This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA3E Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
02/27/23	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2022/2				
Period					
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account.  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		062714
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Verizon New Jersey Inc.				
				062714	420222
				062714	2022/2
	22001 Loudoun County Parkway				
	Ashburn, VA 20147				
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	stem unless	s these
С	names already appear in space B. In line 2, give the mailing address of				
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	Verizon Fios TV (Freehold, NJ) VHO 7				
	MAILING ADDRESS OF CABLE SYSTEM:				
	999 West Main Street (Number, street, rural route, apartment, or suite number)				
	Freehold, NJ 07728				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and re	elist on pag	 ge 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	ALLENDALE BORO BERGEN	NJ			
Community	Below is a sample for reporting communities if you report multiple ch	nannel line-ups in	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	A		1
·	Alliance	MD	В		2
	Gering	MD	В		3

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

**ACCOUNTING PERIOD: 2022/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062714 Verizon New Jersey Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. SUB GRP# CITY OR TOWN STATE CH LINE UP ALLENDALE BORO BERGEN NJ Α 3 **First** ABERDEEN TWP MONMOUTH NJ Α 2 Community 2 ALLENHURST BORO MONMOUTH NJ Α ALPINE BORO BERGEN NJ Α 3 **ASBURY PARK CITY MONMOUTH** Α 2 NJ 3 Α ATLANTIC HIGHLANDS BORO MONMOUTH NJ See instructions for 2 AVON-BY-THE-SEA BORO MONMOUTH NJ Α additional information on alphabetization 3 **BAYONNE CITY HUDSON** NJ **BEACHWOOD BORO OCEAN** NJ В 4 BEDMINSTER TWP SOMERSET NJ Α 2 3 BELLEVILLE TWP ESSEX NJ Α Add rows as necessary. 2 **BELMAR BORO MONMOUTH** NJ Α NJ Α 3 BERGENFIELD BORO BERGEN **BERKELEY HEIGHTS TWP UNION** NJ 2 Α BERKELEY TWP OCEAN NJ В 4 2 **BERNARDS TWP SOMERSET** NJ Α BERNARDSVILLE BORO SOMERSET NJ 2 Α **BLOOMFIELD TWP ESSEX** NJ Α 3 **BLOOMINGDALE BORO PASSAIC** NJ Α 2 Α 3 BOGOTA BORO BERGEN NJ **BOONTON TWP MORRIS** NJ Α **BOROUGH OF WOODLAND PARK PASSAIC** NJ Α 3 2 BOUND BROOK BORO SOMERSET NJ Α 2 BRADLEY BEACH BORO MONMOUTH NJ Α **BRANCHBURG TWP SOMERSET** NJ 2 **BRICK TWP OCEAN** NJ В 1 2 **BRIDGEWATER TWP SOMERSET** NJ Α BRIELLE BORO MONMOUTH NJ 1 Α CALDWELL BORO ESSEX 3 NJ Α CARLSTADT BORO BERGEN NJ 3 Α 3 CEDAR GROVE TWP ESSEX NJ Α 2 CHATHAM BORO MORRIS NJ Δ **CHATHAM TWP MORRIS** NJ 2 Α **CHESTER TWP MORRIS** NJ 2 CITY OF ORANGE TWP ESSEX NJ Α 3 **CLARK TWP UNION** NJ 3 Α **CLIFFSIDE PARK BORO BERGEN** NJ 3 Α **CLIFTON CITY PASSAIC** NJ Α 3

NJ

NJ

**CLOSTER BORO BERGEN** 

**COLTS NECK TWP MONMOUTH** 

3

2

Α

			1
CRANFORD TWP UNION	NJ	Α	3
DEAL BORO MONMOUTH	NJ	Α	2
DEMAREST BORO BERGEN	NJ	Α	3
DENVILLE TWP MORRIS	NJ	Α	2
DOVER (TOMS RIVER) OCEAN	NJ	В	4
DOVER TOWN MORRIS	NJ	Α	2
DUMONT BORO BERGEN	NJ	A	3
EAST BRUNSWICK TWP MIDDLESEX	NJ	Ä	2
			_
EAST HANOVER TWP MORRIS	NJ	A	2
EAST NEWARK BORO HUDSON	NJ	Α	3
EAST ORANGE CITY ESSEX	NJ	A	3
EAST RUTHERFORD BORO BERGEN	NJ	Α	3
EATONTOWN BORO MONMOUTH	NJ	Α	2
EDGEWATER BORO BERGEN	NJ	Α	3
EDISON TWP MIDDLESEX	NJ	Α	2
ELIZABETH CITY UNION	NJ	Α	3
ELMWOOD PARK BORO BERGEN	NJ	Α	3
EMERSON BORO BERGEN	NJ	A	3
ENGLEWOOD CITY BERGEN	NJ	Â	3
ENGLEWOOD CITT BERGEN ENGLEWOOD CLIFFS BORO BERGEN			3
ENGLISHTOWN DODG MONIMOUT!	NJ	A	3
ENGLISHTOWN BORO MONMOUTH	NJ	Α	2
ESSEX FELLS BORO ESSEX	NJ	Α	3
FAIR HAVEN BORO MONMOUTH	NJ	Α	3
FAIR LAWN BORO BERGEN	NJ	Α	3
FAIRFIELD TWP ESSEX	NJ	Α	3
FAIRVIEW BORO BERGEN	NJ	Α	3
FANWOOD BORO UNION	NJ	Α	2
FAR HILLS BORO SOMERSET	NJ	A	2
FARMINGDALE BORO MONMOUTH	NJ	A	2
FLORHAM PARK BORO MORRIS	NJ	Ā	2
			2
FORT LEE BORO BERGEN	NJ	A	3
FRANKLIN LAKES BORO BERGEN	NJ	Α	3
FRANKLIN TWP SOMERSET	NJ	Α	2
FREEHOLD BORO MONMOUTH	NJ	Α	2
FREEHOLD TWP MONMOUTH	NJ	Α	2
GARFIELD CITY BERGEN	NJ	Α	3
GARWOOD BORO UNION	NJ	Α	3
GLEN RIDGE ESSEX	NJ	Α	3
GLEN ROCK BORO BERGEN	NJ	Α	3
GREEN BROOK TWP SOMERSET	NJ	Α	2
GUTTENBERG TOWN HUDSON	NJ	A	3
HACKENSACK CITY BERGEN	NJ	Ä	3
HALEDON BORO PASSAIC			3
	NJ	A	3
HANOVER TWP MORRIS	NJ	Α	2
HARDING TWP MORRIS	NJ	Α	2
HARRINGTON PARK BORO BERGEN	NJ	Α	3
HARRISON TOWN HUDSON	NJ	Α	3
HASBROUCK HEIGHTS BORO BERGEN	NJ	Α	3
HAWORTH BORO BERGEN	NJ	Α	3
HAWTHORNE BORO PASSAIC	NJ	Α	3
HAZLET TWP MONMOUTH	NJ	A	3
HELMETTA BORO MIDDLESEX	ŊJ	A	2
HIGHLAND PARK BORO MIDDLESEX	NJ	Ā	2
		-	
HIGHLANDS BORO MONMOUTH	NJ	A	3
HILLSBOROUGH TWP SOMERSET	NJ	A	2
HILLSDALE BORO BERGEN	NJ	Α	3
HILLSIDE TWP UNION	NJ	Α	3
HOBOKEN CITY HUDSON	NJ	Α	3
HO-HO-KUS BORO BERGEN	NJ	Α	3
			•

HOLMDEL TWP MONMOUTH	NJ	Α	2
HOWELL TWP MONMOUTH	NJ	Α	2
INTERLAKEN BORO MONMOUTH	NJ	Α	2
IRVINGTON TWP ESSEX	NJ	Α	3
ISLAND HEIGHTS BORO OCEAN	NJ	В	4
JACKSON TWP OCEAN	NJ	В	1
JAMESBURG BORO MIDDLESEX	NJ	Ā	2
JEFFERSON TWP MORRIS	NJ	A	2
IERSEY CITY HUDSON	NJ	A	3
KEANSBURG BORO MONMOUTH	NJ	Ā	3
KEADAIV TOWAI HIDSON	NJ	Â	3
KEARNY TOWN HUDSON KENILWORTH BORO UNION	NJ	Ā	3
KEYPORT BORO MONMOUTH	NJ	A	3
LAKE COMO BORO MONMOUTH			3
LANGUIDOT DODO	NJ	A	2
LAKEHURST BORO	NJ	В	4
LAKEWOOD TWP OCEAN	NJ	В	1
LEONIA BORO BERGEN	NJ	Α	3
LINDEN CITY UNION	NJ	Α	3
LITTLE FALLS TWP PASSAIC	NJ	Α	3
LITTLE FERRY BORO BERGEN	NJ	Α	3
LITTLE SILVER BORO MONMOUTH	NJ	Α	3
LIVINGSTON TWP ESSEX	NJ	Α	3
LOCH ARBOUR VILLAGE MONMOUTH	NJ	Α	2
LODI BORO BERGEN	NJ	Α	3
LONG BRANCH CITY MONMOUTH	NJ	Α	3
LONG HILL TWP MORRIS	NJ	Α	2
LYNDHURST TWP BERGEN	NJ	Α	3
MADISON BORO MORRIS	NJ	Α	2
MAHWAH TWP BERGEN	NJ	Α	3
MANALAPAN TWP MONMOUTH	NJ	A	2
MANASQUAN BORO MONMOUTH	NJ	A	1 1
MANCHESTER TWP OCEAN	NJ	В	1
MANVILLE BORO SOMERSET	NJ	A	2
MAPLEWOOD TWP ESSEX	NJ	Â	3
MARLBORO TWP MONMOUTH	NJ	Ā	3
	NJ	Ā	2
MAYWOOD BORO BERGEN		_	
MAYWOOD BORO BERGEN	NJ	A	3
MENDHAM BORO MORRIS	NJ	A	2
MENDHAM TWP MORRIS	NJ	A	2
MIDDLESEX BORO MIDDLESEX	NJ	A	2
MIDDLETOWN TWP MONMOUTH	NJ	Α	3
MIDLAND PARK BORO BERGEN	NJ	Α	3
MILLBURN TWP ESSEX	NJ	Α	3
MILLSTONE TWP MONMOUTH	NJ	Α	2
MILLTOWN BORO MIDDLESEX	NJ	Α	2
MINE HILL TWP MORRIS	NJ	Α	2
MONMOUTH BEACH BORO MONMOUTH	NJ	Α	3
MONROE TWP MIDDLESEX	NJ	Α	2
MONTCLAIR TWP ESSEX	NJ	Α	3
MONTVALE BORO BERGEN	NJ	Α	3
MONTVILLE TWP MORRIS	NJ	Α	2
MOONACHIE BORO BERGEN	NJ	Α	3
MORRIS PLAINS BORO MORRIS	NJ	A	2
MORRIS TWP MORRIS	NJ	A	2
MORRISTOWN TOWN MORRIS	NJ	Ā	2
MOUNT OLIVE TWP MORRIS	NJ	Â	2
MOUNTAIN LAKES BORO MORRIS	NJ	Ā	2
MOUNTAIN LAKES BORO MIORKIS  MOUNTAINSIDE BORO UNION	NJ	A	2
			2
NEPTUNE CITY BORO MONMOUTH	NJ	Α	2

,			
NEPTUNE TWP MONMOUTH	NJ	Α	2
NEW BRUNSWICK CITY MIDDLESEX	NJ	Α	2
NEW MILFORD BORO BERGEN	NJ	Α	3
NEW PROVIDENCE BORO UNION	NJ	^	2
		_ ^	
NEWARK CITY ESSEX	NJ	Α	3
NORTH ARLINGTON BORO BERGEN	NJ	Α	3
NORTH BERGEN TWP HUDSON	NJ	Α	3
NORTH BRUNSWICK TWP MIDDLESEX	NJ	Α	2
NORTH CALDWELL TWP ESSEX	NJ	Α	3
NORTH HALEDON BORO PASSAIC	NJ	A	3
NORTH PLAINFIELD BORO SOMERSET	NJ	<u> </u>	2
		_ ^	
NORTHVALE BORO BERGEN	NJ	Α	3
NORWOOD BORO BERGEN	NJ	Α	3
NUTLEY TWP ESSEX	NJ	Α	3
OAKLAND BORO BERGEN	NJ	Α	2
OCEAN TWP MONMOUTH	NJ	Α	2
OCEANPORT BORO MONMOUTH	NJ	Δ	3
OLD BRIDGE TWP MIDDLESEX	NJ	A	2
0			
OLD TAPPAN BORO BERGEN	NJ	A	3
ORADELL BORO BERGEN	NJ	Α	3
PALISADES PARK BORO BERGEN	NJ	Α	3
PARAMUS BORO BERGEN	NJ	Α	3
PARK RIDGE BORO BERGEN	NJ	Α	3
PARSIPPANY-TROY HILLS TWP MORRIS	NJ	Α	2
PASSAIC CITY PASSAIC	NJ	A	3
PATERSON CITY PASSAIC	NJ	Ā	3
			2
PEAPACK-GLADSTONE BORO SOMERSET	NJ	A	
PERTH AMBOY CITY MIDDLESEX	NJ	Α	3
PINE BEACH BORO OCEAN	NJ	В	4
PISCATAWAY TWP MIDDLESEX	NJ	Α	2
PLAINFIELD CITY UNION	NJ	Α	2
PROSPECT PARK BORO PASSAIC	NJ	Α	3
RAMSEY BORO BERGEN	NJ	Δ	3
RANDOLPH TWP MORRIS	NJ	A	2
RARITAN BORO SOMERSET	NJ	_	2
100000000000000000000000000000000000000		A	
READINGTON TWP HUNTERDON	NJ	A	2
RED BANK BORO MONMOUTH	NJ	Α	3
RIDGEFIELD BORO BERGEN	NJ	Α	3
RIDGEFIELD PARK VILLAGE BERGEN	NJ	Α	3
RIDGEWOOD VILLAGE BERGEN	NJ	Α	3
RIVER EDGE BORO BERGEN	NJ	Α	3
RIVER VALE TWP BERGEN	NJ	A	3
ROCHELLE PARK TWP BERGEN	NJ	A	3
		_	
ROCKAWAY BORO MORRIS	NJ	A	2
ROCKAWAY TWP MORRIS	NJ	Α	2
ROCKLEIGH BORO BERGEN	NJ	Α	3
ROSELAND BORO ESSEX	NJ	Α	3
ROSELLE BORO UNION	NJ	Α	3
ROSELLE PARK BORO UNION	NJ	Α	3
ROXBURY TWP MORRIS	NJ	Δ	2
RUMSON BORO MONMOUTH	NJ	^	3
RUTHERFORD BORO BERGEN	NJ	A	3
SADDLE BROOK TWP BERGEN	NJ	Α	3
SADDLE RIVER BORO BERGEN	NJ	Α	3
SAYREVILLE BORO MIDDLESEX	NJ	Α	2
SCOTCH PLAINS TWP UNION	NJ	Α	2
SEA BRIGHT BORO MONMOUTH	NJ	A	3
SEA GIRT BORO MONMOUTH	NJ	A	1
	NJ	B	4
SEASIDE HEIGHTS OCEAN	INJ	Б	4

			-
SECAUCUS TOWN HUDSON	NJ	A	3
SHREWSBURY BORO MONMOUTH	NJ	Α	3
SHREWSBURY TWP MONMOUTH	NJ	Α	2
SOMERVILLE BORO SOMERSET	NJ	Α	2
SOUTH AMBOY CITY MIDDLESEX	NJ	Α	2
SOUTH BOUND BROOK BORO SOMERSET	NJ	Α	2
SOUTH BRUNSWICK TWP MIDDLESEX	NJ	Α	2
SOUTH HACKENSACK TWP BERGEN	NJ	Α	3
SOUTH ORANGE VILLAGE TWP ESSEX	NJ	Α	3
SOUTH PLAINFIELD BORO MIDDLESEX	NJ	Α	2
SOUTH TOMS RIVER BORO OCEAN	NJ	В	4
SPOTSWOOD BORO MIDDLESEX	NJ	Α	2
SPRING LAKE BORO MONMOUTH	NJ	Α	1
SPRING LAKE HEIGHTS BORO MONMOUTH	NJ	Α	1
SPRINGFIELD TWP UNION	NJ	A	3
SUMMIT CITY UNION	NJ	A	2
TEANECK TWP BERGEN	NJ	A	3
TETERBORO BORO BERGEN	NJ	Ā	3
TINTON FALLS BORO MONMOUTH	NJ	A	2
TOTOWA BORO PASSAIC	NJ		
		A	3
UNION BEACH BORO MONMOUTH	NJ	A	3
UNION CITY HUDSON	NJ	A	3
UNION TWP UNION	NJ	Α	3
UPPER SADDLE RIVER BORO BERGEN	NJ	Α	3
VERONA TWP ESSEX	NJ	Α	3
VICTORY GARDENS BORO MORRIS	NJ	Α	2
WALDWICK BORO BERGEN	NJ	Α	3
WALL TWP MONMOUTH	NJ	Α	1
WALLINGTON BORO BERGEN	NJ	Α	3
WARREN TWP SOMERSET	NJ	Α	2
WASHINGTON TWP BERGEN	NJ	Α	3
WATCHUNG BORO SOMERSET	NJ	Α	2
WAYNE TWP PASSAIC	NJ	Α	3
WEEHAWKEN TWP HUDSON	NJ	A	3
WEST CALDWELL TWP ESSEX	NJ	A	3
WEST LONG BRANCH MONMOUTH	NJ	A	3
WEST NEW YORK TOWN HUDSON	NJ	A	3
WEST ORANGE TWP ESSEX	NJ	Δ	3
WESTFIELD UNION	NJ	^	2
WESTWOOD BORO BERGEN	NJ	<u> </u>	3
WHARTON BORO MORRIS		^	
	NJ N I	A .	2
WINFIELD TWP UNION	NJ	A	3
WOODBRIDGE TWP MIDDLESEX	NJ	A	3
WOODCLIFF LAKE BORO BERGEN	NJ	A	3
WOOD-RIDGE BORO BERGEN	NJ	Α	3
WYCKOFF TWP BERGEN	NJ	Α	3

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Name

Legal Name of Owner of Cable System:

Verizon New Jersey Inc.

SYSTEM ID#

062714

## Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1			BLOC	K 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	0020011122110			Ħ	0.1.120111 0. 01.11101		
<ul> <li>Service to first set</li> </ul>	455,974	\$	45.35				
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	14,028	\$	35.00				
Converter							
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							
				1 1		<b>1</b>	î

## F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

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	
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
Agent Assistance Fee	7.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	up to \$100	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to \$100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	N/A	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	50.00	50.00
TV Equipment Tech Install	up to \$100	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Router	100.00	N/A
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged Verizon Router	200.00	200.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STR Fies TV One	275.00	275.00

Unreturned/Damaged STB Fios TV One

375.00

375.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062714 Verizon New Jersev 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) **WCBS** 2 Ν No **New York WJLP** 33 I No Middletown Twp See instructions for **WNBC** 4 Ν No **New York** additional information on alphabetization. **WNYW** 5 **New York** ı No WRNN 48 No ı Kingston **WABC** 7 Ν No **New York WWOR** 9 ı No Secaucus **WLNY** 57 No Ī Riverhead **WPIX** 11 **New York** I No **WNJU** 47 Ν No Linden **WNET** 13 Ε No Newark **WFUT** 68 I No Newark Newton **WMBC** 63 ı No **WZME** 43 I No **Bridgeport WLIW** 21 Ε 0 Garden City Yes **WNJN** 50 Ε Yes 0 Montclair **WNYE** Ε 25 Yes 0 **New York WPXN** 31 ī **New York** No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062714 Verizon New Jersev 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 5. BASIS OF 2. B'CAST 3. TYPE 4. DISTANT? 6. LOCATION OF STATION 1. CALL CHANNEL **CARRIAGE** SIGN OF (Yes or No) NUMBER **STATION** (If Distant) **WXTV** 41 No **Paterson** I WABC Localish F 45 N-M No **New York** See instructions for WLIW-simulcast 21 Ε Yes **Garden City** additional information on alphabetization. WCBS-simulcast 56 Ν No **New York WJLP-simulcast** 33 No Middletown Twp ı **WNBC-simulcast** 28 Ν No **New York** WNYW-simulcast 44 ı No **New York** 48 I No **WRNN-simulcast** Kingston **WABC-simulcast** 45 Ν **New York** No WWOR-simulcast 38 ı No Secaucus **WLNY-simulcast** 57 I No Riverhead WPIX-simulcast 33 I **New York** No 36 Ν WNJU-simulcast No Linden **WNET-simulcast** 61 Ε No Newark WFUT-simulcast 68 Newark No ı Newton WMBC-simulcast 63 ı No 43 WZME-simulcast No ı **Bridgeport WNJN-simulcast** 50 Ε Yes Ε Montclair

LEGAL NAME OF OWNI	ER OF CABLE SY	STEM:			SYSTEM ID#	
Verizon New Je	rsey Inc.				062714	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during to ons in effect of .61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period except 81, permitting the referring to 76.6 paragraph	(1) stations carrience carriage of cersi1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	Primary Transmitters: Television
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these th Column 6: Give the	C rules, regular here in space only on a substand also in space formation concern. In station's call associated with associated the carried the associated with associated with associated	ations, or authorized to a station actions, or authorized to a sign. Do not a station action	norizations:  at it in space I (the ation was carried tute basis station report origination coording to its own to be reported in the assigned to annel 4 in Wash tation is a network), "N-M" (all educational), or e general instructive area, (i.e. "ugeneral instructive accounting periause of lack of a seam that is not seam that i	ne Special Statem d both on a subst ns, see page (v) n program service er-the-air designa column 1 (list eac the television state nington, D.C. This ork station, an ind (for network multi or "E-M" (for none ctions located in the mplete column 5, od. Indicate by er activated channel subject to a royalt etween a cable sy seenting the prima channel on any c instructions locat list the community with	nent and Program Log)—if the situte basis and also on some othe of the general instructions located less such as HBO, ESPN, etc. Identification. For example, report multiplication for broadcasting over-the-air in a may be different from the channe lependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form es". If not, enter "No". For an existence paper SA3 form stating the basis on which you netering "LAC" if your cable system capacity to payment because it is the subject ystem or an association representing any transmitter, enter the designal other basis, enter "O." For a further to the station is licensed by the the which the station is identifice.	Television
		CHANN	EL LINE-UP	Α		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WNYE-simulcast	25	Е	Yes	Е	New York	
WPXN-simulcast	31	I	No		New York	See instructions for
WXTV-simulcast	41	I	No		Paterson	additional information
Cozi TV [WNBC]	4	N-M	No		New York	on alphabetization.
WNJU TeleXitos	36	N-M	No		Linden	
Antenna TV [WPI]	11	I-M	No	•	New York	1
WABC ThisTV	45	N-M	No		New York	
WLIW Create	21	E-M	Yes	0	Garden City	
WNET Thirteen Pl	13	E-M	No		Newark	
WLIW World	21	E-IVI	Yes	0	Newark	
	41					
WXTV Bounce TV		I-M	No No		Paterson	
WMBC New Tang	63 50	I-M	No	-	Newton	
WNJN NHK World	50	E-M	Yes	E	Montclair	-
WNJN NHK World	50 56	E-M	Yes	0	Montclair	-
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	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062714 Verizon New Jersev 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) **WWOR Heroes &** 38 I-M No Secaucus **WPIX Court TV** 11 I-M No **New York** See instructions for **WNYW Movies!** 44 I-M No **New York** additional information on alphabetization. WFUT getTV 68 I-M Newark No **WLIW All Arts** 21 0 **New York** E-M Yes **Garden City** WLIW All Arts-sin 21 E-M Yes 0 WNBC LX 4 N-M No **New York** 2 No **WCBS Dabl** N-M **New York WPXN Bounce T** I-M **New York** 34 No WNYW The Grio 44 I-M No **New York WNYW Decades** 44 I-M No **New York** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New Jersey 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

**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.

<u> </u>			<u> </u>	·
	CHANN	EL LINE-UP	В	
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
2	N	No		New York
33	I	No		Middletown Twp
4	N	No		New York
5	I	No		New York
48	I	No		Kingston
7	N	No		New York
9	I	No		Secaucus
57	I	No		Riverhead
11	I	No		New York
47	N	No		Linden
13	Е	No		Newark
6	N	No		Philadelphia
68	I	No		Newark
63	I	No		Newton
43	I	No		Bridgeport
21	E	Yes	0	Garden City
50	E	Yes	0	Montclair
25	E	Yes	0	New York
	CHANNEL NUMBER  2  33  4  5  48  7  9  57  11  47  13  6  68  63  43  21  50	2. B'CAST CHANNEL OF STATION  2 N  33 I  4 N  5 I  48 I  7 N  9 I  57 I  11 I  47 N  13 E  6 N  68 I  63 I  43 I  21 E  50 E	2. B'CAST CHANNEL NUMBER STATION STATION  2 N NO 33 I NO 4 N NO 5 I NO 48 I NO 7 N NO 9 I NO 57 I NO 11 I NO 47 N NO 11 I NO 47 N NO 68 I NO 68 I NO 63 I NO 643 I NO 644 N NO 65 I NO 65 I NO 66 N NO 67 N NO 68 I NO 68 I NO 68 I NO 69 I NO 69 I NO 60 I NO	CHANNEL NUMBER         OF STATION         (Yes or No)         CARRIAGE (If Distant)           2         N         No           33         I         No           4         N         No           5         I         No           48         I         No           9         I         No           9         I         No           57         I         No           11         I         No           47         N         No           6         N         No           68         I         No           63         I         No           43         I         No           21         E         Yes         O           50         E         Yes         O

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Verizon New Jersey Inc.	062714	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
WPXN	31	I	No		New York
WXTV	41	I	No		Paterson
WABC Localish F	45	N-M	No		New York
WLIW-simulcast	21	E	Yes	Е	Garden City
WPVI ABC Live W	6	N-M	No		Philadelphia
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-simulcast	38	I	No		Secaucus
WLNY-simulcast	57	I	No		Riverhead
WPIX-simulcast	33	I	No		New York
WNJU-simulcast	36	N	No		Linden
WNET-simulcast	61	Е	No		Newark
WPVI-simulcast	6	N	No		Philadelphia
WFUT-simulcast	68	ı	No		Newark

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New Jersey Inc.

SYSTEM ID#

Name

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
WMBC-simulcast	63	I	No		Newton
WZME-simulcast	43	I	No		Bridgeport
WNJN-simulcast	50	Е	Yes	Е	Montclair
WNYE-simulcast	25	E	Yes	E	New York
WPXN-simulcast	31	I	No		New York
WXTV-simulcast	41	I	No		Paterson
Cozi TV [WNBC]	4	N-M	No	•	New York
WNJU TeleXitos	36	N-M	No	•	Linden
Antenna TV [WPI	11	I-M	No		New York
WABC ThisTV	45	N-M	No		New York
WPVI ABC ThisT	6	N-M	No		Philadelphia
WLIW Create	21	E-M	Yes	0	Garden City
WNET Thirteen P	13	E-M	No		Newark
WLIW World	21	E-M	Yes	0	Newark
WXTV Bounce TV	41	I-M	No		Paterson
WMBC New Tang	63	I-M	No		Newton
WNJN NHK World	50	E-M	Yes	E	Montclair
WNJN NHK World	50	E-M	Yes	0	Montclair

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New Jersey Inc.

SYSTEM ID#
Name

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.

1. CALL SIGN 2. B'CAS CHAN NUMBER STARTTV 56 WJLP Grit TV 33 WJLP ION Myster 33 WWOR Buzzr 38 WWOR Heroes & 38 WPIX Court TV 11 WNYW Movies! 44 WFUT getTV 68	NNEL OF STATION N-M I-M I-M I-M I-M	4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION  New York  Middletown Twp  Middletown Twp  Secaucus  Secaucus
WJLP Grit TV       33         WJLP ION Myster       33         WWOR Buzzr       38         WWOR Heroes &       38         WPIX Court TV       11         WNYW Movies!       44	i I-M i I-M i I-M i I-M	No No No No		Middletown Twp Middletown Twp Secaucus
WJLP ION Myster 33 WWOR Buzzr 38 WWOR Heroes & 38 WPIX Court TV 11 WNYW Movies! 44	i I-M i I-M i I-M i I-M	No No No		Middletown Twp Secaucus
WWOR Buzzr         38           WWOR Heroes &         38           WPIX Court TV         11           WNYW Movies!         44	I-M I-M	No No		Secaucus
WWOR Heroes &         38           WPIX Court TV         11           WNYW Movies!         44	I-M	No		_
WPIX Court TV 11 WNYW Movies! 44	I-M			Secaucus
WNYW Movies! 44		No		1
	. І-м			New York
WFUT getTV 68		No		New York
	I-M	No		Newark
WLIW All Arts 21	E-M	No	•	New York
WLIW All Arts-sin 21	E-M	No		Garden City
WNBC LX 4	N-M	No		New York
WCBS Dabl 2	N-M	No		New York
WPXN Bounce T\ 34	I-M	No		New York
WNYW The Grio 44	I-M	No		New York
WNYW Decades 44	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 062714 Verizon New Jersey Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Transmitters: 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

TORWI GASE, I AGE 3.						ACCOUNTING	1 LINIOD. 2022/2
LEGAL NAME OF OWNER OF Verizon New Jersey Ir		STEM:			S	3YSTEM ID# 062714	Name
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	)G			
In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting periodicast by a distant state of the programm of the production of the programm of the production of the production of the programm of the production of the pr	ccounting phing that mu  T CONCE  riod, did you  ation?	eriod, under spo st be included i RNING SUBS our cable syste	ecific present and former FC n this log, see page (v) of the TITUTE CARRIAGE m carry, on a substitute ba	CC rules, regule general inst	lations, or authorizations. ructions located in the pa network television progr	For a further aper SA3 form.	Substitute Carriage: Special Statement and Program Log
log in block 2.  2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spiceled was broadcast by a under certain FCC rules, reschaffliche some spiceled was broadcast by a under certain FCC rules, reschaffliche some some spiceled was broadcast by a under certain FCC rules, reschaffliche some some some some some some some som	E PROGRA stitute prograce, please e of every n a distant sta egulations, ation. Do n Lucy" or "N m was broa sign of the adcast stat nadian stat nth and da ive "5/7." nes when th Example: ter "R" if the and regular rogrammin	AMS ram on a separa e attach addition onnetwork telestion and that yor authorization ot use general IBA Basketball adcast live, enterstation broaddion's location (ions, if any, the yowhen your syme substitute program care listed program care listed program tions in effect of	rate line. Use abbreviation nal pages. evision program (substitute your cable system substitutins. See page (vi) of the ge categories like "movies", : 76ers vs. Bulls." ter "Yes." Otherwise enter casting the substitute program the community to which the community with which they stem carried the substitute program was carried by your ried by a system from 6:00 m was substituted for programing the accounting perioduring the accounting the	s wherever per program) that ted for the program instruction "basketbal" "No." ram. he station is like program. Upper cable system in the station is identified by the system in the sys	ossible, if their meaning at, during the accountin ogramming of another stions located in the pap l". List specific program censed by the FCC or, lentified). se numerals, with the mm. List the times accura 6:28:30 p.m. should be t your system was requiletter "P" if the listed program in the stight of the stight of the stight of the system was requiletter "P" if the listed programming the stight of the sti	g is g station er n in nonth stely	
,					N SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCCURRED  6. TIMES  FROM — TO	FOR DELETION	

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

Name	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:						SYSTEM ID#
Name	Verizon New	Jersey Inc.	i						062714
<b>J</b> Part-Time Carriage Log	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	HO FROM	URS TO
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
	izon New Jersey Inc.		062714	Name
Insti all ai (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary	transmission service	<b>K</b> Gross Receipts
	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.		\$ 191,746,941.25 (Amount of gross receipts)	
• Com • Com • If yo fee f • If yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. aplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the approximate the promotion of the carry and distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.			Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e enter	ed on line 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered	on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered on line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		64 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$ 191,746,941.25	
	Enter the result here. This is your minimum fee.	\$	2,040,187.45	
2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting perion in the property of the p	nn 4, yo	ou must check	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		\$ 866,820.26	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	866,820.26	
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		\$ 2,040,187.45	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r	0.00	additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE		\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	2,040,912.45	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	ge (i) of the	additional 1665.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon New Jersey Inc.  SYSTEM ID 06271								
<b>M</b> 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.								
Chameis	1. Enter the total number of channels on which the cable system carried television broadcast stations 69								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  589								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  Name Patrick Merrick Telephone 703-447-0209  Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)								
Be Contacted for Further Information									
	Ashburn, VA 20147 (City, town, state, zip)								
	Email patrick.merrick@verizon.com Fax (optional)								
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as 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 Jersey Inc.  (Title of official position held in corporation or partnership)								
	Date: February 28, 2023								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Verizon New Jersey Inc.	062714	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cabl service of providing secondary transmissions of primary broadcast transmitters, the systemic secondary transmissions of primary broadcast transmitters, the systemic secondary transmissions put for more information on when to exclude these amounts, see the note on page (vii) of the ger paper SA3 form.	e system for the basic stem shall not include sub- ursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners?	secondary transmissions	Zacidololi
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late p For an explanation of interest assessment, see page (viii) of the general instructions in the pa		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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late	e.	
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 numb 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	
<b>\</b> 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	SE 11. (CONTINUED)												
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	YSTEM ID#							
ı	Verizon New Jersey Inc					062714							
	SUM OF DSEs OF CATEGOR	RY "O" STATION	NS:										
	<ul> <li>Add the DSEs of each station</li> </ul>	٦.											
	Enter the sum here and in line	1 of part 5 of this	s schedule.		1.75								
	Instructions:												
2	In the column headed "Call	Sign": list the ca	ll signs of all distant stations	s identified by	the letter "O" in column 5								
Computation	of space G (page 3).	's for each inden	andent station, give the DSI	⊑ ac "1 Ω": for	each network or noncom								
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."												
Category "O"	, 0		CATEGORY "O" STATION	NS: DSEs									
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	WLIW All Arts	0.250											
all formula into new	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
rows.													
I				L		L							

Name	Verizon New	OWNER OF CABLE SYSTEM:  Jersey Inc.					\$	6YSTEM ID# 062714
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	CAPACITY st the call sign of all dista 2: For each station, give the correspond with the inform 3: For each station, give the 4: Divide the figure in column 5: For each independent so value as ".25." 6: Multiply the figure in column point. This is the station's	ne number of hemation given in the total number in the total number in 2 by the figural point. This station, give the figuran 4 by the	nours your cable system space J. Calculate or or of hours that the stat gure in column 3, and g is the "basis of carriage "type-value" as "1.0."	m carried the sta ally one DSE for e- ion broadcast ow give the result in e value" for the s For each netwo	tion during the accountile ach station. er the air during the acc decimals in column 4. The station.  The results of the column 6. Round to not column 6.	ounting period. This figure must ucational station,	
Capacity		C	CATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	5. TYPE		SE
			÷		=	X	=	
					=	x x		
			<u> </u>		= =			
			÷		=	x	=	
			÷		= -	<u>x</u>	<u>-</u>	
					= =	×	=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page		hedule,		0.0	0	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations.     Broadcast of space I).     Column 2: at your option.     Column 3: Column 4: broadcast of the space I is a space I in the	te the call sign of each start by your system in substituted on October 19, 1976 (cone or more live, nonnetwork of the cach 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 in the calenda in 2 by the figu	ogram that your system he letter "P" in column uring that optional carri e, nonnetwork program information in space I. ar year: 365, except in ure in column 3, and give	Nas permitted to result of space (); and size (as shown by secarried in subsecare the result in core	to delete under FCC ruled to the word "Yes" in column titution for programs that the word "Round to no le	t were deleted	m).
			BSTITUTE:	BASIS STATION				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEAI	/S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=			÷	
		÷					÷	
		÷					÷	=
		÷					÷	=
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS	:		0.0		
5		ER OF DSEs: Give the ames applicable to your system		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide	e the total	
Total Number	1. Number o	f DSEs from part 2 ●				<b>•</b>	1.75	
of DSEs	2. Number o	f DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	f DSEs from part 4 ●				<b>&gt;</b>	0.00	
	TOTAL NUMBE	R OF DSEs					<b>&gt;</b>	1.75

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

LEGAL NAME OF O' Verizon New J		SYSTEM:					S	YSTEM ID# 062714	Name
nstructions: Bloc	k A must be com	pleted.							
n block A:			part 6 and part	7 of the DSE sche	edule blank an	id complete pa	art 8, (page 16) of	the	6
chedule. If your answer if "		•					a. t 0, (pago 10) o.		
ii your answer ii	140, Complete bit			TELEVISION MA	ARKETS				Computation of
,	,	utside of all	major and sma	aller markets as de	fined under se	ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—l	DO NOT COM	PLETE THE REMA	AINDER OF P	ART 6 AND 7	·.		
	lete blocks B and								
		BI OC	CK B: CARR	IAGE OF PERI	MITTED DS	Fs			
Column 1:	List the call signs			part 2, 3, and 4 of			tem was permitte	d to carry	
CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Ju edule. (Note: T	ne 25, 1981. For fu he letter M below r	urther explana	tion of permitt	ted stations, see t	he	
CARRIAGE	(Note the FCC r. A Stations carria 76.61(b)(c)] B Specialty stati C Noncommerce D Grandfathered instructions for E Carried pursus *F A station pre	ules and regued pursuant on as define all education distation (76. or DSE schedant to individuoisly carrium of the station of	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 ba contour, [76.59(d)(	ose in effect or 76.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of gr	n June 24, 198 ), 76.61(b)(c), ) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring 6.61(e)(1) stations in the		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 letter "F" in column			vorksheet on pag	e 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	WLIW All	M	0.25	0.0.1	B/ (G/G		
WLIW Crea	M	0.25							
WLIW World	M	0.25							
WNJN	С	0.25							
WNJN NHK	M	0.25							
WNYE	С	0.25							
								1.75	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule			1		
ine 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove			15		
				er of DSEs subject t 7 of this schedu		rate.	11-		
ine 4: Enter gro	ss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represe partially
ne 5: Multiply li	ne 4 by 0.0375	and enter s	um here				X		permited/ partially nonpermitted
ine 6: Enter tota	ıl number of DS	Es from line	3						carriage? If yes, see par 9 instructions
ine 7: Multiply li	ne 6 by line 5 ar	nd enter he	re and on line	e 2, block 3, spac	e L (page 7)			0.00	

ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Verizon New Jersey Inc. 062714 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B. part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Verizon New Jersey Inc.  SYSTEM ID 06271.	Namo
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	<b>7</b>
Section 2	A. Enter the total DSEs from block B of part 7	O Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.	
	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)	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	-
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	

Name	-	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 062714		
		Verizon New Jersey Inc.	0027 14		
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1)			
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>		
	Instru	ctions:			
8		oust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.	art		
		checked Tes, use the total number of DSLs from part 3.  cock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.			
Computation of	1	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	low		
Base Rate Fee	blank		low		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers			
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.				
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS			
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?				
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.			
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE			
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$			
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.			
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶			
	Section				
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.			
		A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶ \$			
		B. Enter 0.00701 of gross receipts  (the amount in section 1)  •			
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here			
		D. Multiply line B by line C and enter here			
		E. Add lines A, and D. This is your base rate fee. Enter here			
		and in block 3, line 1, space L (page 7)	0.00		
		Base Rate Fee	0.00		

		6 PERIOD: 2022/2
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Verizo	n New Jersey Inc. 062714	Name
Section I	f the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	_
4	A. Enter 0.01064 of gross receipts (the amount in section 1)  ▶ \$	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$	Computation of
	C. Multiply line B by 3.000 and enter here <b>\$</b>	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7) Base Rate Fee  ▶ \$ 0.00	
shall ins	<b>FANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-pace G.	9
In Gene	<b>tral:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation
	lusion, you must:	of Base Rate Fee
station o	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number on the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
must als	of any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. For if your cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
Step 1:	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by e token, the station is distant to the subscriber.)	
subscrib	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each per group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
subscrib	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's per groups.	
•	section: y the communities/areas represented by each subscriber group. ne call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	pers in the group.	
1) your :	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, i this schedule; or,	
,	ortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
page. II	Ite a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show ual calculations on the form.	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID
Name	Verizon New Jersey Inc.	06271
	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	9
	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 Jerse		E SYSTEM:				S	YSTEM ID# 062714	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROU	IP		SECOND	SUBSCRIBER GRO	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WLIW	0.25	0.122		WLIW	0.25			Base Rate F
WLIW Create	0.25			WLIW Create	0.25			and
WLIW World	0.25			WLIW World	0.25			Syndicated
WNJN	0.25			WLIW All Arts	0.25			Exclusivity
WNJN NHK World	0.25							Surcharge
WLIW All Arts	0.25							for
								Partially
								Distant
								Stations
							••••	
			4 = 0				4.00	
Total DSEs			1.50	Total DSEs			1.00	
Gross Receipts First Gr	oup	\$ 6,830	,566.71	Gross Receipts Second	d Group	\$ 59,5	07,402.26	
Base Rate Fee First Gr			,618.37	Base Rate Fee Second	d Group	\$ 6	33,158.76	
	THIRD	SUBSCRIBER GROU	IP					
COMMUNITY/ AREA 0			COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WLIW	0.25			
				WLIW Create	0.25			
				WLIW World	0.25			
				WNJN	0.25			
				WNJN NHK World	0.25			
				WNYE	0.25			
				WLIW All Arts	0.25			
					-			
Total DSEs			0.00	Total DSEs			1.75	
Gross Receipts Third G	roup	\$ 116,788	,551.78	Gross Receipts Fourth	Group	\$ 8,6	20,420.50	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$ 1	37,043.13	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes ab	oove.	\$ 8	66,820.26	