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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2-29-24	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2023/2			
Period				
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID I	es of the cable system on the last day of the cunting period.	m. e accounting period should sur	
	CSC HOLDINGS, LLC			
				00758720232
				007587 2023/2
	1 Court Square, 45th Floor Long Island City, NY 11101			
С	INSTRUCTIONS: In line 1, give any business or trade names used to it			
C	names already appear in space B. In line 2, give the mailing address o	f the system, if dif	ferent from the address giv	en in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	Altice USA, Inc.			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	Amityville	NY		
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A -	1
•	Alliance	MD	B	2
	Gering	MD	В	3

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 007587 **CSC HOLDINGS, LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined ח in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area Served of system identification hereafter known as the "first community." Please use it as the first community on all future filings. 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. CITY OR TOWN STATE CH LINE UP SUB GRP# Amityville NY AA **First** Asharoken NY AA 1 Community **Atlantic Beach** NY AA 1 **Babylon Town** NY AA 1 **Babylon Village** NY AA 1 AA **Baxter Estates** NY 1 See instructions for **Bavville** NY AA 1 additional information on alphabetization. **Bellerose** NY AΑ 1 **Brookville** NY AA 1 Cedarhurst NY 1 AA Centre Island NY 1 AA Add rows as necessary. Cove Neck NY AA 1 **East Hills** NY AA 1 **East Rockaway** NY AA 1 **East Williston** NY AA 1 AA **Farmingdale** NY Floral Park NY AA 1 Flower Hill NY AA **Freeport** NY AA 1 **Garden City** AA NY Glen Cove NY AA NY AA **Great Neck Estates Great Neck Plaza** NY AA **Great Neck Town** NY AA 1 **Hempstead Town** NY AA NY AA Hempstead Village **Hewlett Bay Park** NY AA 1 **Hewlett Harbor** NY AA **Hewlett Neck Village** NY AA 1 **Huntington Bay** NY AA **Huntington Town** NY AA **Island Park** NY AA Islip (Amityville) NY AA NY Kensington AA **Kings Point** NY AA 1 AA Lake Success NY Lattingtown NY AA 1 **Laurel Hollow** NY AA 1 Lawrence NY AA Lindenhurst NY AA 1 **Lloyd Harbor** NY AA Long Beach NY AA

Malverne	NY	AA	1	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 007587 **CSC HOLDINGS, LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined ח in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area Served of system identification hereafter known as the "first community." Please use it as the first community on all future filings. 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. CITY OR TOWN STATE CH LINE UP SUB GRP# Manorhaven NY AA First Massapequa Park NY AA 1 Community Matinecock NY AA 1 Mill Neck NY AA 1 Mineola NY AA 1 AA **Munsey Park** NY 1 See instructions for Muttontown NY AA 1 additional information on alphabetization. NY AΑ 1 **New Hyde Park North Hempstead** NY AA 1 **North Hills** NY 1 AA Northport NY 1 AA Add rows as necessary. Old Brookville NY AA 1 **Old Westbury** NY AA 1 **Oyster Bay** NY AA 1 **Oyster Bay Cove** NY AA 1 **Plandome Heights** NY AA 1 **Plandome Manor** NY AA 1 **Plandome Village** NY AA **Port Washington** NY AA 1 **Rockville Centre** AA NY Roslyn NY AA NY AA Roslyn Estates **Roslyn Harbor** NY AA **Russell Gardens** NY AA 1 Saddle Rock NY AA **Sands Point** NY AA Sea Cliff NY AA 1 South Floral Park NY AA **Stewart Manor** NY AA 1 **Thomaston** NY AA **Upper Brookville** NY AA Valley Stream NY AA Westbury NY AA Williston Park NY AA Woodsburgh NY AA 1 Lynbrook AB NY NY AC 2 **Bellport Brookhaven** NY AC 2 **Lake Grove** NY AC 2 AC 2 **Mastic Beach** NY **Patchogue** NY AC 2 NY AC **Poquott**

Dering Harbor	NY	AD	3	

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
CSC HOLDINGS, LLC			007587	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	orated communition	es within unincorpo you list will serve a	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	,	o o	theses	Gerveu
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-commu	e column blank. It evant community	you report any sta with a subscriber	ations group,	
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
East Hampton Town	NY	AD	3	First
East Hampton Village	NY	AD	3	Community
Greenport	NY	AD	3	
North Haven	NY	AD	3	
Quogue	NY	AD	3	
Riverhead	NY	AD	3	See instructions for
Sag Harbor	NY	AD	3	additional information
Sagaponack	NY	AD	3	on alphabetization.
Shelter Island	NY	AD	3	
Shinnecock Reservation	NY	AD	3	
Southampton Town	NY	AD	3	
Southampton Village	NY	AD	3	Add rows as necessary.
Southold	NY	AD	3	
West Hampton Dunes	NY	AD	3	
Westhampton Beach	NY	AD	3	
Belle Terre	NY	AE	4	
Brightwaters	NY	AE	4	
Brookhaven (Hauppauge)	NY	AE	4	
Head-of-the-Harbor	NY	AE	4	
Islandia	NY	AE	4	
Islip (Hauppauge)	NY	AE	4	
Nissequogue	NY	AE	4	
Old Field	NY	AE	4	
Shoreham	NY	AE	4	
Smithtown	NY	AE	4	
Village of Port Jefferson	NY	AE	4	
Village of The Branch	NY	AE	4	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

SYSTEM ID# 007587

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1				BLOC	K 2	
	NO. OF					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	460,583	\$	35.00				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	35,444	\$	46.95				
Converter							
Residential							
Non-residential		ļ					
		†·····		1 [†

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE
Continuing Services:		Installation: Non-residential		Core	\$	105.00
Pay cable	1.50/house	Motel, hotel		Value	\$	110.00
 Pay cable—add'l channel 	4.95-34.95	Commercial		Preferred/Select	\$	130.00
Fire protection		Pay cable		Premier	\$	155.00
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set		Burglar protection				
 Additional set(s) 	\$ 25.00	Other services:				
 FM radio (if separate rate) 		Reconnect				
Converter		Disconnect		Guide		
		Outlet relocation		CableCard	\$	2.50
		Move to new address		Converter	10.00	0/\$11.00

FORM SA3E, PAGE 3 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CSC HOLDINGS, LLC 007587 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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Transmitters: Television pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the naner SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your sable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E", If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? . BASIS OF 6. LOCATION OF STATION SIGN CARRIAGE (Yes or No) NUMBER STATION (If Distant) WABC 7 NEW YORK, NY Ν No WABC-2 N-M 7.2 No **NEW YORK, NY** See instructions for additional information WABC-3 7.3 I-M No **NEW YORK, NY** n alphabetization. WASA 24 No PORT JERVIS, NY WCBS 2 Ν No NEW YORK, NY WCBS-2 N-M No NEW YORK, NY 2.2 WCBS-3 2.3 N-M **NEW YORK, NY** No **NEWARK, NJ** WFUT 68 No WFUT-3 68.3 I-M NEWARK, NJ No WJLP MIDDLETOWN, NJ 33 No WLIW 21 Ε No GARDEN CITY, NY WLIW-2 GARDEN CITY, NY 21.2 E-M No WLIW-3 GARDEN CITY, NY 21.3 E-M Nο WLIW-4 21.4 E-M No **GARDEN CITY, NY** WLNY RIVERHEAD, NY WMBC 63 No NEWTON, NJ WNBC Ν No NEW YORK, NY WNBC-2 4.2 N-M NEW YORK, NY No WNET 13 E No NEWARK, NJ WNET-2 13.2 E-M No NEWARK, NJ LINDEN, NJ WNJU 47 No WNJU-2 47.2 I-M No LINDEN, NJ WNYE 25 Ε **NEW YORK, NY** No WNYW **NEW YORK, NY** 5 ı No WNYW-2 I-M 5.2 No NEW YORK, NY WPIX NEW YORK, NY 11 No WPIX-2 11.2 I-M No NEW YORK, NY WPIX-3 I-M No NEW YORK, NY 11.3 WPXN 31 NEW YORK, NY ı No WRNN 48 ı No KINGSTON, NY **WWOR** SECAUCUS, NJ 9 No WWOR-2 I-M 9.2 No SECAUCUS, NJ WWOR-3 I-M No 9.3 SECAUCUS, NJ WXTV PATERSON, NJ 41 No

G

Primary

Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational educational) or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the pager SA3 form.

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

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

		CHANN	EL LINE-UP	AB	
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
WABC	7	N	No	,	NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NY
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	Е	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJN	50	E	No		MONTCLAIR, NJ
WNJN-2	50.2	E-M	No		MONTCLAIR, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	ı	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No	ļ	NEW YORK, NY
WPXN	31	l	No		NEW YORK, NY
WRNN	48	I	No	ļ	KINGSTON, NY
WWOR	9	ı	No		SECAUCUS, NJ
WWOR-2	9.2	I-M	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	ı	No		PATERSON, NJ

Transmitters: Television

FORM SA3E, PAGE 3 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CSC HOLDINGS LLC 007587 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 Primary

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

pasis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your

cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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

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

		CHANN	EL LINE-UP	AC	
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
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NY
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	ı	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	ı	No		MIDDLETOWN, NJ
WLIW	21	E	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	Е	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	Е	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
WWOR	9	I	No		SECAUCUS, NJ
WWOR-2	9.2	I-M	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	I	No		PATERSON, NJ

G

Primary

Transmitters: Television

FORM SA3E, PAGE 3 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CSC HOLDINGS LLC 007587 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

pasis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your

cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up

		CHANN	EL LINE-UP	AD	
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
WABC	7	N	No	, ,	NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	I	No		PORT JERVIS, NY
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	I	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	Yes	0	GARDEN CITY, NY
WLIW-2	21.2	E-M	Yes	E	GARDEN CITY, NY
WLIW-3	21.3	E-M	Yes	E	GARDEN CITY, NY
WLIW-4	21.4	E-M	Yes	E	GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	E	Yes	0	NEWARK, NJ
WNET-2	13.2	E-M	Yes	E	NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
WVVH	50	I	No		SOUTHAMPTON, NY
WWOR	9	I	No		SECAUCUS, NJ
WWOR-2	9.2	I-M	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	I	No	I	PATERSON, NJ

G

Primary

Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CSC HOLDINGS LLC 007587 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

pasis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your

cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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

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

		CHANN	EL LINE-UP	AE	
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
WABC	7	N	No		NEW YORK, NY
WABC-2	7.2	N-M	No		NEW YORK, NY
WABC-3	7.3	I-M	No		NEW YORK, NY
WASA	24	ı	No		PORT JERVIS, NY
WCBS	2	N	No		NEW YORK, NY
WCBS-2	2.2	N-M	No		NEW YORK, NY
WCBS-3	2.3	N-M	No		NEW YORK, NY
WFUT	68	ı	No		NEWARK, NJ
WFUT-3	68.3	I-M	No		NEWARK, NJ
WJLP	33	I	No		MIDDLETOWN, NJ
WLIW	21	E	No		GARDEN CITY, NY
WLIW-2	21.2	E-M	No		GARDEN CITY, NY
WLIW-3	21.3	E-M	No		GARDEN CITY, NY
WLIW-4	21.4	E-M	No		GARDEN CITY, NY
WLNY	55	I	No		RIVERHEAD, NY
WMBC	63	I	No		NEWTON, NJ
WNBC	4	N	No		NEW YORK, NY
WNBC-2	4.2	N-M	No		NEW YORK, NY
WNET	13	Е	No		NEWARK, NJ
WNET-2	13.2	E-M	No		NEWARK, NJ
WNJU	47	I	No		LINDEN, NJ
WNJU-2	47.2	I-M	No		LINDEN, NJ
WNYE	25	E	No		NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WNYW-2	5.2	I-M	No		NEW YORK, NY
WPIX	11	I	No		NEW YORK, NY
WPIX-2	11.2	I-M	No		NEW YORK, NY
WPIX-3	11.3	I-M	No		NEW YORK, NY
WPXN	31	I	No		NEW YORK, NY
WRNN	48	I	No		KINGSTON, NY
wwor	9	I	No		SECAUCUS, NJ
WWOR-2	9.2	I-M	No		SECAUCUS, NJ
WWOR-3	9.3	I-M	No		SECAUCUS, NJ
WXTV	41	ı	No		PATERSON, NJ

ACCOUNTING PERIOD: 2023/2 FORM SA3E, PAGE 4.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CSC HOLDINGS, LLC

SYSTEM ID#

007587



PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 STATIC
·							
		L					

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2023/2		
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			5	SYSTEM ID#	Name		
CSC HOLDINGS, LLC						007587	Name		
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LOC	ì					
In General: In space I, ident substitute basis during the acexplanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations.	For a further	Substitute		
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
During the accounting per broadcast by a distant stat	iod, did you			is, any nonne	twork television progran		Special Statement and Program Log		
Note: If your answer is "No' log in block 2.	', leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	•	•			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the progran Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute prograce, please of every no distant stat gulations, of tion. Do no ucy" or "NE n was broad sign of the siddcast static th and day re "5/7." es when the Example: a er "R" if the and regulatiogramming	am on a separa attach addition nnetwork televion and that your authorization of use general of a Basketball: dcast live, ente station broadca on's location (thous, if any, the when your system of a program carrillisted program carrillisted program ons in effect di	al pages. ision program (substitute pour cable system substitute is. See page (vi) of the gercategories like "movies", or 76ers vs. Bulls." ir "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute pagram was carried by your eied by a system from 6:01:	rogram) that, d for the progreral instruction is lice station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y l; enter the le	during the accounting pramming of another state on slocated in the paper. List specific program ensed by the FCC or, in nitified). List the times accurated the second period of the second period period of the second period of the second period of the second period of the second period pe	tion th y			
					EN SUBSTITUTE	7. REASON	İ		
1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCURRED 6. TIMES FROM — TO	FOR DELETION	1		
	103 01 140	OALL GIGIT	4. OTATION CECONTION	AND DAT	TROW		l		
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ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF	OWNER OF CABLE	SYSTEM:						SYSTEM ID#				
Name	CSC HOLDII	NGS, LLC							007587				
	PART-TIME CA	RRIAGE I OG											
J	In General: Thi time carriage du hours your system	s space ties in vue to lack of acti em carried that	with column 5 of spa ivated channel capa station. If you need	acity, you are req more space, ple	uired ase a	l to complete thi attach additional	s log giving the pages.	total dates and					
Part-Time Carriage Log	column 5 of spa Column 2 (D curred during th • Give the mont "4/10."	ace G. ates and hours e accounting pe h and day when	the carriage occur	each station, list	the d	ates and hours	when part-time	carriage oc- April 10 give	the				
	 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." 												
			DATE	S AND HOURS	OF P	ART-TIME CAR	RIAGE						
	CALL SIGN	WHEN	N CARRIAGE OCC	URRED		CALL SIGN	WHE	CARRIAGE OC	CURRED				
	CALL SIGN	DATE	HOU FROM	RS TO		CALL SIGN	DATE	HO FROM	URS TO				
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	AL NAME OF OWNER OF CABLE SYSTEM: C HOLDINGS, LLC			SYSTE 00	M ID# 7587	Name		
Inst all a (as	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to cone (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	dary trai	nsmissi	on service	99	K Gross Receipts		
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.			t of gross receipts)				
InstruConConIf you feetIf you	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ϵ k 3 below.	entered	on line	1 of				
If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be enflow.	tered or	n line 2	in block				
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be ent	tered or	n line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period.	•	percen	t of the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	106,040,176.	99_			
	Enter the result here. This is your minimum fee.	\$		1,128,267.	48			
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and continued the properties of the properties	4, you	must ch	neck				
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	77,203.	07			
3	Line 2. 3.75 Fee: 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	\$		77,203.	07			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	1,128,267.	48_	Cable systems		
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0	.00	submitting additional		
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.	00	deposits under Section 111(d)(7) should contact		
	Line 4. FILING FEE		\$	725.	00_	the Licensing additional fees. Division for the		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		1,128,992.	48	appropriate form for submitting the		
	EFT Trace # or TRANSACTION ID #]			additional fees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Segeneral instructions located in the paper SA3 form and the Excel instructions table		. ,					

ACCOUNTING PERIOD: 2023/2 FORM SA3E, PAGE 8.

		FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC	SYSTEM ID# 007587
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
	Enter the total number of channels on which the cable system carried television broadcast stations	37
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	647
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regu	lations.)
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.	er of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)]	herein
	X /s/ Alan Dannenbaum	
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compate.	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date:	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CSC HOLDINGS, LLC	007587	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursual." For more information on when to exclude these amounts, see the note on page (vii) of the general in the secondary transmission on the general information on when the exclude these amounts, see the note on page (viii) of the general information on when the exclude these amounts, see the note on page (viii) of the general information on when the exclude these amounts, see the note on page (viii) of the general information on when the exclude these amounts, see the note on page (viii) of the general information on when the exclude these amounts, see the note on page (viii) of the general information on when the exclude these amounts, see the note on page (viii) of the general information on when the exclude these amounts, see the note on page (viii) of the general information on when the exclude these amounts, see the note on page (viii) of the general information on the exclude the exclude these amounts.	tem for the basic shall not include sub- nt to section 119."	Special Statement Concerning Gross Receipts
paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secon made by satellite carriers to satellite dish owners? X NO	dary transmissions	Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payme For an explanation of interest assessment, see page (viii) of the general instructions in the paper S.		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest shares)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For furth contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	(interest charge) er assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copplease list below the owner, address, first community served, accounting period, and ID number as 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2023/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
N	

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

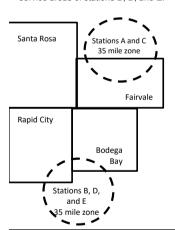
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
1	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)	0.25	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

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

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

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

ACCOUNTING PERIOD: 2023/2

4	LEGAL NAME OF OWNER OF CABLE SYSTEM:												
"	CSC HOLDINGS, LLC					007587							
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:										
	Add the DSEs of each station												
	Enter the sum here and in line		schedule.		0.50	ļ							
	Instructions:												
	In the column headed "Call S	Sign": list the call	I signs of all distant stations i	dentified by the	e letter "O" in column 5								
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-												
	mercial educational station, give the DSE as "1.0; for each network or noncommercial educational station, give the DSE as ".25."												
Category "O"			CATEGORY "O" STATION	S: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
	WLIW	0.250											
	WNET	0.250											
													
													
Add rows as		-											
necessary.													
Remember to copy all						<u></u>							
formula into new						<u></u>							
rows.													
													
						•							
													
		·····											
		-											
						<u> </u>							
													
													
	A			l		L							

y	,	p	 	

Name	CSC HOLDINGS, L	LC						007587
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: For ea figure should correspond Column 3: For ea Column 4: Divide be carried out at least Column 5: For ea give the type-value as Column 6: Multiple	Ill sign of all distarch station, give the cond with the information of the station, give the figure in colute to the third decing the independent set ".25." The sign of all distance in the information of all distance in the sign of all distance in the	he number of mation given in the total number arms 2 by the firmal point. This station, give the lumn 4 by the	in space J. Calculate or er of hours that the stati igure in column 3, and g is the "basis of carriagone "type-value" as "1.0." figure in column 5, and	n carried the stati- ly one DSE for each on broadcast ove ive the result in de e value" for the st For each network	oon during the accounting ach station. r the air during the accoulecimals in column 4. This	nting period. If figure must ational station, It is than the	
Capacity		(CATEGOR	Y LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		βE
			÷		=	x	=	
			÷		=	x x	=	
			÷		=	x	=	
			÷		=	x x	=	
			÷		=	x x	=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the ca • Was carried by your tions in effect on Or • Broadcast one or m space I). Column 2: For each at your option. This figu Column 3: Enter the Column 4: Divide the	Il sign of each star system in substictober 19, 1976 (core live, nonnetwon station give the ure should correse number of days ne figure in columne station's DSE (core)	ation listed in a titution for a proas shown by took programs of number of live spond with the sain the calend in 2 by the figure.	he letter "P" in column 7 during that optional carri e, nonnetwork programs information in space I. ar year: 365, except in a ure in column 3, and givermation on rounding, se	y of Substitute Prowas permitted to or space I); and age (as shown by the carried in substitute a leap year. e the result in column to the page (viii) of the carried in substitute the result in column to the page (viii) of the carried in substitute the result in column to the page (viii) of the carried in substitute the page (viii) of the carried in substitute the page (viii) of the carried in substitute the page (viii) of the carried in substitute the ca	delete under FCC rules at the word "Yes" in column 2 of tution for programs that would be used. Round to no less the general instructions in the second seco	and regular- of vere deleted than the third).
		Sl	JBSTITUTE	E-BASIS STATION	IS: COMPUTA	ATION OF DSEs		T
	SIGN OF	IMBER OGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷	=		-		=
		·······	÷ ÷	Ē				=
		-	÷			-		=
			÷ ÷	=		-		=
	SUM OF DSEs OF SU Add the DSEs of each Enter the sum here	station.				0.00		
5	TOTAL NUMBER OF D			boxes in parts 2, 3, and	4 of this schedule	and add them to provide the	he total	
Total Number	1. Number of DSEs	from part 2 ●				>	0.50	
of DSEs	2. Number of DSEs	from part 3 ●				<u> </u>	0.00	
	3. Number of DSEs	from part 4 ●				<u> </u>	0.00	
	TOTAL NUMBER OF D	SEs						0.50

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023/2

CSC HOLDING		SYSTEM:					S	YSTEM ID# 007587	Name
Instructions: Bloc In block A: • If your answer if " schedule. • If your answer if "	'Yes," leave the re	mainder of pa	elow.	of the DSE schedu		complete part {	3, (page 16) of the		6 Computation of
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. No—Complete blocks B and C below. BLOCK B: CARRIAGE OF PERMITTED DSES Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(b)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		stations ider	tified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	4 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 0.25							
								0.50	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the		·							
Line 3: Subtract (If zero, le				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	ind enter sur	n here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line (3						If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 bv line 5 an	d enter here	and on line	2. block 3. space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 007587								Name	
1. CALL	2. PERMITTED		1. CALL	SION MARKETS 2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of
									3.75 Fee
									

ACCOUNTING PERIOD: 2023/2

ACCOUNTING PERIOD: 2023/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 007587											
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the of Column 2: Indicate the Column 3: Indicate the Column 4: Indicate the (Note that the FC A—Part-time spending in the S—Substitute can Column 5: Indicate the Column 6: Compare in the IMPORTANT: The interest in the column in the	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 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. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 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.										
		PERMITT	ED DSE EOR STA	ATIONS CARRIE	ED ON A PART-TIME AN	ID SUBSTITI	ITE BASIS					
	1. CALL SIGN	2. PRIC	OR 3. ACC	COUNTING ERIOD	4. BASIS OF CARRIAGE	5. PR	ESENT OSE	6. PERMIT DSE	TED			
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET											
Exclusivity	DLOCK A. IVIAJON I ELEVISION IVIARNE I											
Surcharge	• Is any portion of the c	• Is any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981?										
	X Yes—Complete											
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations	BLOCK C: Computation of Exempt DSEs							
	Is any station listed in commercial VHF station or in part, over the cal		part 7 carried pr to March 31,	,								
	Yes—List each st X No—Enter zero a		its appropriate perm art 8.	itted DSE	Yes—List each st X No—Enter zero a			permitted DSE				
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIG	N DS	_			
	O'ALL GIGIN	DOL	O/ ILL OIOIV	DOL	OALE GIOIY	DOL	OALL SIGI					
						<u> </u>						
						 						
						 						
			TOTAL DSEs	0.00			TOTAL DSI	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CSC HOLDINGS, LLC 007587	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	(CSC HOLDINGS, LLC	007587							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)								
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$								
Exclusivity 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> .							
	Instruc	ctions:								
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p	art							
J		checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation		ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of	• If you	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low							
Base Rate Fee	blank									
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	cal							
	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 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$								
		B. Enter 0.00701 of gross receipts (the amount in section 1)								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here ▶ \$								
		E. Add lines A, and D. This is your base rate fee. Enter here								
		and in block 3, line 1, space L (page 7)	0.00							
		Base Rate Fee	<u></u> .							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2023/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
CSC HOLDINGS, LLC 007	7587 Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	8
A. Enter 0.01064 of gross receipts (the amount in section 1)	
B. Enter 0.00701 of gross receipts	
(the amount in section 1) \$	Computation of
	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 ▶ \$ 0.0	10
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals s	hall
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	
Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	
exclusion, you must:	Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number	and Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group	
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you malso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, the complete both block A and B below.	ver, if Distant
your cable system is wholly located outside all major television markets, complete block A only.	Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant Stations	Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, b same token, the station is distant to the subscriber.)	y the
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable stations and the subscriber group when the distant stations it covered have lead across that coincides.	ystem
will have only one subscriber group when the distant stations it carried have local service areas that coincide.	ribar
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.	ribei
In each section:	
Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
subscribers in the group.	
• If:	
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, 4 of this schedule; or,	and
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show you actual calculations on the form.	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	CSC HOLDINGS, LLC	007587
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	:
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.	
	transmitter of an association representing the primary transmitter.	

	וח	OCK A:	COMPLITATION		TE EEEO FOD CAOU	CLIDCODA	DED CDOLID		
	BL		SUBSCRIBER GROU		FE FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP				
				•	COMMUNITY/ AREA			/·	
COMMUNITY AREA		Amityville			COMMUNITY/ AREA	Brookhaven			
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							-		
						<u></u>	 		
							 		
						<u></u>			
							<u> </u>		
•••••									
otal DSEs	-			0.00	Total DSEs	•	•	0.00	
Gross Receipts Fi	st Grou	р	\$ 53,887	7,459.27	Gross Receipts Second	d Group	\$ 12,7	42,330.95	
Base Rate Fee Fi	st Grou	р	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		TUIDD	<u> </u>						
			CLIDCODIDED ODOL	ID.		FOLIDALI	CLIDCODIDED CDOL	ID	
	.		SUBSCRIBER GROU	IP			SUBSCRIBER GROU	JP	
COMMUNITY/ AR	EA F	Riverhe		P	COMMUNITY/ AREA		SUBSCRIBER GROU	JP	
		Riverhe	ad			Islip (Ha	iuppauge)		
CALL SIGN		Riverhe DSE		DSE	COMMUNITY/ AREA			DSE	
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN		Riverhe DSE	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN VLIW VNET	С	DSE 0.25	ad	DSE	CALL SIGN	Islip (Ha	iuppauge)	DSE	
CALL SIGN WLIW WNET	С	DSE 0.25	ad			Islip (Ha	iuppauge)		
CALL SIGN WLIW WNET	C	DSE 0.25 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN WLIW WNET	C	DSE 0.25 0.25	CALL SIGN	0.50	Total DSEs	DSE	CALL SIGN	DSE	
WLIW WNET Fotal DSEs Gross Receipts Th	C C	DSE 0.25 0.25	CALL SIGN	0.50 1,856.08	Total DSEs Gross Receipts Fourth	DSE	CALL SIGN S 24,8	0.00 98,530.69	
CALL SIGN VLIW VNET	C C	DSE 0.25 0.25	CALL SIGN	0.50	Total DSEs	DSE	CALL SIGN	DSE	

LEGAL NAME OF OWNE		E SYSTEM:					007587	Name
		COMPUTATION C		ATE FEES FOR EACH				
COMMUNITY/ AREA	Amityv	ille		COMMUNITY/ AREA	Brookhaven			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								Syndicated
								Exclusivity
								Surcharge for
								Partially
			····					Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 53,88	7,459.27	Gross Receipts Secon	d Group	s 12,7	742,330.95	
. , .	•					· · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$ SUBSCRIBER GRO	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP	COMMUNITY/ AREA				
	INVESTIG	au .		COMMONT I/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third Group \$ 14,511,856.08		Gross Receipts Fourth	Group	\$ 24,8	398,530.69			
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				<u> </u>				
			criber group a	as shown in the boxes ab	ove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Name

SYSTEM ID# 007587

CSC HOLDINGS, LLC

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

Computation of Base Rate Fee and Syndicated **Exclusivity** Surcharge for Partially Distant Stations

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:

First 50 major television market Second 50 major television market

INSTRUCTIONS:

- Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.
- Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.
- Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.
- Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Second Group
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group

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

Cable
Worksheet

CONTROL #:

C	Cai Woi	ble rksheet	Total amount of remittance	Nun	nber of SAs rec'd	lr	Initials		
			Date of remittance	_ ☐ Check	□ EFT	☐ FILING	FEES		
Cable ID #						Amount	Initials		
Examined by		Reviewed by	Date examination completed	Allocatio	on number				
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for Jul-De	ec period) No spa	ces)		
Period	☐ Letter	rsent		Information re	ceived				
	☐ Accep	oted		Phone call/Date	e/Contact				
Space B Owner									
	☐ Lette	sent		Information re	ceived				
	☐ Accep	oted		Phone call/Dat	e/Contact				
Space D Area Served									
	☐ Letter	rsent		Information re	ceived				
	☐ Accep	oted		Phone call/Date	e/Contact				
Space E Secondary Transission									
Service Subscribers:	☐ Letter	sent	☐ Information received						
and Rates	☐ Accep	oted	☐ Phone call/Date/Contact						
Space G Primary Transmitters:									
Television	☐ Letter	sent	☐ Information received						
	☐ Accep	oted		Phone call/Dat	e/Contact				
Space H Primary Transmitters:									
Radio	☐ Accep	oted	С	☐ Phone call/Date/Contact					

Space I Substitute

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