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 Period	2022/2				
B	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. 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	•	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	Transcr assigned by	y the Electioning Division.		
	Verizon New York Inc.				
				0626282022	22
				062628 2022/2	2
	22001 Loudoun County Parkway				
	Ashburn, VA 20147				
С	INSTRUCTIONS: In line 1, give any business or trade names used to				
	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 (Queens, NY) VHO 5				
	71-40 164th St				
	2 (Number, street, rural route, apartment, or suite number) Flushings, NY 11365				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identifi	v only the frst com	munity served below and re	elist on page 1b	
Area	with all communities.	,	,	. 0	
Served	CITY OR TOWN	STATE			
First	HEMPSTEAD (TOWN)	NY			
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	Α	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 Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062628 Verizon New York Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. STATE SUB GRP# CITY OR TOWN CH LINE UP **HEMPSTEAD (TOWN)** NY **First** AIRMONT (VILLAGE) NY Α 4 Community NY 6 AMITYVILLE (VILLAGE) Α ARDSLEY (VILLAGE) NY Α 6 **ASHAROKEN (VILLAGE)** NY Α 6 Α ATLANTIC BEACH (VILLAGE) NY 6 See instructions for A BABYLON (TOWN) NY 6 additional information on alphabetization. 6 **BAXTER ESTATES (VILLAGE)** NY NY BAYVILLE (VILLAGE) Α 6 **BEDFORD (TOWN)** NY Α 6 NY Α 6 **BELLEROSE (VILLAGE)** Add rows as necessary. NY **BRIARCLIFF MANOR (VILLAGE)** Α 6 BRIGHTWATERS (VILLAGE) 6 NY NY **BRONXVILLE (VILLAGE)** Α 6 **BUCHANAN (VILLAGE)** NY Α 6 NY Α CARMEL (TOWN) NY CEDARHURST (VILLAGE) Α 6 **CENTRE ISLAND (VILLAGE)** NY Α 6 NY Α 6 **CHESTNUT RIDGE (VILLAGE)** CLARKSTOWN (TOWN) NY Α 6 CORNWALL (TOWN) NY Α 4 CORNWALL ON HUDSON (VILLAGE) NY Α 4 CORTLANDT (TOWN) NY Α 4 6 COVE NECK (VILLAGE) NY Α NY DOBBS FERRY (VILLAGE) 6 **EAST HILLS (VILLAGE)** NY Α 6 **EAST ROCKAWAY (VILLAGE)** NY 6 Α EAST WILLISTON (VILLAGE) NY 6 Α EASTCHESTER (TOWN) 6 NY Α **ELMSFORD (VILLAGE)** NY 6 Α FARMINGDALE (VILLAGE) 6 NY 2 NY Δ FISHKILL (TOWN) NY 2 FISHKILL (VILLAGE) Α 6 FLORAL PARK (VILLAGE) NY FLOWER HILL (VILLAGE) NY Δ 6 FREEPORT (VILLAGE) NY 6 Α GARDEN CITY (VILLAGE) 6 NY **GLEN COVE CITY** NY 6 **GRAND VIEW-ON-HUDSON (VILLAGE)** NY 6 Α **GREAT NECK (VILLAGE)** 6

NY

		1	
GREAT NECK ESTATES (VILLAGE)	NY	Α	6
GREAT NECK PLAZA (VILLAGE)	NY	Α	6
GREENBURGH (TOWN)	NY	Α	6
GREENWICH (TOWN)	СТ	В	7
LARRICAN (TOWN)		^	6
HARRISON (TOWN)	NY	A	6
HASTINGS-ON-HUDSON (VILLAGE)	NY	Α	6
HAVERSTRAW (TOWN)	NY	Α	4
HAVERSTRAW (VILLAGE)	NY	Α	4
HEAD OF THE HARBOR (VILLAGE)	NY	Α	5
	NY	Δ	6
HEMPSTEAD (VILLAGE) HEWLETT BAY PARK (VILLAGE)	NY	Λ	6
HEWLETT HADROR (VILLAGE)	NY	<u> </u>	6
HEWLETT HARBOR (VILLAGE)		A	0
HILLBURN (VILLAGE)	NY	A	4
HUNTINGTON (TOWN) HUNTINGTON BAY (VILLAGE)	NY	Α	6
HUNTINGTON BAY (VILLAGE)	NY	Α	6
IRVINGTON (VILLAGE)	NY	Α	6
ISLIP (TOWN)	NY	Α	5
KENSINGTON (VILLAGE)	NY	Λ	6
KENT /TOMAN	NY	<u> </u>	4
KENT (TOWN)		A	4
KINGS POINT (VILLAGE)	NY	Α	6
LAKE GROVE (VILLAGE)	NY	Α	5
LAKE SUCCESS (VILLAGE)	NY	Α	6
LARCHMONT (VILLAGE)	NY	Α	6
LAUREL HOLLOW (VILLAGE)	NY	Α	6
LAWRENCE (VILLAGE)	NY	A	6
	NY	<u> </u>	6
LINDENHURST (VILLAGE) LLOYD HARBOR (VILLAGE)		^	0
	NY	A	0
LONG BEACH CITY	NY	A	6
LYNBROOK (VILLAGE)	NY	Α	6
MALVERNE (VILLAGE)	NY	Α	6
MAMARONECK (TOWN)	NY	Α	6
MAMARONECK (VILLAGE)	NY	Α	6
MANORHAVEN (VILLAGE)	NY	Α	6
MANORHAVEN (VILLAGE) MASSAPEQUA PARK (VILLAGE)	NY	Δ	6
MILL NECK (VILLAGE)	NY	<u> </u>	6
		^	0
MINEOLA (VILLAGE)	NY	A	0
MONTEBELLO (VILLAGE)	NY	Α	4
MOUNT KISCO (TOWN)	NY	Α	6
MOUNT PLEASANT (TOWN)	NY	Α	6
MOUNT VERNON (CITY)	NY	Α	6
MUNSEY PARK (VILLAGE)	NY	Α	6
NEW CASTLE (TOWN)	NY	Α	6
NEW HEMPSTEAD (VILLAGE)	NY	^	1
NEW HYDE DADK (VILLAGE)	NY	^	6
NEW HYDE PARK (VILLAGE)		A	0
NEW ROCHELLE (CITY)	NY	A	6
NEW YORK (CITY)	NY	Α	6
NEWBURGH (CITY)	NY	Α	3
NEWBURGH (TOWN)	NY	Α	3
NISSEQUOGUE (VILLAGE)	NY	Α	5
NORTH CASTLE (TOWN)	NY	Δ	6
NORTH HEMPSTEAD (TOWN)	NY	Ā	6
	NY	•	6
NORTH HILLS (VILLAGE)		A	6
NORTHPORT (VILLAGE)	NY	A	6
NYACK (VILLAGE)	NY	Α	6
OLD FIELD (VILLAGE)	NY	Α	5
ORANGETOWN (TOWN)	NY	Α	6
OSSINING (TOWN)	NY	Α	6
OSSINING (VILLAGE)	NY	Α	6
OYSTER BAY (TOWN)	NY	A	6
0.0.2.0/11 (101111)	141		9

OYSTER BAY COVE (VILLAGE)	NY	Α	6
PEEKSKILL (CITY)	NY	Α	4
PELHAM (VILLAGE)	NY	Α	6
PELHAM MANOR (VILLAGE)	NY	Α	6
	NY	A	6
			0
PLANDOME (VILLAGE)	NY	A	0
PLANDOME HEIGHTS (VILLAGE)	NY	Α	6
PLANDOME MANOR (VILLAGE)	NY	Α	6
PLEASANTVILLE (VILLAGE)	NY	Α	6
POMONA (VILLAGE)	NY	Α	4
POQUUI (VILLAGE)	NY	Α	5
PORT CHESTER (VILLAGE)	NY	Α	6
PORT WASHINGTON NORTH (VILLAGE)	NY	A	6
POUGHKEEPSIE (CITY)	NY	A	1
POLICHICE OF (CITY)		_	;
POUGHKEEPSIE (TOWN)	NY	A	1
POUND RIDGE (TOWN)	NY	Α	6
RAMAPO (TOWN)	NY	Α	4
ROCKVILLE CENTRE (VILLAGE)	NY	Α	6
ROSLYN (VILLAGE)	NY	Α	6
ROSLYN ESTATES (VILLAGE)	NY	Α	6
ROSLYN HARBOR VILLAGE	NY	A	6
RUSSELL GARDENS (VILLAGE)	NY	A	6
DVF (CITY)			0
RYE (CITY)	NY	A	6
RYE BROOK (VILLAGE)	NY	Α	6
SADDLE ROCK (VILLAGE)	NY	Α	6
SANDS POINT (VILLAGE)	NY	Α	6
SCARSDALE (TOWN)	NY	Α	6
SEA CLIFF (VILLAGE)	NY	Α	6
SLEEPY HOLLOW (VILLAGE)	NY	Α	6
SMITHTOWN (TOWN)	NY	A	5
SOUTH FLORAL PARK (VILLAGE)		_	6
	NY	A	0
SOUTH NYACK (VILLAGE)	NY	Α	6
SPRING VALLEY (VILLAGE)	NY	Α	6
STEWART MANOR (VILLAGE)	NY	Α	6
STONY POINT (TOWN)	NY	Α	4
SUFFERN (VILLAGE)	NY	Α	4
TARRYTOWN (VILLAGE)	NY	Α	6
THOMASTON (VILLAGE)	NY	A	6
TUCKAHOE (VILLAGE)	NY	A	6
UPPER NYACK (VILLAGE)	NY	A	6
VALLEY STREAM (VILLAGE)	NY	A	6
VILLAGE OF THE BRANCH (VILLAGE)	NY	A	5
WAPPINGER (TOWN)	NY	Α	2
WAPPINGERS FALLS VILLAGE	NY	Α	2
WESLEY HILLS (VILLAGE)	NY	Α	4
WEST HAVERSTRAW (VILLAGE)	NY	Α	4
WESTBURY (VILLAGE)	NY	A	6
WHITE PLAINS (CITY)	NY	Â	6
		_	
WILLISTON PARK (VILLAGE)	NY	A	6
YONKERS (CITY)	NY	Α	6
YORKTOWN (TOWN)	NY	Α	4

	_	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New York Inc.

SYSTEM ID#

062628

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:						
 Service to first set 	769,824	\$ 45.35				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	21,526	\$ 35.00				
Converter						
Residential						
Non-residential	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		 				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		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	
 Pay cable—add'l channel 			Commercial			
Fire protection			Pay cable			
•Burglar protection			Pay cable-add'l channel			
Installation: Residential			Fire protection			
• First set	\$	99.00	Burglar protection			
Additional set(s)	\$		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

Category of Service	Residential Rate	Commercial Rate
Digital Adapter	10.00	10.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	11.99
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 STB Fios TV One	375.00	375.00
2212	2.3.00	0.0.00

LEGAL NAME OF C	WNER OF CABLE SY	STEM:			SYSTEM ID#	
Verizon New	York Inc.				062628	Name
PRIMARY TRANSM	TTERS: TELEVISION	ON				
carried by your cab FCC rules and regu 76.59(d)(2) and (4) substitute program	le system during t ulations in effect o , 76.61(e)(2) and (basis, as explaine	the accounting n June 24, 19 (4), or 76.63 (ed in the next	g period except 981, permitting tl referring to 76.6 paragraph	(1) stations carrience carriage of cersi1(e)(2) and (4))];	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	Primary Transmitters: Television
basis under specife Do not list the station was carr List the station he basis. For further in the paper SA: Column 1: List each multicast stree cast stream as "WE WETA-simulcast). Column 2: Given its community of liction which your cable Column 3: Indiceducational station (for independent meaning of Column 4: If the planation of local secolumn 5: If your statement of column 5: If your statement in the planation of local secolumn 5: If your statement in the planation of local secolumn 5: If your statement in the planation of local secolumn 5: If your statement in the planation of local secolumn 5: If your statement in the planation of local second in t	FCC rules, regulation here in space ied only on a subsire, and also in spare information conditions form. Beach station's call am associated wite ETA-2". Simulcast the channel numbers. For example e system carried that in each case is a to be utilicast), "E" (for not these terms, see a station is outside ervice area, see pur have entered "Y	ations, or auth G—but do listitute basis ace I, if the statement of the st	norizations: at it in space I (the ation was carried itute basis station report origination coording to its own to be reported in the assigned to the annel 4 in Wash attation is a network), "N-M" all educational), or the general instruction 4, you must confuse accounting peri	ne Special Statem d both on a subst ns, see page (v) n program service rer-the-air design column 1 (list each the television state nington, D.C. This ork station, an ind (for network multi or "E-M" (for nonce ctions located in the mplete column 5, od. Indicate by er	nent and Program Log)—if the situte basis and also on some othe of the general instructions located as such as HBO, ESPN, etc. Identification. For example, report multions the stream separately; for example tion for broadcasting over-the-air in a may be different from the channe ependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form es". If not, enter "No". For an exe paper SA3 form stating the basis on which you attering "LAC" if your cable syster	Television
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062628 Verizon New York 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) **WXTV** 41 No **Paterson** ı WABC - Localish 7 N-M No **New York** See instructions for WCBS-simulcast 56 Ν No **New York** additional information on alphabetization. WJLP-simulcast 33 No ı Middletown Twp WNBC-simulcast 28 Ν No **New York** WNYW-simulcast 44 I No **New York** WRNN-simulcast 48 ı No Kingston 45 Ν No **WABC-simulcast New York** WWOR-simulcast 38 I Secaucus No WLNY-simulcast 57 I No Riverhead CW - WPIX-simule 33 I No **New York** 36 Ν No Linden **WNJU-simulcast** 61 Ε Newark **WNET-simulcast** Yes Ε WFUT-simulcast 68 No Newark ı 63 Newton WMBC-simulcast I No WZME-simulcast 43 I No **Bridgeport** WLIW-simulcast Ε Garden City 21 Yes Ε **WNJN-simulcast** 51 Ε Yes Ε Montclair

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062628 Verizon New York 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 AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER **STATION** (If Distant) **WNYE-simulcast** Yes 25 Ε Ε **New York** 31 **WPXN-simulcast** I No **New York** See instructions for **WXTV-simulcast** 40 No **Paterson** additional information on alphabetization. Cozi TV [WNBC] 4 N-M No **New York WNJU TeleExitos** 36 N-M No Lien Antenna TV [WPI] 11 I-M No **New York WABC ThisTV** 7 N-M No **New York** 21 0 **WLIW Create** E-M Yes **Garden City WNET Thirteen P** 13 E-M Yes 0 Newark Yes Garden City WLIW World 21 E-M 0 **WXTV Bounce TV** 40 I-M No **Paterson WMBC New Tang** 63 I-M No Newton 0 WNJN NHK World 50 E-M Yes Montclair WNJN NHK World 50 E-M Yes 0 **New York** WCBS StartTV 56 **New York** N-M No **WJLP Grit TV** 33 I-M No Middletown Twp **WJLP ION Myster** 33 I-M No Middletown Twp

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062628 Verizon New York 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 AA 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) **WWOR Buzzr** 38 I-M No Secaucus **WWOR Heroes &** 38 I-M No Secaucus See instructions for **WPIX Court TV** 11 I-M No **New York** additional information on alphabetization. **WNYW The Grio** 44 I-M No **New York WNYW Decades** 44 No **New York** I-M **WNYW Movies!** 44 I-M No **New York** No WFUT getTV 68 I-M Newark 0 **WLIW All Arts** 21 E-M Yes **Garden City** WLIW All Arts-sin 21 E-M **Garden City** Yes Ε WNBC LX 4 N-M No **New York WCBS Dabl** 2 N-M No **New York WPXN Bounce T** 31 I-M No **New York**

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II	Name
Verizon New York Inc. 06262	28

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	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
WCBS	2	N	No		New York
WJLP	33	I	No		Middletown Twp
WNBC	4	N	No		New York
WNYW	5	I	No		New York
WRNN	48	I	No		Kingston
WABC	7	N	No		New York
WWOR	9	I	No		Secaucus
WLNY	57	I	No		Riverhead
WPIX	11	l	No		New York
WNJU	47	N	No		Llen
WNET	13	E	No		Newark
WTNH	8	N	No		New Haven
WCCT	20	I	No		Waterbury
WFUT	68	I	No		Newark
WMBC	63	l	No		Newton
WZME	43	I	No		Bridgeport
WLIW	21	Е	No		Garden City
WEDH	24	Е	Yes	0	Hartford

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Verizon New York Inc.	062628	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
WNJN	50	Е	No		Montclair
WNYE	25	E	No		New York
WPXN	31	I	No		New York
WXTV	41	I	No		Paterson
WABC - Localish	7	N-M	No		New York
WCBS-simulcast	56	N	No		New York
WJLP-simulcast	33	I	No		Middletown Twp
WNBC-simulcast	28	N	No		New York
WNYW-simulcast	44	I	No		New York
WRNN-simulcast	48	I	No		Kingston
WABC-simulcast	45	N	No		New York
WWOR-simulcas	38	I	No		Secaucus
WLNY-simulcast	57	I	No		Riverhead
CW - WPIX-simul	33	I	No		New York
WNJU-simulcast	36	N	No		Linden
WNET-simulcast	61	E	No		Newark
WTNH-simulcast	8	N	No		New Haven
WCCT-simulcast	20	I	No		Waterbury

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New York Inc.

SYSTEM ID#
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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- 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. 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 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

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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	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
WFUT-simulcast	68	I	No		Newark
WMBC-simulcast	63	I	No		Newton
WZME-simulcast	43	I	No		Bridgeport
WLIW-simulcast	21	E	No		Garden City
WEDH-simulcast	24	Е	Yes	Е	Hartford
WNJN-simulcast	51	Е	No		Montclair
WNYE-simulcast	25	E	No		New York
WPXN-simulcast	31	I	No		New York
WXTV-simulcast	40	I	No		Paterson
Cozi TV [WNBC]	4	N-M	No		New York
WNJU TeleExitos	36	N-M	No		Lien
Antenna TV [WPI	11	I-M	No		New York
WABC ThisTV	7	N-M	No		New York
WLIW Create	21	E-M	No		Garden City
WNET Thirteen P	13	E-M	No		Newark
WLIW World	21	E-M	No		Garden City
WXTV Bounce T\	40	I-M	No		Paterson
WMBC New Tang	63	I-M	No		Newton

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	
Verizon New York Inc. 062628	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	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
WNJN NHK World	50	E-M	Yes	0	Montclair
WNJN NHK World	50	Е-М	No		New York
WCBS StartTV	56	N-M	No		New York
WJLP Grit TV	33	I-M	No		Middletown Twp
WJLP ION Myster	33	I-M	No		Middletown Twp
WWOR Buzzr	38	I-M	No		Secaucus
WWOR Heroes &	38	I-M	No		Secaucus
WPIX Court TV	11	I-M	No		New York
WNYW The Grio	44	I-M	No		New York
WNYW Decades	44	I-M	No		New York
WNYW Movies!	44	I-M	No		New York
WCCT Court TV	20	I-M	No		Waterbury
WFUT getTV	68	I-M	No		Newark
WLIW All Arts	21	E-M	Yes	0	Garden City
WLIW All Arts-sin	21	E-M	Yes	E	Garden City
WCBS Dabl	2	N-M	No		New York
WNBC LX	4	N-M	No		New York
WPXN Bounce T\	31	I-M	No		New York

G

Primary Transmitters: Television

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New York Inc. 062628 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	PERIOD: 2022/2
LEGAL NAME OF OWNER OF Verizon New York Inc		STEM:			\$	062628	Nome
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO)G			
In General: In space I, idensubstitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting perior broadcast by a distant state.	nccounting pening that mu T CONCEI eriod, did yo	eriod, under spo st be included i RNING SUBS	ecific present and former FC in this log, see page (v) of the STITUTE CARRIAGE	CC rules, regune general inst	lations, or authorizations tructions located in the pa	For a further aper SA3 form.	Substitute Carriage: Special Statement and Program Log
Note: If your answer is "No		e rest of this pa	age blank. If your answer i	s "Yes," you	•	· ·	Frogram Log
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 tint to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every na distant stategulations, ation. Do n Lucy" or "Nam was broad I sign of the badcast state with and day ive "5/7." ones when the Example: "Itter "R" if the and regulation of the plant in the state of the	ram on a sepal attach addition onnetwork televation and that your authorization to use general IBA Basketball adcast live, enterestation's location (ions, if any, the your syme substitute program care listed program cartions 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) the ted for the preneral instruction "basketba" "No." Iram. The station is lifted a station is lifted program. Unit cable system 1:15 p.m. to figramming that and; enter the	at, during the accounting ogramming of another stoons located in the papill". List specific programming of the FCC or, dentified). Its numerals, with the numerals, w	g station er in nonth ately	
					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
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	 					"	

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

Name	LEGAL NAME OF (OWNER OF CABL	E SYSTEM:						SYSTEM ID#
Name	Verizon New	/ York Inc.							062628
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		
	CALL SIGN	WHEN	I CARRIAGE O	CCURRED		CALL SIGN	WHEN	I CARRIAGE OC	CURRED
	CALL SIGN	DATE	H FROM	OURS TO		CALL SIGN	DATE	HC FROM	OURS TO
		DATE	TROW	_			DATE	TROW	
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LEGA	AL NAME OF OWNER OF CABLE SYSTEM: rizon New York Inc.	SYSTEM ID# 062628	Name
Inst all a (as i page	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you immounts (gross receipts) paid to your cable system by subscribers for the system's secondal identified in space E) during the accounting period. For a further explanation of how to comple (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. FORTANT: You must complete a statement in space P concerning gross receipts.	try transmission service bute this amount, see \$ 322,608,344.30	K Gross Receipts
COPY Instru • Con • Con • If yo fee t • If yo acco	/RIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. Bour system did not carry any distant television stations, leave block 3 blank. Enter the amount from block 1 on line 1 of block 4, and calculate the total royalty fee. Bour system did carry any distant television stations, you must complete the applicable parts of companying this form and attach the schedule to your statement of account.	of the DSE Schedule	L Copyright Royalty Fee
bloc If pa 3 be If pa	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be en ck 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C should be enterelow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be block 4 below.	red on line 2 in block	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are least the minimum fee, regardless of whether they carried any distant stations. This fee is a system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.		
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the info space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? X Yes—Complete the DSE schedule. No—Leave block 3 below blank and comp	, you must check	
Block 3	Line 1. BASE RATE FEE: 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 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	\$ 333,302.81	
	Line 3. Add lines 1 and 2 and enter here	333,302.81	
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 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. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$ 3,432,552.78 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 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	3,433,277.78	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See general instructions located in the paper SA3 form for more information.)	page (i) of the	

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

Name		EM ID# 62628
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	
	on which the cable system carried television broadcast stations and nonbroadcast services	
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) Free Ashburn, VA 20147	
	Email patrick.merrick@verizon.com Fax (optional)	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) 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 identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(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 York 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#	Nama
Verizon New York Inc.	062628	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syst scribers and amounts collected from subscribers receiving secondary transmissions pur For more information on when to exclude these amounts, see the note on page (vii) of the gene paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for semade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	system for the basic em shall not include sub- suant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late pa For an explanation of interest assessment, see page (viii) of the general instructions in the page		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	x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
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 f contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	urther assistance 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 please list below the owner, address, first community served, accounting period, and ID numbe filing.		
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

SCHEDULE

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

If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE 1.064% of gross receipts
 Each of the second, third, and fourth DSEs 0.701% of gross receipts
 The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- 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.

Santa Rosa	Stations A and C 35 mile zone	
	Fairvale	
Rapid City		
,-	Bodega Bay	
\ an	ns B, D, d E le zone	

Distant Stations Carried		Identification o	f 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)

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
1	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#
ı	Verizon New York Inc.					062628
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of this	s schedule.		2.50	
	Instructions:			L		!
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	s identified by t	ne letter "O" in column 5	
_	of space G (page 3).	_	_	-		
Computation	In the column headed "DSE"			E as "1.0"; for 6	each network or noncom-	
of DSEs for	mercial educational station, giv	e the DSE as ".2				
Category "O"	0411 01011	B0E	CATEGORY "O" STATION		0411 01011	505
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WLIW	0.250				
	WLIW Create	0.250				
	WLIW World	0.250				
	WNJN	0.250				
Add rows as	WNJN NHK World	0.250				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
necessary.	WNYE	0.250				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Remember to copy	WNET	0.250				
all formula into new	WNET Thirteen PBS Kid					
rows.	WEDH	0.250				
	WLIW All Arts	0.250				
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Name	Verizon New	OWNER OF CABLE SYSTEM: V York Inc.					5	3YSTEM ID# 062628
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	se capacity set the call sign of all dista 2: For each station, give to correspond with the infor 3: For each station, give to 4: Divide the figure in colute t at least to the third decir 5: For each independent sevalue as ".25." 6: Multiply the figure in colupoint. This is the station's	the number of the mation given in the total number total number to the figure 1 to the figure	nours your cable system space J. Calculate or of hours that the statement of the column 3, and is the "basis of carriage "type-value" as "1.0."	m carried the standly one DSE for each or carried the standly one DSE for each because the standly one carried the standly of	tion during the accounting the accounting ach station. er the air during the accounting the air during the accounting the accounting the accounting the accounting the accounting the account accounting the accounting	punting period. nis figure must cational station, less than the	
Capacity		(CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		SE
			÷		=	<u>x</u>	=	
			÷ ÷		= =	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷ ÷		= =	x x	<u>=</u>	
			÷		=	x	=	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		hedule,		0.0	0	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effet Broadcast of space I). Column 2: at your option. Column 3: Column 4:	ve the call sign of each stated by your system in substated on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a pro as shown by the ork programs de number of live spond with the sin the calenda an 2 by the figu	ogram that your systen ne letter "P" in column uring that optional carr e, nonnetwork program information in space I. ar year: 365, except in tre in column 3, and gi	N was permitted to a space 1); and iage (as shown by securitied in substance). The allow the result in control of the res	o delete under FCC rule the word "Yes" in column titution for programs that	2 of were deleted	m).
		SU	BSTITUTE	BASIS STATION	S: COMPUTA	TION OF DSEs		T
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAI	′S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		=		_			÷	
		-		=			-	
		-		=			÷	=
		-					÷	=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p	IS STATIONS			0.0	0	-
5		ER OF DSEs: Give the am		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
Total Number	1. Number o	of DSEs from part 2 ●				>	2.50	
of DSEs	1			· · · · · · · · · · · · · · · · · · ·				
	2. Number o	of DSEs from part 3 ●				<u></u>	0.00	
		of DSEs from part 3 ● of DSEs from part 4 ●				<u> </u>	0.00	

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

LEGAL NAME OF O' Verizon New Y		SYSTEM:					S'	YSTEM ID# 062628	Name
Instructions: Bloc	k A must be com	pleted.							
• If your answer if " schedule.	'Yes," leave the re	emainder of	part 6 and part	7 of the DSE sche	dule blank ar	d complete p	art 8, (page 16) of	the	6
• If your answer if "	'No," complete blo			TELEVIOLONIA	ADVETO				Computation of
				ELEVISION MA		70.5.6			Computation of 3.75 Fee
is the cable system effect on June 24,		outside of all	major and sma	ıller markets as def	fined under se	ection 76.5 of	FCC rules and re	gulations in	
	•		DO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7	7.		
X No—Comp	lete blocks B and	C below.							
		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 Ju edule. (Note: Ti	part 2, 3, and 4 of ne 25, 1981. For fune letter M below re Act of 2010.)	ırther explana	tion of permit	ted stations, see t	he	
PERMITTED CARRIAGE	(Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty stati C Noncommerce D Grandfathered instructions for E Carried pursua	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 parag dule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute bac 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, 196), 76.61(b)(c),) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			1	g to (5)] ge 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WLIW	C	0.25	WNET	C	0.25	CICIT	<i>B</i> , 1010		1
WLIW Crea	M		WNET Thi	M	0.25				
WLIW World		0.25	WEDH	С	0.25				
WNJN	С	0.25	WLIW AII	М	0.25				
WNJN NHK	M	0.25							
WNYE	С	0.25							
								2.50	
		F	SI OCK C: CC	MPUTATION OF	3 75 FFF				-
	4.4.1				5 0 I LL				1
ine 1: Enter the				'					
ine 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove					
				r of DSEs subject 7 of this schedu		rate.			
ine 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 a	and enter s	um here				X		permited/ partially nonpermitted
ine 6: Enter tota	al number of DS	Es from line	e 3				X		carriage? If yes, see par
₋ine 7: Multiply li	ne 6 by line 5 ar	nd enter he	re and on line	2, block 3, space	e L (page 7)			0.00	

ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Verizon New York Inc. 062628 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? 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	WE OF OWNER OF CABLE SYSTEM: Verizon New York Inc. SYSTEM ID# 062628	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 defned 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	
Section 4a	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 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			YSTEM ID#
-	<u> </u>	Verizon New York Inc.	062628
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	<u></u> l
	Instru	ctions:	
8	You m	sust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part	i
		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		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	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belov ,	V
Dase Nate i ee		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	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	ace the total number of Debe norm part of).	
	3	If the figure in section 2 is 4.000 or less , 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/
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# Name
Verizon New York Inc.	062628 Name
Section If the figure in section 2 is more than 4.000 , 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. Enter 0.00701 of gross receipts	Computation
(the amount in section 1) \$	of
C. Multiply line B by 3.000 and enter here \$	Base Rate Fee
D. Enter 0.00330 of gross receipts	
(the amount in section 1)	
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
F. Multiply line D by line E and enter here \$	
G. Add lines A, C, and F. This is your base rate fee	
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00
Base Rate Fee	0.00
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television	sion broadcast signals
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reportups in Space G.	
In General: If any of the stations you carried were partially distant, the statute allows you, in computing you	Combutation
receipts from subscribers located within the station's local service area, from your system's total gross recei this exclusion, you must:	OT OT
·	Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system.	are distant to the same Determine the number of Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate ba	e rate fee for each group.
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for you	r system. Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is r must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete bo	h block A and B below. Distant
However, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partial	Permitted
carried to that community.	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscoutside the station's local service area. A subscriber located outside the local service area of a station is disting the same token, the station is distant to the subscriber.)	
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which the subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations system will have only one subscriber group when the distant stations it carried have local service areas that	tions. Note that a cable
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each subscriber groups.	n of your system's
In each section:	
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that subscribers in the group. 	s distant to all of the
• lf:	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as and 4 of this schedule; or,	you gave it in parts 2, 3,
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as y part 6 of this schedule.	u 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) o in the paper SA3 form.	the general instructions
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this scr page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscr DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). Your actual calculations on the form.	ber group (that is, the total

Marra	LEGAL NAME OF OWNER OF CABLE SYSTEM:	TEM ID
Name	Verizon New York 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.	

LEGAL NAME OF OWNER Verizon New York		E SYSTEM:					YSTEM ID# 062628	Manaa
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		9
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GRO	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE of Base Rate and Syndice Exclusion Surchart for Partial Distar Station 1.75 1.75 74,642.36	=
WLIW	0.25	O/ LE CICIV	DOL	WLIW	0.25	O/ LE CICIT	DOL	Base Rate F
WLIW Create	0.25			WLIW Create	0.25			
						-		
WLIW World	0.25			WLIW World	0.25	-		Syndicated
WNJN	0.25			WNJN	0.25			Exclusivity
WNJN NHK World	0.25			WNJN NHK World	0.25			Surcharge
WNYE	0.25			WNYE	0.25			for
WNET	0.25			WLIW All Arts	0.25			Partially
WNET Thirteen PB	0.25					-		Distant
WLIW All Arts	0.25							
NLIW All Alto	0.23					-		Stations
						-		
								 -
Total DSEs			2.25	Total DSEs			1.75	
Gross Receipts First Gr	oup	\$ 2,932	233.39	Gross Receipts Second	d Group	\$ 2,1	74,642.36	
Base Rate Fee First Gr	•		892.66	Base Rate Fee Second	•		34,571.38	
COMMUNITY/ AREA	THIKD	SUBSCRIBER GROU	0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	<u>0</u>	
				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WLIW	0.25			WLIW	0.25			
WLIW Create	0.25			WLIW Create	0.25			
WLIW World	0.25			WLIW World	0.25			
WNYF	0.25			WI IW All Arts	0.25			
WLIW All Arts				VVLIVV AII AI IS	0.25	-		
WLIW All Arts	0.25							
						-		
						-		
						-		
Total DSEs			1.25	Total DSEs			1.00	
Gross Receipts Third G	roup	\$ 2,241,	137.74	Gross Receipts Fourth	Group	<u>\$ 11,1</u>	35,072.63	
Base Rate Fee Third G	roup	\$ 27,	773.30	Base Rate Fee Fourth	Group	\$ 1	18,477.17	
Base Rate Fee: Add the			iber group	as shown in the boxes ab	oove.	s 3	33,302.81	

D# 28 Name	062628							
9		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
0	JP	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GROU	FIFTH S	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computat DSE of Base Rate and Syndicate Exclusive Surcharg for Partially Distant Stations	l Dec	II CALL SICN	Dec	CALLSION	Dec	CALLSION	Der	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	0.25	WNJN
							0.25	WNJN NHK World
							0.20	
		-						
		-				-		
		-				-		
					h	-		
						-		
		H				-		
	0.00			Total DSEs	0.50		<u> </u>	otal DSEs
		• 20E 4E		0 0 110	,206.64	s 17,269,		D
	59 014 11	¥ /∧ɔ 4ɔ	d (Groun	Tirnes Receipts Second			niin –	irnes Receints First (ir
	59,014.11	\$ 285,45	d Group	Gross Receipts Second	1200.04	\$ 17,203,	oup	bross Receipts First Gr
	0.00	\$ 200,40		Base Rate Fee Second	,872.18		·	·
	0.00		d Group		,872.18		oup	Base Rate Fee First Gr
	0.00	\$	d Group		,872.18	\$ 91,	oup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Second	, 872.18	\$ 91,	oup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup	Base Rate Fee First Gr S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	Sase Rate Fee First Gr S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	Base Rate Fee First Gr S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	Base Rate Fee First Gr S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	Base Rate Fee First Gr S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	Base Rate Fee First Gr S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	Base Rate Fee First Gr S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	Base Rate Fee First Gr S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	.872.18 JP 0	\$ 91,	oup EVENTH S	Sase Rate Fee First Gr SCOMMUNITY/ AREA CALL SIGN NEDH
	0.00 DSE 0.00	SUBSCRIBER GROU CALL SIGN	d Group EIGHTH DSE	CALL SIGN CALL SIGN Total DSEs	0.25	\$ 91, SUBSCRIBER GROU CALL SIGN	DSE 0.25	Sase Rate Fee First Gr SCOMMUNITY/ AREA CALL SIGN WEDH Total DSEs
	0.00 DSE	\$ SUBSCRIBER GROU	d Group EIGHTH DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	,872.18	\$ 91, SUBSCRIBER GROU CALL SIGN	DSE 0.25	Base Rate Fee First Gr S COMMUNITY/ AREA CALL SIGN