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.

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OF	FFICE USE ONLY
DATE RECEIVED	AMOUNT
03/01/2018	\$ ALLOCATION NUMBER

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Atlantic Broadband (Penn) LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)
		Quincy, MA 02169 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	<u> </u>	Atlantic Broadband
		MAILING ADDRESS OF CABLE SYSTEM:
	2	24 Main St. (Number, street, rural route, apartment, or suite number)
		Bradford, PA 16701 (City, town, state, zip code)
	I	(Oity, town, state, zip oute)

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

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Atlantic Broadband (Penn) LLC	62
		stem. A "community" is the same as a "community unit" as defined in FCC rule
D		$unincorporated\ communities\ within\ unincorporated\ areas\ and\ including\ single and\ or $
		mmunity that you list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on	
Area		iniums, or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	City of Salamanca	NY
Community	Town of Great Valley	NY
	Town of Little Valley	NY
Rows as Necessary	Town of Salamanca	NY
•	Village of Little Valley	NY

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6214

## Atlantic Broadband (Penn) LLC

Ε

# SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK	<b>&lt;</b> 2	•
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	1329	39.73	Expanded Basic	1,125	53.58
<ul> <li>Service to additional set(s)</li> </ul>			Value	2,454	91.71
<ul> <li>FM radio (if separate rate)</li> </ul>			Digital Value	266	76.99
Motel, hotel	22	39.73			
Commercial	83	39.73			
Converter					
<ul> <li>Residential</li> </ul>	3	1.99			
<ul> <li>Non-residential</li> </ul>					
i		Ī			

F

Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	19.99	Motel, hotel		НВО	19.99
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Cinemax	19.99
<ul> <li>Fire protection</li> </ul>		Pay cable		Showtime	19.99
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		MoviePlex	9.00
Installation: Residential		Fire protection		2 Premiums	34.95
<ul> <li>First set</li> </ul>	40.00	Burglar protection		3 Premiums	49.95
<ul> <li>Additional set(s)</li> </ul>	40.00	Other services:		NFL RedZone	49.99
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		Move to new address	40.00		

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4. LOCATION OF STATION

### Atlantic Broadband (Penn) LLC

1. CALL SIGN

6214

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), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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.

2. B'CAST CHANNEL NUMBER

**CFTO** 9 TORONTO, CANADA

3. TYPE OF STATION

Add Rows as Necessary

CFIU	9		TORUNTO, CANADA
WGRZ	2	N	BUFFALO, NY
WIVB	4	N	BUFFALO, NY
WKBW	7	N	BUFFALO, NY
WNED	3	E	BUFFALO, NY
WNYB	22	<u> </u>	JAMESTOWN, NY
WSEE	5	N	ERIE, PA
WSEE-2	15	N	ERIE, PA
WUTV	8	N	BUFFALO, NY
		•	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Atlantic Broadband (Penn) LLC

6214

### 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.

Н

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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WBFO	FM		Buffalo, PA				
WDCX	FM		Buffalo, PA				
WGRF	FM	<del> </del>	Buffalo, PA				
WHTT	FM	<b></b>	Buffalo, PA				
WJYE	FM	<del> </del>	Buffalo, PA				
WMJQ	FM	<del> </del>	Buffalo, PA				
WNED	FM	<del> </del>	Buffalo, PA			<del> </del>	
WUFX	FM	<del> </del>	Buffalo, PA			<del> </del>	
WYRK	FM	<del> </del>	Buffalo, PA				
VVIIXIX	1 101	<del> </del>	Dullalo, I A				
	<del> </del>	<del> </del>			<del> </del>		
	<del> </del>	<del> </del>			<del> </del>	<b></b>	
	<del> </del>	<del> </del>					
	<del> </del>	<del> </del>			<del> </del>	<b></b>	
	<del> </del>	<del> </del>					 
	<b></b>	<del> </del>			<b> </b>		
	<b></b>	<del> </del>			<b> </b>		
	<b></b>	<b></b>					
	<b></b>	<b></b>					
	<b></b>	<b></b>					
	<b>_</b>					ļ	
	<b></b>						
	<b></b>						
					[		
					[		
	<u> </u>	<b> </b>					
	<del> </del>	<b></b>					
	<del> </del>	<del> </del>					
	<del> </del>	<del> </del>					
	<del> </del>						
	<del> </del>						

Accounting Perio	d: 2017/2 LEGAL NAME OF OWNER OF	CABLE SVS	TEM:				FOR	M SA1-2E. PAGE 5.
Name	Atlantic Broadband (P							SYSTEM ID# 6214
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every non	nnetwork televis	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	uthorizations.	For a further
Substitute Carriage: Special Statement and Program Log	SPECIAL STATEMEN     During the accounting per broadcast by a distant state       Note: If your answer is "No log in block 2.     LOG OF SUBSTITUTION General: List each substitute       If you need more spate	T CONCERTION, did you tion?  ", leave the E PROGRA titute prograce, please a of every no distant statigulations, o ies like "mo Bulls."  m was broad sign of the sadcast static and day we "5/7."  es when the Example: a	rest of this page with the case of this page with the case of this page with the case of t	carry, on a substitute base carry, on a substitute base ge blank. If your answer is the line. Use abbreviations rows to the tables. Ision program ("substitute or cable system substitutes. See page (v) of the ger tball." List specific program of "Yes." Otherwise enter "sisting the substitute program community with which the community with which the tem carried the substitute of gram was carried by your ed by a system from 6:01	sis, any nonner "Yes," you must be wherever poster program") that ed for the program instruction must titles, for ex No."  am. e station is lice to station is idented program. Use to cable system to 6:2	ust complete ssible, if thei at, during the gramming of ns for furthe ample, "I Lo	yES e the program ir meaning is e accounting f another state er information ove Lucy" or e FCC or, in with the mornes accurate hould be	n X NO
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nming that y	our system wa	s permitted to delete und	er FCC rules a	and regulation	ons in	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S  CALL SIGN	1 4. STATION'S LOCATION	5. MONTH		TIMES  TO	7. REASON FOR DELETION
							=	

Accounting Period:	2017/2			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID:
	Atlantic Broadband (Penn) LLC				6214
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross in	system's s ion of how	econdary trans to compute this	mission servi s amount, see	ce
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	, ,	. ,		I
	Line 1. Royalty fee for accounting period			· <u></u>	
l	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	,	ore than \$137,	100)	
	Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K	•			
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4	•			
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but l	less than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	277,215.76		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	13,415.76		
	4. Multiply line 3 by .01	•••••••	\$	134.16	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .		\$	1,453.16
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,453.16	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,473.16
1	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		ghts!

Accounting Period:	2017/2																							F	ORM S	A1-2E	. PA	GE 7
Name	LEGAL NAME OF OWNER Atlantic Broadband (																									SYS <sup>-</sup>		I ID#
M Channels	CHANNELS Instructions: You must to its subscribers, and (2  1. Enter the total number system carried television on which the cable system and nonbroadcast services.	2) the cable system's to r of channels on which on broadcast stations. rr of activated channels stem carried television	otal numb  the cable s  broadcas	nber ble	e	r of a	activa	ated	I cha	nnels	durir	ng th	e aco	cour	ntin	g per	riod.		tions					9				]
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about th			ORM	RMA	MAT	ΓΙΟΝ	IS I	NEE	DED (	lden	tify a	n ind	divid	lual	to wh	hom											
for Further Information	Name Patr	ick Bratton																Telep	hone	61	7-78	86-8	800					
	(Number	tterymarch Park, er, street, rural route, apartn					ber)																					
	Email	pbratton@atlant	ticbb.con	om	n									Fa	ax (	optio	nal)											
O	(Agent of owr in line 1 of	than corporation or pater other than corporation space B and that the overtient of the space B.  Itement of account and horrect to the best of my large (1986)]  Typed or printed  Title:	artnership tion or pa wner is no f a corpora hereby dec knowledge	nly o	/s	one, I am Iners a cor on) o are un infor	of the of	own I am	er of nother or particular of the control of the co	duly a duly a artners a a par of law belief,	uthoohip; characteristics and a	rized or all state m	m as ager of the attementate of the eto co	ider  nt of  legents  in go	ntifie f the gal e s of f ood	own ntity i	er of identification on tax attentification of the identification	1 of sp f the contified a fined h	pace E able s	3; or syster				em				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon 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 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

ounting Period: 2017/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
antic Broadband (Penn) LLC	6214
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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 th 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.