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

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	OUNTING 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 s 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	120 Southmont Blvd. (Number, street, rural route, apartment, or suite number)
		Johnstown, PA 15905 (City, town, state, zip code)

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

Accounting Period:	2017/2	FORM SA1-2E. PAGE 1b.										
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#										
Name		8711										
	Atlantic Broadband (Penn) LLC											
D	"a separate and distinct community or municipal entity (including u discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first coma as the "first community." Please use it as the first community on al	tem. A "community" is the same as a "community unit" as defined in FCC rules: inincorporated communities within unincorporated areas and including single, munity that you list will serve as a form of system identification hereafter known I future filings. I future filings.										
Area		ildins, of mobile nome parks should be reported in parentheses below the										
Served	identified city.											
	CITY OR TOWN	STATE										
	McAlevy's Fort	PA										
Community	Jackson	PA										
	West	PA										
Add Rows as Necessary												
		,										
		,										

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Atlantic Broadband (Penn) LLC

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E

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 2							
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE					
Residential:	SUBSCRIBERS	NATE	CATEGORT OF SERVICE	SUBSCRIBERS	NAIL					
Service to first set	38	57.58								
Service to additional set(s)										
• FM radio (if separate rate)										
Motel, hotel	0	57.58								
Commercial	0	57.58								
Converter										
Residential	0	57.58								
Non-residential										

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2						
CATEGORY OF SERVICE	GORY OF SERVICE RATE CATEGORY OF SERVICE RATE						
Continuing Services:		Installation: Non-residential					
 Pay cable 	14.95	Motel, hotel					
 Pay cable—add'l channel 	-	Commercial					
Fire protection		Pay cable					
•Burglar protection		Pay cable-add'l channel					
Installation: Residential		Fire protection					
First set	40.00	Burglar protection					
 Additional set(s) 		Other services:					
• FM radio (if separate rate)		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# 8711

Atlantic Broadband (Penn) LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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

1. CALL SIGN 4. LOCATION OF STATION **WATM** 12 Ν ALTOONA, PA WGN 9 Chicago, IL **WJAC** 7 Ν JOHNSTOWN, PA ALTOONA, PA **WKBS** 5 **WPSU** 3 Ε **CLEARFIELD, PA WTAJ** 10 Ν ALTOONA, PA **WWCP** 8 Ν JOHNSTOWN, PA

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Atlantic Broadband (Penn) LLC

8711

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
	 						
							
							
	 						
	 						
							
	 						
	 						
							
	 						
							
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Accounting Perio		04015010					FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF Atlantic Broadband (P							SYSTEM ID# 8711
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regul	lations, or au	uthorizations.	For a further
Carriage: Special Statement and Program Log	1. SPECIAL STATEMEN During the accounting per broadcast by a distant state of the	tiod, did you tion? ", leave the E PROGRA titute progra	r cable system rest of this pag MS m on a separa add additional r	carry, on a substitute bar- ge blank. If your answer is te line. Use abbreviations rows to the tables.	"Yes," you mu	ust complete	YES e the program	NO m
	column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	distant statis gulations, o ies like "mo Bulls." m was broad sign of the sadcast static hadian static hand day we "5/7." es when the Example: a er "R" if the and regulation ming that y	ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (thens, if any, the owhen your system on program carried listed program ons in effect du	s. See page (v) of the ger tball." List specific progra "Yes." Otherwise enter "sting the substitute prograe community to which the community with which the tem carried the substitute gram was carried by youred by a system from 6:01 was substituted for prograing the accounting perio	ed for the progneral instruction mutitles, for ex No." am. e station is lice e station is ider program. Use cable system :15 p.m. to 6:2 ramming that y d; enter the lef	gramming of ns for furthe ample, "I Lo ensed by the ntified). e numerals, . List the times:30 p.m. s your system tter "P" if the	another state information ove Lucy" or effect or, in with the more accurate hould be was required instead programmed instead programmed instead programmed in the more accurate and the effect instead programmed in the more accurate and the more accurate accurate and the more accurate accurate accurate accurate and the more accurate a	tion n. nth ely
		SUBSTITUT	E PROGRAM	1		EN SUBSTI		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. 7	TIMES TO	DELETION

Accounting Period:	2017/2	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID
	Atlantic Broadband (Penn) LLC		871
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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 receipts.	nsmission servic nis amount, see	3,133.28
	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 but less than or equal to use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	',100)	
	1. Base amount under statutory formula	<u> </u>	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	<u> </u>	
	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 \$263,800 (but less than \$52	?7,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	- I	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more information		hts!

Accounting Period:	2017/2																									FC	ORM S	A1-2I	E. PA	GE 7
Name	LEGAL NAME OF OWNER OF Atlantic Broadband (P																											SYS		и ID# 8711
M Channels	CHANNELS Instructions: You must of to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system and nonbroadcast servi	the cable system's total of channels on which the broadcast stations of activated channels are carried television broadcast.	tal number	ble	er of	of a	ons	ated	d ch	anne 	els du	ıring	the a		oun	ntin	g pe	erioc	I.		ns				•	7				
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORM	RMA	ΛΑΤ	ION	IS	NEI	EDE	O (Ide	entify	/ an i	ndiv	vidu	ual	to v	vhor	n											
for Further Information	Name Patric	k Bratton																	Te	lepho	ne (317-	786	-88	800					
	(Number Quinc	terymarch Park, S street, rural route, apartmer cy, MA 02169 m, state, zip)					per)																							
	Email	pbratton@atlantic	cbb.com	m	1										Fa	ax (opti	onal)											
O Certification	(Agent of owner in line 1 of s	r certify that (Check one, nan corporation or particle) or other than corporation pace B and that the own tiner) I am an officer (if a pace B. ment of account and herect to the best of my knew 1986)]	on or parener is not a corporate reby decinowledge Enter an each of the corporate responsible to the c	partner on a contraction of a contractio	rtner: a co	mersil corponic of corporic of corponic of corporic of	of the the chip) porar a proper a prope	own I arrition partr per on, rick	oxes ner c m the or r ner (nalty and	of the e dul partner if a properties on the contraction of the contrac	y authorized authorized with authorized auth	horiz; or ership at all d are	ed ag	as id	den den de	of food	ed in e ow entity	n line ner () ide cont	e 1 of the of the ontified ained	space cabl	e B; e sys	tem a				m				
		Date:													1	Ма	rch	1, 2	018											

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ccounting Period: 2017/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
tlantic Broadband (Penn) LLC	8711
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statement Concerning Gross 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. Line 1 Enter the amount of late payment or underpayment	Q 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 www.copyright.gov/licensing/interest-rate.pdf. 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	

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