No **Philadelphia WPHL** I Philadelphia 17 No **WPPX** I 61 No Wilmington **WMCN** 44 Ī **Atlantic City** No Ε **WNJT** 52 Yes 0 Trenton **WTVE** 25 No Reading ı **Atlantic City WWSI** ı 62 No **WPPT** Ε 35 Yes 0 **Philadelphia WLVT** 39 Ε 0 Allentown Yes

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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) WPVI Localish HD 6 N-M No Philadelphia 2 ı Wilmington WDPN-simulcast No See instructions for **KYW-simulcast** 26 N No **Philadelphia** additional information on alphabetization. **WACP-simulcast** 4 No I Atlantic City WPVI-simulcast 64 Ν No **Philadelphia** WCAU-simulcast 67 Ν No **Philadelphia** WHYY-simulcast 55 Ε Yes Ε Wilmington 42 I Philadelphia WTXF-simulcast No **WUVP-simulcast** 65 ı Vineland No WFMZ-simulcast 69 ı No Allentown **WPSG-simulcast** I Philadelphia 32 No I WPHL-simulcast 54 No **Philadelphia** WPPX-simulcast 61 ı No Wilmington WMCN-simulcast 44 I No Atlantic City Ε **WNJT-simulcast** 52 Yes Ε Trenton Reading WTVE-simulcast 25 Ī No ı **Atlantic City WWSI-simulcast** 62 No WLVT-simulcast 39 Ε Ε Allentown Yes

ELONE IV WILL OF OWN	ER OF CABLE SY	SYSTEM ID#				
Verizon Pennsy					062715	Name
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carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, a basis. For further in in the paper SA3 for Column 1: List each	s, identify every ystem during the ons in effect of .61(e)(2) and ( .61(e)(2)	y television state accounting in June 24, 19 4), or 76.63 (red in the next prespect to any actions, or auth G—but do listitute basis. ace I, if the state acrining substitute is a station action of the state action in the state action in the state action action in the state action action in the state action in the state account in the state acc	g period, except 81, permitting the referring to 76.6 paragraph. distant stations porizations: to it in space I (the ation was carried tute basis station report origination cording to its ov	(1) stations carried carriage of cert 1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designal	s and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tition. For example, report multi- h stream separately; for example	G Primary Transmitters: Television
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FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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 B 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) **WDPN** 2 ı No Wilmington **WCBS** 2 N No **New York KYW** 3 N No **Philadelphia WNBC** 4 Ν No **New York WNYW** 5 No **New York** I **WPVI** 6 Ν No **Philadelphia WABC** 7 N No **New York WWOR** 9 I No Secaucus **WCAU** 10 Ν No **Philadelphia WPIX** 11 ı No **New York WHYY** Ε 12 No Wilmington **WTXF** ı 29 No **Philadelphia WUVP** Ī 65 No Vineland

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Allentown

**Philadelphia** 

**Philadelphia** 

Wilmington

**Atlantic City** 

**WFMZ** 

**WPSG** 

**WPHL** 

**WPPX** 

**WMCN** 

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No

No

No

No

No

**ACCOUNTING PERIOD: 2021/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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

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		CHANN	EL LINE-UP	В	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WNJT	52	Е	No		Trenton
WNET	13	Е	No		Newark
WTVE	25	I	No		Reading
wwsi	62	I	No		Atlantic City
WPPT	35	Е	No		Philadelphia
WLVT	39	Е	Yes	0	Allentown
WACP	4	ı	No		Atlantic City
WPVI Localish HD	6	N-M	No		Philadelphia
WDPN-simulcast	2	I	No		Wilmington
WPIX-simulcast	33	I	No		New York
WCBS-simulcast	56	N	No		New York
KYW-simulcast	26	N	No		Philadelphia
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WPVI-simulcast	64	N	No		Philadelphia
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	I	No		Secaucus
WCAU-simulcast	67	N	No		Philadelphia

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FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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 B 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) WHYY-simulcast 55 Ε No Wilmington 42 ı Philadelphia WTXF-simulcast No **WUVP-simulcast** 65 Ī No Vineland WFMZ-simulcast 69 Ī No Allentown **WPSG-simulcast** 32 No Philadelphia I WPHL-simulcast 54 ı No Philadelphia WPPX-simulcast 61 Ī No Wilmington **WMCN-simulcast** 44 I **Atlantic City** No **WNJT-simulcast** 52 Ε Trenton No WTVE-simulcast 25 ı No Reading **WACP-simulcast** 4 I **Atlantic City** No **WWSI-simulcast** 62 I No **Atlantic City WLVT-simulcast** Ε 39 Yes Allentown Cozi TV [WCAU] 10 N-M No **Philadelphia** WPHL Antenna T 17 I-M No Philadelphia

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Allentown

**Philadelphia** 

Philadelphia

WFMZ AccuWeath

**WPVI ThisTV** 

**WPHL Court TV** 

69

6

17

I-M

N-M

I-M

No

No

No

**WNYW Decades** 

**WNYW Movies!** 

44

44

I-M

I-M

No

No

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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 B 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) **WPHL Comet** 17 I-M No **Philadelphia** Philadelphia WTXF Movies! 42 I-M No WDPN Heroes & I 2 I-M No Wilmington **WLVT Create** 39 E-M 0 Allentown Yes WHYY Ykids 12 E-M No Wilmington WHYY Y2 12 E-M No Wilmington **WNJT NHK World** 52 E-M No Trenton **WLVT France 24** 0 39 E-M Yes Allentown **WPPT World** 35 E-M Philadelphia No **WDPN Retro Tele** 2 I-M No Wilmington **WWSI** exitos TV 62 I-M No Atlantic City Philadelphia **KYW StartTV** 26 N-M No **WUVP True Crime** Vineland 65 I-M No **WUVP Bounce TV** 65 I-M No Vineland **WTXF Buzzr** 42 I-M No Philadelphia **WPIX Court TV** I-M **New York** 33 No

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**New York** 

**New York** 

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Verizon Pennsy		'STEM:			SYSTEM ID# 062715	Name		
PRIMARY TRANSMITTE		N						
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect on .61(e)(2) and (bis, as explaine	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except 81, permitting the eferring to 76.6 paragraph.	(1) stations carrience carriage of cert 1(e)(2) and (4))]; a	s and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television		
basis under specifc FC  Do not list the station station was carried List the station here, a basis. For further int in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the ste planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	C rules, regular here in space only on a substand also in space formation concern.  In station's call associated with associated with associated with associated rechanged in each case where the cast, "E" (for not set terms, see part on a part-time on on a part-time on on a part-time on on a part-time on a part-time on the cast, also ree categories a location of each canadian station of a distant station are categories a location of each canadian station associated and a part-time on the categories a location of each canadian station associated and a part-time on the categories a location of each canadian station associated and a part-time on the categories a location of each canadian station associated and and the categories	ations, or auth G—but do list titute basis. In the state of the station acceptable of the station acceptable of the station. It is station acceptable of the station. It is station acceptable of the station. It is station. It is station acceptable of the station. It is station. It is station acceptable of the station. It is station acceptable of the station. It is station acceptable of the station acceptable of the station acceptable of the station acceptable of the station. It is see page (v) of the station. For the station acceptable of the station acceptable of the station. For the station acceptable of the	orizations: t it in space I (the tation was carried tute basis station report origination cording to its ov the reported in as assigned to annel 4 in Wash ration is a networ etwork), "N-M" (the I educational), or the general instruct A, you must cor accounting period ause of lack of a care that is not so ne 30, 2009, be association repre you carried the tof the general in tut. S. stations, the time the name of the	ne Special Statement of both on a substitute, see page (v) of the program service of the television states of the television states of the television states of the television of the television, an indefer network multicor "E-M" (for nonce tions located in the televisions located in the television of	ent and Program Log)—if the  tute basis and also on some other of the general instructions located  es such as HBO, ESPN, etc. Identify ation. For example, report multi- the stream separately; for example ction for broadcasting over-the-air in may be different from the channel espendent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The paper SA3 form. The paper SA3 form which your tering "LAC" if your cable system capacity. The y payment because it is the subject testem or an association representing try transmitter, enter the designation the paper SA3 form. The paper SA3 form. The paper SA3 form which your testem or an association representing the pasis, enter "O." For a further the din the paper SA3 form. The paper SA3 form which the station is identified.	Television		
Note: If you are utilizing	g multiple char		•	•	cnannei line-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WGTW TBN	48	I	No		Burlington			
WBPH	60	I	Yes	0	Allentown			
KYW Dabl	3	N	No		Philadelphia			
WCAU LX	10	N	No		Philadelphia			
WBPH-simulcast	60	I	Yes	Е	Allentown			
WGTW-simulcast	48	I	No		Burlington			
WTXF The Grio	WTXF The Grio 29 I No Philadelphia							
WNYW The Grio	44	I-M	No		New York			

**WPXN** 

31

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No

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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 C 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) **WCBS** 2 N No **New York WJLP** 33 I No Middletown Twp **WNBC** 4 N No **New York WNYW** 5 **New York** I No WRNN 62 No Kingston **WABC** 7 Ν No **New York WWOR** 9 Ī No Secaucus **WLNY** 55 I No River Head WPIX 11 ı **New York** No **WNJU** 47 N No Linden **WNET** 13 Ε No Newark **WFUT** I 67 No Smithtown ı **WMBC** 63 No Newton **WZME** 43 I No **Bridgeport WLIW** 21 Ε Yes 0 **Garden City WNJN** Ε 0 Montclair 50 Yes Ε **New York WNYE** 25 No

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

**New York** 

**ACCOUNTING PERIOD: 2021/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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.

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

		CHANN	EL LINE-UP	С	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WXTV	41	I	No		Paterson
WABC Localish H	45	N-M	No		New York
WCBS-simulcast	56	N	No		New York
WNET-simulcast	13	Е	No		Newark
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WRNN-simulcast	62	I	No		Kingston
WJLP-simulcast	33	I	No		Middletown Twp
WABC-simulcast	45	N	No		New York
WWOR-simulcast	38	I	No		Secaucus
WLNY-simulcast	55	I	No		River Head
WPIX-simulcast	33	I	No		New York
WNJU-simulcast	47	N	No		Linden
WFUT-simulcast	67	I	No		Smithtown
WMBC-simulcast	63	I	No		Newton
WZME-simulcast	43	I	No		Bridgeport
WLIW-simulcast	21	E	Yes	Е	Garden City
WNJN-simulcast	51	E	Yes	E	Montclair

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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 C 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) **WNYE-simulcast** 25 Ε No **New York** WPXN-simulcast 31 ı No **New York WXTV-simulcast** 41 Ī No **Paterson** Cozi TV [WNBC] N-M **New York** 4 No **WNJU TeleXitos** 47 N-M No Newton Antenna TV [WPI) 33 I-M No Linden WABC ThisTV 45 N-M No **New York WLIW Create** 21 0 **Garden City** E-M Yes **WNET Thirteen PE** 13 E-M Newark No **Garden City** WLIW World 21 E-M Yes 0 **WXTV Bounce TV** 41 I-M No **Paterson WMBC New Tang** 63 I-M No Newton WPIX TBD TV 11 **New York** I-M No

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

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Montclair

**New York** 

Secaucus

Middletown Twp

Middletown Twp

WNJN NHK World

**WJLP Court TV M** 

**WCBS StartTV** 

**WJLP Grit TV** 

**WWOR Buzzr** 

50

56

33

33

38

E-M

N-M

I-M

I-M

I-M

Yes

No

No

No

No

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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.

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

•	•	• '	•	•	•
		CHANN	EL LINE-UP	С	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WWOR Heroes &	38	I-M	No		Secaucus
WZME MeTV+ HD	43	I-M	No		Bridgeport
WPXN Bounce TV	31	I	No		New York
WNYW Decades	44	I-M	No		New York
WNYW Movies!	44	I-M	No		New York
WFUT getTV	67	I-M	No		Smithtown
WLIW All Arts	21	E-M	Yes	0	Garden City
WLIW All Arts-sim	21	E-M	Yes	E	Garden City
WNBC LX	4	N-M	No		New York
WCBS Dabl	2	N-M	No		New York
WTXF The Grio	29	I	No		Philadelphia
WNYW The Grio	44	I-M	No		New York
NHK World HD	50	E-M	Yes	E	Montclair

G

Primary Transmitters: Television

WMDT Me TV

47

I-M

No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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 D 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) WMDT CW 47 ı No Salisbury **WBOC FOX** 21 ı No Salisbury **WBOC** 16 N No Salisbury WMDT ABC 47 N No Salisbury **WBAL** 11 Ν No **Baltimore WDPB** 64 Ε No Seaford WBOC-LD Telemi 42 ı No Georgetown **WGDV-LD** 32 I No Salisbury 22 Ε **WMPT** No **Annapolis** WMDT CW-simulo 47 ı No Salisbury Ν **WBOC-simulcast** 16 No Salisbury WBOC FOX-simu I 21 No Salisbury WMDT ABC-simul 47 N Salisbury No WBAL-simulcast 59 Ν No **Baltimore WBOC-LD Telemi** 42 No Georgetown ı WGDV-simulcast Τ Salisbury 32 No **WBAL Me TV** 11 N-M No **Baltimore** 

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

Salisbury

FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OWN		'STEM:			SYSTEM ID#	Name
Verizon Pennsy					062715	
PRIMARY TRANSMITTE						
					s and low power television stations) ed only on a part-time basis under	G
		-	-		ain network programs [sections	•
76.59(d)(2) and (4), 76	.61(e)(2) and (	4), or 76.63 (r	eferring to 76.6		and (2) certain stations carried on a	Primary
substitute program bas			• .	s carried by your o	cable system on a substitute program	Transmitters: Television
basis under specifc FC				s carried by your c	able system on a substitute program	relevision
	•		t it in space I (th	ne Special Statem	ent and Program Log)—if the	
station was carried	•		ation was carried	d both on a substi	tute basis and also on some other	
,	•	,			of the general instructions located	
in the paper SA3 for		sian Do not a	onart ariginatio	n program convice	es such as HPO ESPN ata Identify	
		-			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
cast stream as "WETA			•	•	h stream separately; for example	
WETA-simulcast).	channel numb	oer the ECC h	as assigned to	the television stat	ion for broadcasting over-the-air in	
			Ū		may be different from the channel	
on which your cable sy						
					ependent station, or a noncommercial east), "I" (for independent), "I-M"	
(for independent multic	ast), "E" (for n	oncommercia	l educational), c	or "E-M" (for nonce	ommercial educational multicast).	
For the meaning of the						
planation of local service			•		es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If you ha	ave entered "Ye	es" in column	4, you must cor	mplete column 5,	stating the basis on which your	
cable system carried the carried the carried the distant stati		_		•	tering "LAC" if your cable system	
	•				y payment because it is the subject	
_				-	stem or an association representing	
•			•	• .	ry transmitter, enter the designa- ther basis, enter "O." For a further	
					ed in the paper SA3 form.	
					y to which the station is licensed by the n which the station is identifed.	
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	D		
4 CALL	2 P'CAST		1		6. LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	(**************************************	(If Distant)		
WBOC Antenna T	16	N-M	No		Salisbury	
WGDV Bounce TV	32	I-M	No		Salisbury	
WGDV Heroes & I	32	I-M	No		Salisbury	
WRDE-LD	4	N	No		Salisbury	
WRDE-Cozi	4	N-M	No		Salisbury	
WRDE-LD-simulca	4	N-M	No		Salisbury	
					Seaford	
WDPB PBS HD	64	E-M	No			
WMPT PBS HD	22	E-M	No		Annapolis	
	l					
	<u></u>				-	
	<u> </u>	<u> </u>				

**ACCOUNTING PERIOD: 2021/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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.

		CHANN	EL LINE-UP	E	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMAR	2	N	No		Baltimore
KYW	3	N	No		Philadelphia
WBOC	16	N	No		Salisbury
WBOC FOX	21	I	No		Salisbury
WPVI	6	N	No		Philadelphia
WMDT CW	47	I	No		Salisbury
WCAU	10	N	No		Philadelphia
WBAL	11	N	No		Baltimore
WHYY	12	E	Yes	0	Wilmington
WTXF	29	I	No		Philadelphia
WUVP	65	I	No		Vineland
WFMZ	69	ı	No		Allentown
WPSG	57	I	No		Philadelphia
WPHL	17	I	No		Philadelphia
WPPX	61	I	No		Wilmington
WMCN	44	I	No		Atlantic City
WMDT ABC	47	N	No		Salisbury
WNJT	52	Е	Yes	0	Trenton

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

**ACCOUNTING PERIOD: 2021/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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.

		CHANN	EL LINE-UP	E	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTVE	25	I	No		Reading
wwsi	62	I	No		Atlantic City
WPPT	35	Е	Yes	0	Philadelphia
WLVT	39	Е	Yes	0	Allentown
WDPN	2	I	No		Wilmington
WACP	4	I	No		Atlantic City
WPVI Localish HD	6	N-M	No		Philadelphia
WDPN-simulcast	2	I	No		Wilmington
WMAR-simulcast	52	N	No		Baltimore
KYW-simulcast	26	N	No		Philadelphia
WBOC-simulcast	16	N	No		Salisbury
WBOC FOX-simul	21	I	No		Salisbury
WPVI-simulcast	64	N	No		Philadelphia
WMDT CW-simulo	47	I	No		Salisbury
WCAU-simulcast	67	N	No		Philadelphia
WHYY-simulcast	55	Е	Yes	Е	Wilmington
WTXF-simulcast	42	I	No		Philadelphia
WUVP-simulcast	65	1	No		Vineland

**WPHL Court TV** 

17

I-M

No

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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 E 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) WFMZ-simulcast 69 Ī No Allentown 32 ı Philadelphia **WPSG-simulcast** No WPHL-simulcast 54 Ī No **Philadelphia** WPPX-simulcast 61 Ī No Wilmington **WMCN-simulcast** 44 No Atlantic City I WMDT ABC-simu 47 Ν No Salisbury **WNJT-simulcast** 52 Ε Yes Ε Trenton WTVE-simulcast 25 I Reading No **WWSI-simulcast** 62 ı **Atlantic City** No **WACP-simulcast** 4 ı No Atlantic City **WLVT-simulcast** 39 Ε Yes Ε Allentown Cozi TV [WCAU] Philadelphia 10 N-M No WMAR Laff N-M 52 No **Baltimore** WMDT Me TV 47 I-M No Salisbury WPHL Antenna T 17 I-M No Philadelphia WFMZ AccuWeath 69 I-M No Allentown **WPVI ThisTV** 6 N-M No **Philadelphia** 

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

Philadelphia

**ACCOUNTING PERIOD: 2021/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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.

		CHANN	EL LINE-UP	E	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPHL Comet	17	I-M	No		Philadelphia
WTXF Movies!	42	I-M	No		Philadelphia
WDPN Heroes & I	2	I-M	No		Wilmington
WLVT Create	39	E-M	No		Allentown
WHYY Ykids	12	E-M	Yes	0	Wilmington
WHYY Y2	12	E-M	Yes	0	Wilmington
WNJT NHK World	52	E-M	Yes	0	Trenton
WLVT France 24	39	E-M	Yes	0	Allentown
WPPT World	35	E-M	Yes	0	Philadelphia
WBOC Antenna T	16	N-M	No		Salisbury
WDPN Retro Telev	2	I-M	No		Wilmington
WWSI exitos TV	62	I-M	No		Atlantic City
KYW StartTV	26	N-M	No		Philadelphia
WUVP True Crime	65	I-M	No		Vineland
WUVP Bounce TV	65	I-M	No		Vineland
WTXF Buzzr	42	I-M	No		Philadelphia
WGTW TBN	48	I	No		Burlington
WBPH	60	I	Yes	0	Allentown

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

FURINI SAJE. PAGE 3.						
Verizon Pennsy		STEM:			SYSTEM ID# 062715	Name
	•	N			332.10	
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA	G, identify every system during the ons in effect or .61(e)(2) and (6) sis, as explained tations: With a CC rules, regular here in space only on a substand also in spaformation concim.  In the station's call associated with sisting the system of the station's call associated with systems of the station's call associated with sisting the systems of the sys	r television st ne accounting n June 24, 19 14), or 76.63 (r d in the next respect to any stions, or auth G—but do lis titute basis. ace I, if the sta erning substi	g period, except 81, permitting the referring to 76.6 paragraph. distant stations norizations: tit in space I (the ation was carried tute basis station report origination cording to its ov	(1) stations carried carriage of cert 1(e)(2) and (4))]; as carried by your one Special Statem d both on a substins, see page (v) on program service er-the-air designal	s and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the situte basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example	G Primary Transmitters: Television
its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local servi Column 5: If you ha cable system carried the carried the distant statis For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	se. For example stem carried the in each case we entering the lecast), "E" (for no ise terms, see parties in soutside ce area, see parties entered "Year ion on a part-tip ion of a distant entered into on a primary transport is imulcasts, also iree categories is location of each canadian station canadian station canadian station of each canadian station canadian station canadian station canadian station canadian station case is location of each canadian station canadian station case in each canadian station case is location of each canadian station case is location case is location of each	e, WRC is Challe station. Whether the station. Whether the station. Whether the station. Whether "N" (for noncommercial page (v) of the local sendage (v) of the local sendage (v) of the local sendage in column on during the local sendage in the page in the station or before Jumitter or an appearance of the station. For see page (v) ch station. For sendage in the station.	annel 4 in Wash tation is a network), "N-M" ('I educational), or e general instruct vice area, (i.e. "or general instruct 4, you must cor accounting perior ause of lack of a seam that is not some 30, 2009, be association repreyou carried the or U.S. stations, e the name of the	aington, D.C. This ork station, an indefor network multicor "E-M" (for noncettions located in the distant"), enter "Yeions located in the mplete column 5, and Indicate by enactivated channel subject to a royalty tween a cable systenting the prima channel on any of instructions located list the community with	es". If not, enter "No". For an exepaper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing stransmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
		CHANN	EL LINE-UP	F		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WCAU LX	10	N	No		Philadelphia	
KYW Dabl	3	N	No		Philadelphia	
WBPH-simulcast	60	I	Yes	Е	Allentown	
WGTW-simulcast	48	I	No		Burlington	
WTXF The Grio	29		No		Philadelphia	
				<u> </u>		

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/2

TORWI SASE, I AGE 3.						ACCOUNTING	TEMOD. 2021/2
LEGAL NAME OF OWNER OF Verizon Pennsylvania		EM:			S	YSTEM ID# 062715	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG	ì			
In General: In space I, ident substitute basis during the acexplanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regu	lations, or authorizations.	For a further	I Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Carriage:
During the accounting per	iod, did you	r cable system	carry, on a substitute bas	s, any nonne	twork television program	1	Special Statement and
broadcast by a distant stat	ion?				Yes	XNo	Program Log
<b>Note:</b> If your answer is "No' log in block 2.	", leave the	rest of this pag	e blank. If your answer is	'Yes," you m	ust complete the progran	n	
2. LOG OF SUBSTITUTE	PROGRA	MS					
In General: List each subst	itute progra	m on a separa		wherever po	ssible, if their meaning is		
clear. If you need more spa			. •				
period, was broadcast by a			sion program (substitute p ur cable svstem substitute			ion	
under certain FCC rules, re	gulations, o	r authorization	s. See page (vi) of the ger	eral instructi	ons located in the paper		
SA3 form for futher informa				"basketball"	. List specific program		
titles, for example, "I Love L			/bers vs. Bulls." r "Yes." Otherwise enter "N	lo "			
			sting the substitute progra				
			e community to which the				
the case of Mexican or Can			community with which the em carried the substitute			th	
first. Example: for May 7 giv		Wileli your oyo	cin damed the substitute	orogram. Ooc	mamerais, with the mon	uı	
			gram was carried by your			y	
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: 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	our system was required	i	
to delete under FCC rules a	and regulation	ons in effect du	iring the accounting period	l; enter the le	tter "P" if the listed pro		
gram was substituted for pr		that your syste	em was permitted to delete	under FCC	rules and regulations in		
effect on October 19, 1976.							
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE	7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
	103 01 140	OALL GIGIT	4. CIATION CECOATION	AND DAT	TITOM		
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

Name										YSTEM ID# 062715		
J Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.  Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.  Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."  State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."  You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."											
	DATES AND HOURS OF PART-TIME CARRIAGE											
		WHE	N CARRIAGE OCCI			WHEN CARRIAGE OCCURRED						
	CALL SIGN	HOURS				CALL SIGN		Н	OUR	3		
		DATE	FROM	ТО			DATE	FROM		ТО		
									-=-			
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
Ver	izon Pennsylvania LLC			062715	Name		
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  \$ 156,013,547.40							
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.			of gross receipts)			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered	d on line	e 1 of			
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low.	ntered o	n line 2	in block			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below	ld be en	ntered o	n line			
2 in block 4 below.  Block  MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064  \$ 156,013,547.40						
	Enter the result here.						
	This is your minimum fee.	\$		1,659,984.14			
Block 2  Block 3	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ispace G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting periodal Yes—Complete the DSE schedule.  No—Leave block 3 below blank and column the column television of the part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	n 4, you d?	must c	heck			
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE			0.00			
	schedule. If none, enter zero						
	Line 3. Add lines 1 and 2 and enter here	\$		1,028,888.06			
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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		\$	1,659,984.14	Cable systems		
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.			0.00	submitting additional deposits under		
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing		
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here				appropriate form for submitting the additional fees.		
Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	Verizon Pennsylvania LLC	062715								
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Gildinicis	Enter the total number of channels on which the cable     system carried television broadcast stations									
	Enter the total number of activated channels									
	on which the cable system carried television broadcast stations  579									
	and nonbroadcast services									
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
for Further Information	Name Patrick Merrick Telephone 703-447-0209									
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)									
	Ashburn, VA (City, town, state, zip)									
	Email patrick.merrick@verizon.com Fax (optional)									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed 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									
	<ul> <li>(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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         [18 U.S.C., Section 1001(1986)]     </li> </ul>									
	X /s/ Christy K. Reyes									
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	; "F2"								
	Typed or printed name: Christy K. Reyes									
	Title: Assistant Secretary, Verizon Pennsylvania LLC (Title of official position held in corporation or partnership)									
	Date: February 28, 2022									

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.

LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:	SYSTEM ID#	
Verizon Pennsy	/Ivania LLC	062715	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 b if providing secondary transmissions of primary broadcast transmitters, the system shall not inclu- and amounts collected from subscribers receiving secondary transmissions pursuant to section of ation on when to exclude these amounts, see the note on page (vii) of the general instructions in	asic ude sub- 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
•	ete this worksheet for those royalty payments submitted as a result of a late payment or underpa on of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the	e amount of late payment or underpayment		Interest Assessment
Line 2 Multiply I	line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply I	line 2 by the number of days late and enter the sum here	274	
	line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
	Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** 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		
Owner 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 suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2021/2

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

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:

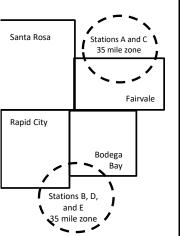
- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 ECC 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 Carried		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 \$6 384 00

		ψ0,00-1.00			
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: 2021/2** 

1	LEGAL NAME OF OWNER OF CABLE				S	YSTEM ID#
•	Verizon Pennsylvania Li	LC				062715
	SUM OF DSEs OF CATEGOR		S:			
	Add the DSEs of each station				5.00	
	Enter the sum here and in line	1 of part 5 of this	schedule.	,,	5.00	
2	Instructions:					
4	In the column headed "Call S of space G (page 3).	ign": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5	
Computation	In the column headed "DSE"	for each indepe	ndent station, give the DSE	as "1.0"; for ea	ch network or noncom-	
of DSEs for	mercial educational station, give	e the DSE as ".25				
Category "O"			CATEGORY "O" STATION	1	T	
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WHYY	0.250				
	WHYY Ykids	0.250				
	WHYY Y2	0.250				
	WNJT	0.250				
Add rows as	WNJT NHK World	0.250				
necessary.	WPPT	0.250				
Remember to copy all	WPPT World	0.250				
formula into new	WLVT	0.250				
rows.	WLVT Create	0.250				
	WLVT France 24	0.250				
	WLIW	0.250				
	WLIW Create	0.250				
	WLIW World	0.250				
	WNJN	0.250				
	WNJN NHK World	0.250				
	WLIW All Arts	0.250				
	WBPH	1.000				


Name		OWNER OF CABLE SYSTEM:  nsylvania LLC						SYSTEM ID# 062715
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all dista : For each station, give the correspond with the infor : For each station, give the control of the figure in column at least to the third decire of the column at least to the station of the column at least th	he number of mation given he total numburn 2 by the formal point. This station, give the lumn 4 by the SDSE. (For mation of the sum	hours your cable syster in space J. Calculate or er of hours that the statigure in column 3, and gets is the "basis of carriage ne "type-value" as "1.0."	m carried the state of the state of the carried the result in the carried the result in the carried th	ion during the account ach station.  er the air during the account decimals in column 4. Tation.  k or noncommercial ecount of the column 6. Round to notice in the general instruction.	counting period. This figure must ucational station,	
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	ER JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYF	-	OSE
			÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷		= = = = = = = = = = = = = = = = = = =	x x x x x x x x	= = = = = = = =	
	Add the DSEs	OF CATEGORY LAC So of each station. Im here and in line 2 of pa		chedule,		0.	00	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference to Broadcast of space I).     Column 2: at your option.     Column 3:     Column 4:	e the call sign of each start of the call sign of each start on October 19, 1976 (one or more live, nonnetwork). This figure should correst of the call of the column of the column of the call of the	itution for a pr as shown by took programs of number of liv spond with the s in the calend on 2 by the figi	ogram that your system the letter "P" in column during that optional carrie, nonnetwork program information in space I. lar year: 365, except in ure in column 3, and give	n was permitted to 7 of space I); and age (as shown by s carried in subst a leap year. we the result in co	o delete under FCC rul the word "Yes" in column itution for programs the	at were deleted	orm).
	1. CALL	2. NUMBER	JBSTITUTE 3. NUMB	E-BASIS STATION	IS: COMPUTA	ATION OF DSEs 2. NUMBER	3. NUMBER	R 4. DSE
	SIGN	OF PROGRAMS	OF DA	YS	SIGN	OF PROGRAMS	OF DAYS	
			÷	=			÷	=
		-	<del>:</del>	=			÷	=
			÷	=			÷	=
	Add the DSEs	OF SUBSTITUTE-BASI		:		0.0	00	-
5		ER OF DSEs: Give the am		e boxes in parts 2, 3, and	4 of this schedule	e and add them to provid	e the total	
Total Number		of DSEs from part 2 ●				<b>&gt;</b>	5.00	
of DSEs		of DSEs from part 3 •				•	0.00	
	3. INUITIBET	of DSEs from part 4 ●			<del></del>		<u> </u>	
	TOTAL NUMBE	R OF DSEs					<u> </u>	5.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF ON Verizon Penns		SYSTEM:					S	YSTEM ID# 062715	Name
Instructions: Bloc In block A: • If your answer if " schedule.	·		art 6 and part 7	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
<ul><li>If your answer if "</li></ul>	No," complete blo	cks B and C			ADVETO				Computation of
la tha aabla ayataw	Lagatad whally a	staida af all m		ELEVISION MA		ion 76 F of FO	C mulaa and ramulai	tions in	3.75 Fee
=	1981?	schedule—D	•	ETE THE REMAIN			orules and regula	uons in	
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations pri e DSE Sche	or to June 25, 19 dule. (Note: The	art 2, 3, and 4 of the part 2, 3, and 4 of the part 2, 3, and 4,	planation of p	ermitted station	is, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica	lles and regued pursuant to the pursuant to the pursuant to the pursue all educations all educat	lations cited beloo the FCC mark I in 76.5(kk) (76 Istation [76.59(	s on which you can bow pertain to those et quota rules [76. .59(d)(1), 76.61(e) c), 76.61(d), 76.63 uph regarding subs	e in effect on 3,57, 76.59(b), 0(1), 76.63(a) r 0(a) referring t	June 24, 1981.) 76.61(b)(c), 76. referring to 76.6 o 76.61(d)]	63(a) referring to 61(e)(1)		
	instructions fo E Carried pursua *F A station prev	r DSE sched ant to individu viously carrie IHF station w	ule). ual waiver of FC d on a part-time ithin grade-B co	C rules (76.7) or substitute basis ntour, [76.59(d)(5)	s prior to June	e 25, 1981			
Column 3:		e stations ide	ntified by the let	oarts 2, 3, and 4 of ter "F" in column 2			ksheet on page 14	of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WHYY	С	0.25	WPPT Wor	M	0.25	WLIW Wor	М	0.25	
WHYY Ykid	M	0.25	WLVT	С	0.25	WNJN	С	0.25	
WHYY Y2	M	0.25	WLVT Crea	M		WNJN NH		0.25	
WNJT	С	0.25	WLVT Fran	M	0.25	WLIW All A	M	0.25	
WNJT NHK	M	0.25	WLIW	С		NHK World	М	0.25	
WPPT	С	0.25	WLIW Crea	М	0.25				
								4.25	
			BLOCK C: CO	MPUTATION OF	F 3.75 FEE				
ine 1: Enter the	total number of I	DSEs from	part 5 of this s	chedule					
ine 2: Enter the	sum of permitted	d DSEs fron	n block B abov	е					
				of DSEs subject t of this schedule)		ite.			
ine 4: Enter gros	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen
ine 5: Multiply lir	ne 4 by 0.0375 a	nd enter su	m here				x		partially permited/ partially nonpermitted
ine 6: Enter tota	I number of DSE	Es from line	3						carriage?  If yes, see part 9 instructions.
ine 7: Multiply lir	ne 6 by line 5 and	d enter here	and on line 2,	block 3, space L	_ (page 7)			0.00	

ACCOUNTING PERIOD: 2021/2

	OWNER OF CABLE	SYSTEM:					S'	YSTEM ID# 062715	Name
BLOCK A: TELEVISION MARKETS (CONTINUED)  1. CALL   2. PERMITTED   3. DSE   1. CALL   2. PERMITTED   3. DSE   1. CALL   2. PERMITTED   3. DSE   3. DSE   4. CALL   4. PERMITTED   5. DSE   5. DSE   5. DSE   6. DSE   7. DSE									6
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of
									3.75 Fee
						<u> </u>			
		<u></u>			<u></u>				
						<u> </u>			
						<u> </u>			
						<u> </u>			
		<u></u>							

**ACCOUNTING PERIOD: 2021/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Verizon Pennsylvania LLC 062715 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 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED 2. PRIOR SIGN DSE **PERIOD CARRIAGE** 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 nity served by the cable system prior to March 31, 1972? (refer commercial VHF station that places a grade B contour, in whole or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Verizon Pennsylvania LLC  OE	M ID# 32715	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	47.40	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated 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?  Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 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 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 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: Verizon Pennsylvania LLC	SYSTEM ID# 062715
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$	
Surcharge		C. Multiply line B by 3.000 and enter here.	
		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	
	Instru	ttions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	art
	• In blo	ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of	,	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	ow
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	al
		e area," see page (v) of the general instructions.	ui
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(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)	
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶	
		C. Subtract 1.000 from total DSEs  (the figure 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 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: 2021/2

	AME OF OWNER OF CABLE SYSTEM:  On Pennsylvania LLC  062715	Name
Section 4	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 (the amount in section 1)  * **State**	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$	Computation of
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$	
	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	
	G. Add lines A, C, and F. This is your base rate fee. 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 broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation
exclusi	on, you must:	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge
also co	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 mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
subscr	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 that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber.	
•	section:	
• Give	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 all of the bers in the group.	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and	
2) any	s schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
	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 instructions paper SA3 form.	
<ul> <li>Compage.</li> <li>DSEs f</li> </ul>	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062715 Verizon Pennsylvania LLC 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.

В								
	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		
WHYY	0.25			WNJT	0.25			
VHYY Ykids	0.25			WNJT NHK World	0.25			
WHYY Y2	0.25			WLVT	0.25			
VNJT	0.25			WLVT Create	0.25			
WNJT NHK World	0.25			WLVT France 24	0.25			
VPPT	0.25			WBPH	1.00			
VPPT World	0.25		<del></del>					
VLVT	0.25		····					
VLVT Create	0.25		-		<del> </del>			
VLVT France 24	0.25		·					
/BPH	1.00		<u></u>		<b></b>			
ВРП	1.00		<u></u>					
	<del> </del>		<u></u>		<del> </del>			
	<del> </del>		<u></u>		ļ			
otal DSEs	•		3.50	Total DSEs			2.25	
oss Receipts First Gro	oup	s 563	3,959.82	Gross Receipts Second	ross Receipts Second Group \$ 28,137,688.98			
ase Rate Fee First Gro	•		<b>5,883.93</b>	Base Rate Fee Second	•	\$ SUBSCRIBER GROU	645,941.51	
Base Rate Fee First Gro	•	s 1		Base Rate Fee Second COMMUNITY/ AREA	•			
DMMUNITY/ AREA	•	s 1	UP		•		IP .	
DMMUNITY/ AREA	THIRD	\$ 15	UP <b>0</b>	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP 0	
DMMUNITY/ AREA CALL SIGN NJT	THIRD	\$ 15	UP <b>0</b>	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	JP 0	
OMMUNITY/ AREA CALL SIGN NJT	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	COMMUNITY/ AREA  CALL SIGN  WLVT	DSE 0.25	SUBSCRIBER GROU	JP 0	
OMMUNITY/ AREA CALL SIGN NJT	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	COMMUNITY/ AREA  CALL SIGN  WLVT  WLVT Create	DSE 0.25 0.25	SUBSCRIBER GROU	JP 0	
DMMUNITY/ AREA CALL SIGN NJT	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
DMMUNITY/ AREA CALL SIGN NJT	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
OMMUNITY/ AREA CALL SIGN NJT	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
OMMUNITY/ AREA CALL SIGN NJT	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
DMMUNITY/ AREA CALL SIGN	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
DMMUNITY/ AREA CALL SIGN	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
OMMUNITY/ AREA CALL SIGN	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
DMMUNITY/ AREA CALL SIGN	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
DMMUNITY/ AREA CALL SIGN	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
DMMUNITY/ AREA CALL SIGN	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
DMMUNITY/ AREA CALL SIGN	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
DMMUNITY/ AREA  CALL SIGN INJT INJT NHK World	THIRD  DSE  0.25	\$ 15	DSE	CALL SIGN WLVT WLVT Create WLVT France 24 WBPH	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	DSE	
OMMUNITY/ AREA  CALL SIGN /NJT /NJT NHK World	THIRD  DSE  0.25	\$ 15	UP <b>0</b>	CALL SIGN WLVT WLVT Create WLVT France 24	DSE 0.25 0.25 0.25	SUBSCRIBER GROU	JP 0	
	DSE 0.25 0.25	\$ 18 SUBSCRIBER GROU  CALL SIGN	DSE	CALL SIGN WLVT WLVT Create WLVT France 24 WBPH	DSE 0.25 0.25 0.25 1.00	SUBSCRIBER GROU	DSE	

LEGAL NAME OF OWNER Verizon Pennsylva		SYSTEM:				S	YSTEM ID# 062715	Name
-							002.10	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
COMMUNITY/ AREA 0			SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0				9	
	T = == 1	I	T			Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
				WLIW Create	0.25 0.25			
				WLIW World	0.25			and Syndicated
				WLIW All Arts	0.25			Exclusivity
			<u></u>	WEIW All Alto	0.20		····	Surcharge
			<u></u>	-				for
			<u>-</u>				····	Partially
								Distant
								Stations
	<u></u>		<u> </u>					
			<u> </u>					
Total DSEs	Total DSEs 0.00				Total DSEs			
Gross Receipts First Gro	oup	\$ 88,314	4,974.17	Gross Receipts Second	l Group	\$ 1,1	58,522.70	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	12,326.68	
S	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH S	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WLIW	0.25			WNJT	0.25			
WLIW Create	0.25			WNJT NHK World	0.25			
WLIW World	0.25			WPPT	0.25			
WNJN	0.25			WPPT World	0.25			
WNJN NHK World WLIW All Arts	0.25			WLVT Create	0.25			
WLIW All Alts	0.25			WLVT Create WLVT France 24	0.25 0.25			
			<u></u>	WBPH	1.00			
					1.00			
			<u></u>	-				
			<u> </u>		<b> </b>			
Total DSEs			1.50	Total DSEs			2.75	
Gross Receipts Third Group \$ 115,640.95		Gross Receipts Fourth Group \$ 1,020,206.60						
							<del></del>	
Base Rate Fee Third Group \$ 1,635.74		Base Rate Fee Fourth Group \$ 23,370.38			23,370.38			
Base Rate Fee: Add the	base rate	e fees for each subso	criber group	as shown in the boxes abo	ove.			
Enter here and in block 3			- •			\$		

	_								
	Ca	ble	Total amount of remittance	Nui	mber of SAs rec'd	Initials			
	Wo	ble rksheet	remittance						
		rksrieet		_					
			Date of remittance	□Check	□EFT	□FILIN	3 FEES		
Cable ID #		1		1		Amount	Initials		
Examined by		Reviewed by	Date examination completed	Allocation	on number				
Space A Accounting Period									
	□Janua	ary 1 - June 30, 2017		□July 1 - December 31, 2017					
	□Lette	r sent		☐Information received					
	□Accep	oted		☐Phone call/Date/Contact					
Space B Owner									
	□Lette	r sent	]	Information re	ceived				
	□Accep	oted	]	Phone call/Dat	e/Contact				
Space D Area Served									
	□Lette	r sent	]	Information re	ceived				
	□Accep	oted	]	Phone call/Dat	e/Contact				
Space E Secondary Transission									
Service Subscribers:	Lette	r sent		☐ Information received					
and Rates	□Accep	oted	[	Phone call/Date/Contact					
Space G Primary Transmitters:									
Television	Lette	r sent		☐Information re	ceived				
	□Accep	oted	[	☐Phone call/Dat	e/Contact				
Space H Primary Transmitters:									
Radio	□Accep	oted	]	☐ Phone call/Dat	:e/Contact				

		Space I Substitute Carriage
☐ Letter sent	☐ Information received	
□Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑Letter sent	☐ Information received	(SA3 only)
□Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐Letter sent	☐Information received	
Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
□Accepted	☐Phoe call/Date/Contact	
		Space M Channels
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
	☐ Information received	
Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	