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					
02/27/23	\$ 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	2022/2				
Period					
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 busine. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account of the country of the covering the entire accounts. Check here if this is the system's first filing. If not, enter the system's ID.	ss of the cable system on the last day of the counting period.	em. he accounting period should su		062627
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Verizon New England Inc.				
				062627	'20222
				062627	2022/2
	22001 Loudoun County Parkway				
	Ashburn, VA 20147				
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	stem unless	these
С	names already appear in space B. In line 2, give the mailing address of	of the system, if di	fferent from the address giv	en in space	∌ B.
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	Verizon Fios TV (Burlington, MA) VHO 6				
	MAILING ADDRESS OF CABLE SYSTEM:				
	51 South Bedford St 2 (Number, street, rural route, apartment, or suite number)				
	Burlington, MA 01803				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and re	elist on page	e 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	BURLINGTON	MA			
Community	Below is a sample for reporting communities if you report multiple ch	nannel line-ups in	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB (	GRP#
Sample	Alda	MD	A		1
·	Alliance	MD	В		2
	Gering	MD	В		3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062627 Verizon New England Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. 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. SUB GRP# STATE CH LINE UP CITY OR TOWN BURLINGTON MA Α 3 **First ABINGTON** MA Α 2 Community **ACTON** 3 MA Α ANDOVER MA Α 3 ARLINGTON MA Α 4 Α 2 **ASHLAND** MA See instructions for **BEDFORD** MA Α 3 additional information on alphabetization. 2 **BELLINGHAM** MA MA **BELMONT** Α 4 **BILLERICA** MA Α 3 BOSTON Α 4 MA Add rows as necessary. 3 **BOXBOROUGH** MA Α Α 3 BOXFORD MA 2 **BRAINTREE** MA Α BURRILLVILLE RI В 4 2 **CANTON** MA Α CENTRAL FALLS RI В 4 CHARLESTOWN RI В 5 CHELMSFORD MA Α 3 2 COHASSET MA Α COVENTRY RI В 4 CRANSTON RI В 4 4 CUMBERLAND RI В 3 **DANVERS** MA Α **DEDHAM** MA 2 **DOVER** MA Α 2 **DUNSTABLE** MA Α 3 2 DUXBURY MA Α В 4 **EAST GREENWICH** RI **EAST PROVIDENCE** RI В 4 C **EASTON** MA 4 4 **EXETER** RI В **FITCHBURG** Α 3 MA **FOSTER** В RI 4 **FOXBOROUGH** MA Α 2 A **FRAMINGHAM** 4 MA 2 **FRANKLIN** Α MA **GEORGETOWN** MA Α 3 GLOCESTER В 4 RI 2 Α **GRAFTON** MA

GROTON	MA	Α	3
HAMILTON	MA	Α	3
HANOVER	MA	Α	2
HINGHAM	MA	Α	2
HOLBROOK	MA	A	2
HOLLISTON	MA	A	2
	10		
HOPEDALE	MA	A	2
HOPKINTON	MA	<u>A</u>	2
HOPKINTON	RI	В	4
HUDSON	MA	Α	4
HULL	MA	Α	2
IPSWICH	MA	A	3
JOHNSTON	RI	В	4
KINGSTON	MA	Α	2
LAKEVILLE	MA	A	2
LAWRENCE	MA	A	3
LEOMINSTER	MA	A	3
LEXINGTON	MA	A	3
	mi		3
LINCOLN	MA	A	4
LINCOLN	RI	В	4
LITTLETON	MA	Α	3
LYNN	MA	Α	3
LYNNFIELD	MA	Α	3
MALDEN	MA	Α	3
MANSFIELD	MA	С	4
MARBLEHEAD	MA	Α	3
MARION	MA	Α	1
MARLBOROUGH	MA	A	4
MARSHFIELD	MA	A	2
MATTAPOISETT	MA	A	1
MAYNARD	110		
	MA	A	4
MEDFIELD	MA	A	2
MEDFORD	MA	A	3
MEDWAY	MA	Α	2
MELROSE	MA	Α	3
MENDON	MA	Α	2
METHUEN	MA	Α	3
MIDDLEBOROUGH	MA	Α	2
MIDDLETON	MA	Α	3
MILFORD	MA	Α	2
MILLBURY	MA	Α	2
MILLIS	MA	Α	2
NAHANT	MA	Α	3
NARRAGANSETT	RI	В	4
NATICK	MA	A	4
NEEDHAM	m l		4
	MA	A	4
NEWTON	MA	A	4
NORFOLK	MA	Α	2
NORTH ANDOVER	MA	A	3
NORTH ATTLEBOROUGH	MA	С	4
NORTH KINGSTOWN	RI	В	4
NORTH PROVIDENCE	RI	В	4
NORTH READING	MA	Α	3
NORTH SMITHFIELD	RI	В	4
NORTHBOROUGH	MA	A	2
NORWELL	MA	A	2
	MA		2
NORWOOD	mi	A	4
PAWTUCKET	RI	В	4
PLYMOUTH	MA	Α	2

PROVIDENCE	RI	В	4
RANDOLPH	MA	Α	2
RAYNHAM	MA	С	4
READING	MA	Α	3
RICHMOND	RI	В	4
ROCHESTER	MA	A	1
ROCKLAND	MA	A	2
ROWLEY	MA	A	3
CITUATE	RI	В	4
SHERBORN	MA	A	2
SMITHFIELD	RI	В	4
SOUTH KINGSTOWN	RI	В	4
SOUTHBOROUGH	MA	A	2
STONEHAM	MA	A	3
STOUGHTON	MA	Ä	2
STOW	MA	Ä	3
SUDBURY	MA	Ä	4
SUTTON	MA	Ä	2
SWAMPSCOTT	MA	A	3
FAUNTON	MA	C	3
EWKSBURY			4
	MA	A	3
OPSFIELD	MA	A	3
YNGSBOROUGH	MA	A	3
VAKEFIELD	MA	A	3
VALPOLE	MA	A	2
VALTHAM	MA	A	4
VAREHAM	MA	A	1
VARWICK	RI	В	4
WAYLAND	MA	A	4
NELLESLEY	MA	A	4
VENHAM	MA 	<u>A</u>	4
WEST GREENWICH	RI	В	4
WEST NEWBURY	MA	A	3
VEST WARWICK	RI	В	4
VESTBOROUGH	MA	Α	2
VESTERLY	RI	В	5
VESTFORD	MA	Α	3
VESTON	MA	Α	4
VESTWOOD	MA	Α	2
VILMINGTON	MA	Α	3
VINCHESTER	MA	Α	3
<b>NOBURN</b>	MA	Α	3
NOONSOCKET	RI	В	4
WRENTHAM	MA	Α	2
		··· <mark>·······</mark>	

Name

Legal Name of Owner of Cable System:

Verizon New England Inc.

SYSTEM ID#

062627

### 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.

BLO	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
<ul> <li>Service to first set</li> </ul>	368,042	\$ 45.35	
<ul> <li>Service to additional set(s)</li> </ul>			
<ul> <li>FM radio (if separate rate)</li> </ul>			•
Motel, hotel	***************************************		
Commercial	7,425	\$ 35.00	
Converter			
<ul> <li>Residential</li> </ul>			
Non-residential			
		<b> </b>	

## 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	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential			
• Pay cable	\$	15.00	Motel, hotel		See Tab Attachment B	
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			
Fire protection			Pay cable			
<ul><li>Burglar protection</li></ul>			Pay cable-add'l channel			
Installation: Residential			Fire protection			
First set	\$	99.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	\$		Other services:			
• FM radio (if separate rate)			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	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV	N/A	45.00
Fios Current TV for Bar/Restaurant	N/A	45.00
Fios TV Local	25.00	35.00
FIOS TV Local for Bar/Restaurant	N/A	35.00
Custom TV Kids & Pop	64.99	N/A
Custom TV Sports & News	64.99	N/A
Custom TV Action & Entertainment	64.99	N/A
Custom TV News & Variety	64.99	N/A
Custom TV Lifestyle & Reality	64.99	N/A
Custom TV Infotainment & Drama	64.99	N/A
Custom TV Home & Family	64.99	N/A
Fios TV Preferred HD	74.99	95.00
Fios TV Extreme HD	79.99	115.00
Fios TV Ultimate HD	89.99	125.00
Fios Local TV	65.00	N/A
Fios TV Test Drive	80.00	N/A
Your Fios TV	80.00	N/A
More Fios TV	100.00	N/A
The MostFios TV	120.00	N/A
Fios TV Mundo Total	120.00	N/A
Fios TV Mundo	100.00	N/A
Your Fios TV Spotlight Package	80.00	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate HD 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	139.99	Varies
MLS Direct Kick	89.00	N/A
NBA League Pass	199.00	Varies
NHL Center Ice	99.99	Varies
CableCARD	10.00	10.00

Catamany of Samilas	Residential Rate	Commercial Rate
Category of Service	10.00	10.00
Digital Adapter	12.00	11.99
Set-Top Box First two boxes (each) Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A
	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
	\$18 rental,	\$18 rental,
Verizon Router	\$399.99 purchase	\$399.99 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	up to \$100	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)	N/A	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 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 Verizon Router	200.00	200.00
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 STR Fire TV One	275.00	275.00

Unreturned/Damaged STB Fios TV One

375.00

375.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062627 Verizon New England Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CARRIAGE SIGN CHANNEL OF (Yes or No) **NUMBER STATION** (If Distant) Yes **WGBH** 2 Ε 0 **Boston WSBK** 38 Ν No **Boston** See instructions for WBZ 4 Ν No **Boston** additional information on alphabetization. **WCVB** 5 Ν **Boston** No **WWJE** 50 No ı Derry **WHDH** 7 Ν No **Boston WFXT** 25 ı No Boston **WMUR** 9 Ν No Manchester **WNEU** 60 Ν Merimack No **WENH** 11 Ε Yes 0 Durham WLVI 56 I No Cambridge **WBPX** 68 I No **Boston** 8 Ν **WBTS** No **Boston** Ε **WSBE** 36 Yes 0 **Providence** WUTF 66 No Marlborough ı **WMFP** 18 I No Lawrence Ε **WYDN** 48 Yes 0 Worcester WUNI 27 ī Worcester No

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
Verizon New E	ngland Inc.				062627	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	system during to ions in effect o 3.61(e)(2) and one sis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period except 81, permitting tl referring to 76.6 paragraph	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute progran	Primary Transmitters: Television
basis under specifc F( Do not list the station station was carried List the station here,	CC rules, regula here in space only on a subs and also in spa	ations, or auth G—but do lis stitute basis ace I, if the st	norizations: st it in space I (that ation was carrie	ne Special Staten	nent and Program Log)—if the	
in the paper SA3 fo	rm.	· ·			of the general instructions located es such as HBO, ESPN, etc. Identify	
cast stream as "WETA NETA-simulcast).	2". Simulcast	streams mus	t be reported in	column 1 (list eac	ation. For example, report multi	
ts community of licens on which your cable sy	se. For examplystem carried t	e, WRC is Ch he station	annel 4 in Wasł	hington, D.C. This	tion for broadcasting over-the-air in s may be different from the channe lependent station, or a noncommercia	
educational station, by (for independent multi For the meaning of the	entering the lecast), "E" (for neese terms, see	etter "N" (for r oncommercia page (v) of th	etwork), "N-M" ( al educational), d e general instru	(for network multi or "E-M" (for nond actions located in	cast), "I" (for independent), "I-M commercial educational multicast)	
planation of local servi <b>Column 5:</b> If you h	ce area, see p ave entered "Y he distant stati	age (v) of the es" in columr on during the	general instruct 4, you must co accounting peri	tions located in th mplete column 5, od. Indicate by er	ne paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	
For the retransmiss of a written agreement the cable system and	ion of a distan t entered into o a primary trans	t multicast str n or before Ju mitter or an a	eam that is not sune 30, 2009, be essociation repre	subject to a royaltetween a cable sy essenting the prima	ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe	
Column 6: Give the	e location of ea Canadian statio	nch station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communithe community with	ed in the paper SA3 form ty to which the station is licensed by the th which the station is identifec n channel line-up.	
		CHANN	EL LINE-UP	Α		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
WGBX	44	-		(If Distant)		
WWDP		E	Yes	(If Distant)	Boston	
	46	l E		, ,	Boston Norwell	
NGBH-simulcast	46 19	I E	Yes	, ,		See instructions for additional informatio
		I	Yes No	0	Norwell	
WSBK-simulcast	19	l E	Yes No Yes	0	Norwell Boston	additional informatio
WSBK-simulcast WBZ-simulcast	19 39	I E N	Yes No Yes No	0	Norwell  Boston  Boston	additional informatio
WSBK-simulcast WBZ-simulcast WCVB-simulcast	19 39 30	I E N	Yes No Yes No	0	Norwell Boston Boston Boston	additional informatio
WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast	19 39 30 20	I E N N	Yes No Yes No No	0	Norwell Boston Boston Boston Boston Boston	additional informatio
WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast WFXT-simulcast	19 39 30 20 42	I E N N	Yes No Yes No No No No	0	Norwell Boston Boston Boston Boston Boston Boston	additional informatio
WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast WFXT-simulcast WMUR-simulcast	19 39 30 20 42 31 9	I E N N N	Yes No Yes No No No No No No No	0	Norwell Boston Boston Boston Boston Boston Boston Manchester	additional informatio
WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast WFXT-simulcast WMUR-simulcast	19 39 30 20 42 31 9	I E N N N I N	Yes No Yes No	O E	Norwell Boston Boston Boston Boston Boston Boston Manchester Merimack	additional informatio
WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast WFXT-simulcast WMUR-simulcast WNEU-simulcast	19 39 30 20 42 31 9 60	I E N N N I N	Yes No Yes No No No No No No No Yes	0	Norwell Boston Boston Boston Boston Boston Boston Manchester Merimack Durham	additional information
WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast WFXT-simulcast WMUR-simulcast WNEU-simulcast WENH-simulcast	19 39 30 20 42 31 9 60 11	I E N N N I N	Yes No Yes No	O E	Norwell Boston Boston Boston Boston Boston Boston Manchester Merimack Durham Cambridge	additional information
WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast WFXT-simulcast WMUR-simulcast WNEU-simulcast WENH-simulcast WLVI-simulcast	19 39 30 20 42 31 9 60 11 41 68	I E N N N I N N E	Yes No Yes No	O E	Norwell Boston Boston Boston Boston Boston Boston Manchester Merimack Durham Cambridge Boston	additional information
WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast WFXT-simulcast WMUR-simulcast WNEU-simulcast WENH-simulcast WLVI-simulcast WBPX-simulcast	19 39 30 20 42 31 9 60 11 41 68		Yes No Yes No	E E	Norwell Boston Boston Boston Boston Boston Manchester Merimack Durham Cambridge Boston Boston Boston	additional informatio
WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast WFXT-simulcast WMUR-simulcast WNEU-simulcast WENH-simulcast WLVI-simulcast WBPX-simulcast	19 39 30 20 42 31 9 60 11 41 68 8		Yes No Yes No Yes No No No Yes	O E	Norwell Boston Boston Boston Boston Boston Boston Manchester Merimack Durham Cambridge Boston Boston Providence	additional information
WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast WFXT-simulcast WMUR-simulcast WNEU-simulcast WENH-simulcast WBPX-simulcast WBPX-simulcast WSBE-simulcast	19 39 30 20 42 31 9 60 11 41 68 8 21 66		Yes No Yes No Yes No	E E	Norwell Boston Boston Boston Boston Boston Boston Manchester Merimack Durham Cambridge Boston Boston Providence Marlborough	additional information
WGBH-simulcast WSBK-simulcast WBZ-simulcast WCVB-simulcast WHDH-simulcast WFXT-simulcast WMUR-simulcast WNEU-simulcast WENH-simulcast WBPX-simulcast WBPX-simulcast WBPX-simulcast WBTS-simulcast WSBE-simulcast WUFF-simulcast	19 39 30 20 42 31 9 60 11 41 68 8		Yes No Yes No Yes No No No Yes	E E	Norwell Boston Boston Boston Boston Boston Boston Manchester Merimack Durham Cambridge Boston Boston Providence	additional informati

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062627 Verizon New England Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 multi cast 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 channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CARRIAGE SIGN CHANNEL OF (Yes or No) NUMBER **STATION** (If Distant) Yes WGBX-simulcast 44 Ε Ε **Boston WWDP-simulcast** 46 No Norwell ı See instructions for This TV Network[ 7 N-M No **Boston** additional information on alphabetization. **WCVB Me TV** 20 N-M **Boston** No **WUNI Bounce TV** 27 I-M No Worcester **WFXT LAFF** 31 I-M No **Boston** No WLVI Buzzr 56 I-M Cambridge 8 I-M **WBTS Cozi TV** No **Boston** 44 0 **Boston** WGBX 44 E-M Yes WGBH PBS Kids 2 E-M Yes 0 **Boston WGBH World** 44 E-M Yes 0 **Boston** 0 **WGBX** Create 44 E-M Yes **Boston** 60 **WNEU TeleXitos** N-M No Merimack **WUTF LATV** 66 I-M Marlborough No WBZ StartTV 30 N-M No **Boston WUNI Court TV** 27 I-M No Worcester 27 WUNI getTV I-M Worcester No **WFXT Comet TV** 31 I-M **Boston** No

	LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
	Verizon New E	ngland Inc.				062627	Name
PR	IMARY TRANSMITT	ERS: TELEVISION	ON				
In ca	General: In space or ied by your cable s	G, identify ever system during t	y television s the accounting	g period except	(1) stations carrie	s and low power television stations) d only on a part-time basis under tain network programs [sections	G
76	59(d)(2) and (4), 76	6.61(e)(2) and	(4), or 76.63 (	referring to 76.6	-	and (2) certain stations carried on a	Primary
	ostitute program ba Substitute Basis S				s carried by your	cable system on a substitute progran	Transmitters: Television
	sis under specifc F(		-	-	s carried by your	sable system on a substitute program	relevision
• D		•		st it in space I (th	ne Special Statem	ent and Program Log)—if the	
• L	station was carried st the station here,	•		ation was carrie	d both on a subst	itute basis and also on some othe	
	basis. For further ir	nformation cond				of the general instructions located	
	in the paper SA3 fo Column 1: List eac		sian. Do not	report origination	n program service	es such as HBO, ESPN, etc. Identify	
			-			ation. For example, report multi	
	st stream as "WET <i>l</i> ETA-simulcast).	\-2". Simulcast	streams mus	t be reported in	column 1 (list eac	ch stream separately; for example	
1	,	e channel num	ber the FCC	has assigned to	the television sta	tion for broadcasting over-the-air ir	
1	,		*	annel 4 in Wash	nington, D.C. This	may be different from the channe	
on	which your cable sy Column 3: Indicate	,		tation is a netwo	ork station, an ind	ependent station, or a noncommercia	
		•	,	,.	•	cast), "I" (for independent), "I-M	
,	•	,		, .	,	ommercial educational multicast) the paper SA3 form	
"						es". If not, enter "No". For an ex	
	nation of local serv					e paper SA3 form stating the basis on which you	
	•				•	ntering "LAC" if your cable systen	
cai	ried the distant stat	-				• •	
of a						y payment because it is the subject vistem or an association representin	
the	cable system and	a primary trans	smitter or an a	ssociation repre	esenting the prima	ary transmitter, enter the designa	
	٠,			•	•	other basis, enter "O." For a furthe ed in the paper SA3 form	
						y to which the station is licensed by the	
	C. For Mexican or ( <b>te:</b> If you are utilizir				•	h which the station is identifed	
_	to. If you are daile	ig malapie ona	•	EL LINE-UP	•	onarmor into up.	
-							-
	CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	0.011	NUMBER	STATION	` ′	(If Distant)		
W	BZ Dabl	30	N-M	No		Boston	1
W	BTS LX	8	N-M	No		Boston	Coo instructions for
					••••••		See instructions for additional information
							on alphabetization.
					•		  -
					•		1
							•
							.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Verizon New England Inc.	062627	Name

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis 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 othe 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. Identifies 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	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
WGBH	2	Е	Yes	0	Boston
WLNE	6	N	No		New Bedford
WSBE	36	Е	Yes	0	Providence
WNAC CW	64	I	No		Providence
WJAR	10	N	No		Providence
WNAC	64	I	No		Providence
WPRI	12	N	No		Providence
WPRI My Networl	12	N	No		Providence
WRIW	50	I	No		Providence
WGBX	44	Е	Yes	0	Boston
WGBH-simulcast	19	Е	Yes	Е	Boston
WLNE-simulcast	49	N	No		New Bedford
WSBE-simulcast	21	Е	Yes	Е	Providence
WNAC CW-simul	64	I	No		Providence
WJAR-simulcast	51	N	No		Providence
WNAC-simulcast	54	I	No		Providence
WPRI-simulcast	12	N	No		Providence

G

Primary Transmitters: Television

SYSTEM ID#	
062627	Name
	·

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis 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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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. Identifies 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В	
1. CALL 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
My WPRI-simulca	12	I	No		Providence
WRIW-simulcast	50	I	No		Providence
WGBX-simulcast	44	Е	Yes	Е	Boston
WLNE Court TV	6	N-M	No		New Bedford
WJAR Charge TV	51	N-M	No		Providence
WLNE Grit TV	49	N-M	No		New Bedford
WJAR CometTV	51	N-M	No		Providence
WGBX 44	44	E-M	Yes	0	Boston
WGBH PBS Kids	2	E-M	Yes	0	Boston
WGBH World	44	E-M	Yes	0	Boston
WGBX Create	44	E-M	Yes	0	Boston
WJAR TBD TV	10	N-M	No		Providence
WPRI Dabl	12	N-M	No		Providence
WSBE Learn	21	Е-М	Yes	0	Providence
WNAC LAFF	54	I-M	No		Providence
	6	N-M	No		New Bedford

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New England Inc.

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections:

76. 50(4)(2) and (4) 76. 64(a)(2) and (4) or 76. 63 (referring to 76. 64(a)(2) and (4)); and (2) certain attains certain or the section of the

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

**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
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**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	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
WGBH	2	Е	Yes	0	Boston
WSBK	38	N	No		Boston
WBZ	4	N	No		Boston
WCVB	5	N	No		Boston
WLNE	6	N	No		New Bedford
WHDH	7	N	No		Boston
WSBE	36	E	Yes	0	Providence
WNAC CW	64	I	No		Providence
WJAR	10	N	No		Providence
WNAC	64	I	No		Providence
WPRI	12	N	No		Providence
WPRI My Networl	12	N	No		Providence
WRIW	50	I	No		Providence
WFXT	25	I	No		Boston
WLVI	56	I	No		Cambridge
WGBX	44	E	Yes	0	Boston
WGBH-simulcast	19	Е	Yes	Е	Boston
WSBK-simulcast	39	N	No		Boston

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New England Inc.

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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. Identificated 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).

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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	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
WBZ-simulcast	30	N	No		Boston
WCVB-simulcast	20	N	No		Boston
WLNE-simulcast	49	N	No		New Bedford
WHDH-simulcast	42	N	No		Boston
WSBE-simulcast	21	E	Yes	Е	Providence
WNAC CW-simulo	64	I	No		Providence
WJAR-simulcast	51	N	No		Providence
WNAC-simulcast	54	I	No		Providence
WPRI-simulcast	12	N	No		Providence
My WPRI-simulca	12	I	No		Providence
WRIW-simulcast	50	I	No		Providence
WFXT-simulcast	31	I	No		Boston
WGBX-simulcast	44	E	Yes	Е	Boston
WLVI-simulcast	41	I	No		Cambridge
WLNE Court TV	6	N-M	No		New Bedford
WJAR Charge TV	51	N-M	No		Providence
WFXT LAFF	31	I-M	No		Boston
WLVI Buzzr	56	I-M	No		Cambridge

G

Primary
Transmitters:
Television

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name		
Verizon New Er	ngland Inc.				062627			
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
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 eace	ystem during to ons in effect of a fel (e)(2) and (e) is, as explained tations: With a fer in space only on a subsum and also in spaformation concerm.  In station's call associated with one in station with a fel in spaformation concerm.	he accounting In June 24, 19 4), or 76.63 (and in the next respect to any ations, or auth G—but do listitute basis ace I, if the state reming substitute is a station ac ha station ac	g period except (81, permitting the referring to 76.6 paragraph (distant stations norizations: to it in space I (the ation was carried tute basis station report origination cording to its ov	(1) stations carrie ne carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statem d 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 tain network programs [sections and (2) certain stations carried on a cable system on a substitute progran tent and Program Log)—if the itute basis and also on some othe of the general instructions located the such as HBO, ESPN, etc. Identify ation. For example, report multi the stream separately; for example	G Primary Transmitters: Television		
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 staplanation of local servi Column 5: If you had cable system carried the carried the distant static For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	e channel number. For example extem carried the in each case we entering the least), "E" (for note that is a set to the interest of the intere	per the FCC he, WRC is Che station whether the steter "N" (for noncommercial page (v) of the the local service age (v) of the es" in column on during the me basis becard multicast structure or an accenter "E". If a see page (v ch station. Foons, if any, given.	nas assigned to annel 4 in Wash tation is a network), "N-M" (all educational), ce general instruvice area, (i.e. "or general instruct 4, you must collacted accounting perioduse of lack of a seam that is not sune 30, 2009, be ssociation repreyou carried the of the general or U.S. stations, re the name of the	the television state ington, D.C. This ork station, an indefer network multion "E-M" (for noncetions located in the instruction of the instruction	tion for broadcasting over-the-air in may be different from the channe ependent station, or a noncommercia cast), "I" (for independent), "I-M ommercial educational multicast) the paper SA3 form es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you stering "LAC" if your cable system capacity y payment because it is the subject stem or an association representing the basis, enter "O." For a furthe end in the paper SA3 form y to which the station is identified.			
		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			
WLNE Grit TV	49	N-M	No		New Bedford			
WLNE ION Myster	6	N-M	No		New Bedford			
WJAR CometTV	51	N-M	No		Providence			
WGBX 44	44	E-M	Yes	О	Boston			
WGBH PBS Kids	2	E-M	Yes	0	Boston			
WGBH World	44	E-M	Yes	0	Boston			
WGBX Create								
WJAR TBD TV								
WPRI Dabi	12	N-M	No		Providence			
WSBE Learn	21	E-M	Yes	0	Providence			
WNAC LAFF	54	I-M	No		Providence			

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062627 Verizon New England Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. 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 S/D LOCATION OF STATION

FURINI SAJE. PAGE 5.						ACCOUNTING	1 PERIOD: 2022/2
LEGAL NAME OF OWNER OF Verizon New England		STEM:			;	SYSTEM ID# 062627	Name
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	)G			
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?    Yes   No							
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every nead distant state gulations, ation. Do not be used to	ram on a sepan e attach additio connetwork tele- ation and that y or authorizatio to tuse general IBA Basketball adcast live, ent e station broaddion's location ( ions, if any, the y when your sy the substitute program a program car e listed prografitions in effect of	nal pages. evision program (substitute your cable system substitute ns. See page (vi) of the gu categories like "movies", ter "Yes." Otherwise enter casting the substitute prog (the community to which the e community with which the ystem carried the substitute rogram was carried by you ried by a system from 6:0  m was substituted for prog during the accounting perio	e program) that ted for the preneral instruction "basketbal" "No." ram. he station is life e program. Unit cable syste 1:15 p.m. to 6 gramming that bod; enter the	at, during the accounting or another tions located in the paper. List specific programmers by the FCC or, entified). The senumerals, with the rown. List the times accur is:28:30 p.m. should be tyour system was required the remarks.	ng station per m in month ately	
	I IDOTITI IT	TE PROGRAM	Λ		N SUBSTITUTE AGE OCCURRED	7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Name	Verizon New	England In	c.						062627
	PART-TIME CA	RRIAGE LOG							
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."								
			DA	TES AND HOURS	OF F	PART-TIME CAR	RIAGE		
		WHEN	I CARRIAGE O	ACCLIPPED			WHEN	I CARRIAGE OC	CLIBBED
	CALL SIGN	VVIILIV		OURS		CALL SIGN	VVIILIV		URS
		DATE	FROM	TO	-		DATE	FROM	TO
					-			·	_
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				_	-				
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LEGA	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#				
Ver	izon New England Inc.		062627	Name			
Inst all a (as pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amour mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to e (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	condary tra	ansmission service this amount, see  151,342,091.94	<b>K</b> Gross Receipts			
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(A	amount 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 a should be 3 below.	oe entered	d on line 1 of				
If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered o	on line 2 in block				
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be er	ntered on line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	ee is 1.064	percent of the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$ 151,342,091.94				
	Enter the result here.	<b>*</b>	4 640 070 06				
	This is your minimum fee.	\$	1,610,279.86				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colui "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and of the stations of the s	mn 4, you iod?	must check				
Block 3	Line 1. <b>BASE RATE FEE</b> : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	_ ;	\$ 255,490.70				
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	_	0.00				
	Line 3. Add lines 1 and 2 and enter here	\$	255,490.70				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$ 1,610,279.86	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			
	Line 4. FILING FEE	<u>.</u> :	\$ 725.00	the Licensing 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	\$	1,611,004.86	appropriate form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page	e (i) of the				

ACCOUNTING PERIOD: 2022/2 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon New England Inc.  SYSTEM  0626									
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services.      559									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted 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 20147 (City, town, state, zip)									
	Email patrick.merrick@verizon.com Fax (optional)									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified									
	in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system									
	in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]									
	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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.									
	Typed or printed name: Christy K. Reyes									
	Title: Assistant Secretary, Verizon New England Inc.  (Title of official position held in corporation or partnership)									
	Date: February 28, 2023									

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name			
Verizon New England Inc.	062627	Name			
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.					
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners?	ssions				
X NO					
YES. Enter the total here and list the satellite carrier(s) below					
Name Mailing Address Name Mailing Address					
INTEREST ASSESSMENTS					
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	yment.	Q			
Line 1 Enter the amount of late payment or underpayment		Interest Assessment			
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days				
Line 3 Multiply line 2 by the number of days late and enter the sum here	-				
x 0.0	0274				
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	_				
(interest	charge)				
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please				
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.					
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the cfiling.	original				
Owner Address					
First community served					
Accounting period					
ID number					

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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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
North Control of the	

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 C 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 particula 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, ir 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 beer 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),(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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
  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

#### CHEDULE

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.

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

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

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

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

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

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

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

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

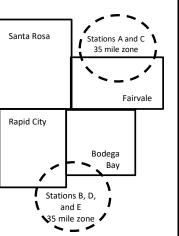
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE**:

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

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



Distant Stations Carrie	d	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
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

		\$6,384.00			
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)

DOL SCHEDULL, FAG	L II. (CONTINOLD)											
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S'	YSTEM ID#						
•	Verizon New England Ir	ıc.				062627						
	SUM OF DSEs OF CATEGOR	RY "O" STATIONS	S:									
	Add the DSEs of each station											
	Enter the sum here and in line	1 of part 5 of this	schedule.		2.25							
	linetin etiene.					ı						
2	Instructions: In the column headed "Call 3	Sign": list the call	signs of all distant stations	s identified by th	e letter "O" in column 5							
_	of space G (page 3).	_	_	-								
Computation	In the column headed "DSE"			≣ as "1.0"; for e	ach network or noncom-							
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs											
Category "O"						1						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WENH	0.250										
	WSBE	0.250										
	WYDN	0.250										
	WGBH	0.250										
	WGBH PBS Kids	0.250										
Add rows as	WGBH World	0.250				h						
necessary.	WGBX	0.250				<b></b>						
Remember to copy	WGBX 44	0.250										
all formula into new	WGBX Create	0.250										
rows.	WGBA Create	0.230										
						D						
		ļ										
				<u> </u>		<u> </u>						

Name		WINER OF CABLE SYSTEM:  * England Inc.					S	062627
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 2: For each station, give to correspond with the infoto it. For each station, give to it. Divide the figure in colute at least to the third decision for each independent value as ".25." 3: Multiply the figure in colute in the independent of the independent in column in the independent of the independent in column in the independent of the ind	the number of h rmation given in the total numbe umn 2 by the fig mal point. This station, give the olumn 4 by the f	nours your cable system space J. Calculate or or of hours that the stargure in column 3, and is the "basis of carriage "type-value" as "1.0."	m carried the stainly one DSE for etion broadcast ovigive the result inge value" for the simple for each netwood give the result in the simple for the result in	tion during the accounting each station. er the air during the acco decimals in column 4. Th	unting period. is figure must cational station,	
Capacity			CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSEs		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	ER URS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		SE
			÷		=	<u>x</u>	=	
			÷		<u> </u>	x x	<u>-</u>	
			÷		=	X	=	
			÷ -		=	x	<u> </u>	
			÷		=	x x	=	
			÷		=	x	=	
	Add the DSEs	S OF CATEGORY LAC S of each station. um here and in line 2 of p		nedule,		0.00		
Computation of DSEs for Substitute-	Was carried tions in effe     Broadcast of space I).     Column 2:     at your option.     Column 3:     Column 4:	ect on October 19, 1976 one or more live, nonnetwood for each station give the This figure should corrected the number of day Divide the figure in colur	titution for a pro (as shown by the york programs do e number of live espond with the s in the calenda nn 2 by the figu	ogram that your syster ne letter "P" in column uring that optional carr , nonnetwork program information in space I ar year: 365, except in re in column 3, and gi	n was permitted to refer to factoriage (as shown by the carried in substance).  a leap year.  we the result in co	o delete under FCC rules	of were deleted sthan the third	m).
		Sl	JBSTITUTE-	BASIS STATION	IS: COMPUTA	ATION OF DSEs	1	ı
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷	=			-	=
				=			+	
			_	_		4	+	=
			÷ ÷	=		-	<del>-</del>	=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p				0.00		
5		ER OF DSEs: Give the am		boxes in parts 2, 3, and	I 4 of this schedule	e and add them to provide	the total	
Total Number	1. Number o	of DSEs from part 2 ●				<b>&gt;</b>	2.25	
of DSEs	2. Number o	f DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	f DSEs from part 4 ●			<del></del>	<b>-</b>	0.00	
	TOTAL NUMBE	ER OF DSEs						2.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF O' <b>Verizon New E</b>		SYSTEM:					S	YSTEM ID# 062627	Name
Instructions: Bloc		•							6
<ul> <li>If your answer if " schedule.</li> </ul>	'Yes," leave the re	emainder of	part 6 and part	7 of the DSE sche	dule blank ar	d complete pa	art 8, (page 16) of	the	6
• If your answer if "	'No," complete blo								0
				ELEVISION MA					Computation of 3.75 Fee
effect on June 24,	1981?			aller markets as de				gulations in	
	piete part 8 of the lete blocks B and		DO NOT COM	PLETE THE REMA	AINDER OF F	ARI 6 AND 1	•		
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Juedule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below ro Act of 2010.)	ırther explana	tion of permit	ted stations, see t	he	
PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursua *F A station pre	ules and regued pursuant on as define all education distation (76 or DSE schee ant to individuously carri	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parac dule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(	se in effect or 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g sis prior to Ju	n June 24, 198 ), 76.61(b)(c), ) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring		
Column 3:	*(Note: For those this schedule to	e stations ide determine th	entified by the I e DSE.)	n parts 2, 3, and 4 etter "F" in column	2, you must o	complete the v	1	T	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WENH	C	0.25	WGBX	C	0.25	CICIT	<i>B</i> , 1010		1
WSBE	С		WGBX 44	M	0.25				
WYDN	С	0.25	WGBX Cre	М	0.25				
WGBH	С	0.25							
WGBH PBS	M	0.25							
WGBH Wor	M	0.25							
								2.25	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
_ine 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove					
				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply li	ne 4 by 0.0375	and enter s	um here				x		permited/ partially nonpermitted
_ine 6: Enter tota	al number of DS	Es from line	÷ 3						carriage? If yes, see part 9 instructions.
_ine 7: Multiply li	ne 6 by line 5 ar	nd enter he	re and on line	2, block 3, spac	e L (page 7)			0.00	

Verizon New England Inc.  SYSTEM ID: 062627								STEM ID# 062627	Name
		BLOCK	A: TELEVIS	SION MARKET	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	1	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									0.70100
<mark></mark>									
	····				1	•	<u> </u>		

ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Verizon New England Inc. 062627 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B. part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) 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 CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Verizon New England Inc.  SYSTEM ID# 062627	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	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	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 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?      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 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:	SYSTEM ID#							
	<u>'</u>	Verizon New England Inc.	062627							
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	ctions:								
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 part and the state of the state	art							
		checked "Yes," use the total number of DSEs from part 5.  bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation	• If you	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of Base Rate Fee	If you     blank	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below								
Buse Rute I ee		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local									
	service area," see page (v) of the general instructions.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
		X 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		<del></del>							
	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)	0.00							
		Base Rate Fee	0.00							

DSE SCHEDULE. PAGE 17.	ACCOUNTING PERIOD: 2022/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# Name
Verizon New England Inc.	062627 Name
Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	
A. Enter 0.01064 of gross receipts	8
(the amount in section 1) <b>\$</b>	
B. Enter 0.00701 of gross receipts	Computation
(the amount in section 1) \$	of
C. Multiply line B by 3.000 and enter here <b></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 <b>\$</b>	
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
Dase Rate Fee	0.00
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of te	evision broadcast signals
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reups in Space G.	orted multiple channel line-
In General: If any of the stations you carried were partially distant, the statute allows you, in computing y	Computation
receipts from subscribers located within the station's local service area, from your system's total gross re this exclusion, you must:	. 01
	Base Rate Fee
<b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable sy	em Determine the number of Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate	Evelueivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for	our system. for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete However, if your cable system is wholly located outside all major television markets, complete block A on	oth block A and B below. Distant
How to Identify a Subscriber Group for Partially Distant Stations	for Partially
<b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each pa	ially distant station you Permitted Stations
carried to that community.	
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your su outside the station's local service area. A subscriber located outside the local service area of a station is the same token, the station is distant to the subscriber.)	
<b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which subscriber group must consist entirely of subscribers who are distant to exactly the same complement of system will have only one subscriber group when the distant stations it carried have local service areas the	tations. Note that a cable
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for subscriber groups.	ach of your system's
In each section:	
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station the subscribers in the group.</li> </ul>	is distant to all of the
• If:	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE and 4 of this schedule; or,	as you gave it in parts 2, 3,
<ol><li>any portion of your system is located in a major or smaller televison market, give each station's DSE a part 6 of this schedule.</li></ol>	you gave it in block B,
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii in the paper SA3 form.	of the general instructions
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this page. In making this computation, use the DSE and gross receipts figure applicable to the particular sub DSEs for that group's complement of stations and total gross receipts from the subscribers in that group) your actual calculations on the form.	criber group (that is, the total

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID
Name	Verizon New England Inc.	06262
	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.	
	a anomico.	

LEGAL NAME OF OWN <b>Verizon New Enç</b>		E SYSTEM:				S	062627	Name
		COMPUTATION OF		TE FEES FOR EAG		BER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WENH	0.25			WENH	0.25			Base Rate F
WYDN	0.25							and Syndicated Exclusivity Surcharge
								for Partially Distant Stations
Total DSEs			0.50	Total DSEs			0.25	
Gross Receipts First	Group	\$ 2,209	9,391.94	Gross Receipts Sec	cond Group	\$ 38,9	95,224.11	
Base Rate Fee First	Group	<b>\$</b> 11	1,753.97	Base Rate Fee See	cond Group	\$ 1	03,727.30	
COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WSBE	0.25							
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third	Group	\$ 42,254	1,170.02	Gross Receipts For	urth Group	\$ 65,9	31,142.91	
Base Rate Fee Third	Group	s 112	2,396.09	Base Rate Fee Fou	urth Group	\$	0.00	
	the <b>base rat</b>			as shown in the boxe			255,490.70	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon New England Inc.  SYSTEM ID# 062627							
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  FIFTH SUBSCRIBER GROUP  SIXTH SUBSCRIBER GROUP							
9 Computatio	COMMUNITY/ AREA 0				COMMUNITY/ AREA 0			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						0.1223131	0.25	WGBH
and Syndicate						-	0.25 0.25	WGBH PBS Kids WGBH World
Exclusivit						-	0.25	WGBX
Surcharge							0.25	WGBX 44
for						-	0.25	WGBX Create
Partially						-		
Distant								
Stations								
						=		
		_				-		
İ	0.00			Total DSEs	1.50	tal DSEs		
	Gross Receipts Second Group \$ 0.00			,162.96	ross Receipts First Group \$ 1,952,162.96			
	_		•		Base Rate Fee First Group \$ 27,613.35			
	0.00	\$		Base Rate Fee Secon	,613.35	\$ 27	oup	<b>Base Rate Fee</b> First Gi
			d Group	Base Rate Fee Secon				
	UP	\$ SUBSCRIBER GROU	d Group		JP	\$ 27		5
			d Group	Base Rate Fee Secon				5
	UP		d Group		JP			Base Rate Fee First GI  S  COMMUNITY/ AREA  CALL SIGN
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	S COMMUNITY/ AREA
	UP <b>0</b>	SUBSCRIBER GROU	d Group EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH :	CALL SIGN
	DSE O.00	SUBSCRIBER GROU	d Group  EIGHTH  DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs
	DSE	SUBSCRIBER GROU	d Group  EIGHTH  DSE	COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	CALL SIGN