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				
08/23/2018	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2018/1			
	Instructions:			
B Owner	Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting conduction. Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the counting perion	em the accounting period should s	•
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Verizon New England Inc			
	-			
				062627 2018/1
	PO Box 152092, MC: HQE03H19			
	Irving, TX 75015-2092			
С	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syst	em unless these
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	n in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	Verizon Fios TV (Burlington, MA) VHO 6			
	MAILING ADDRESS OF CABLE SYSTEM:			
	51 South Bedford St (Number, street, rural route, apartment, or suite number)			
	Burlington, MA 01803			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	BURLINGTON	MA		
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
	Alliance	MD	В	2
	Gering	MD	В	3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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 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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062627 Verizon New England Inc Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area 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 of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# BURLINGTON MA Α 3 **First ABINGTON** Α MA Community ACTON MA Α ANDOVER MA 3 4 ARLINGTON MA Α 2 **ASHLAND** MA Α See instructions for 3 **BEDFORD** Α MA additional information on alphabetization BELLINGHAM MA Α 2 Α 4 BELMONT MA 3 **BILLERICA** MA Α 4 **BOSTON** MA Α Add rows as necessary. 3 **BOXBOROUGH** MA Α **BOXFORD** MA Α 3 2 **BRAINTREE** MA Α В BURRILLVILLE RI 4 2 CANTON MA Α CENTRAL FALLS RI 4 В RI В CHARLESTOWN 5 Α 3 CHELMSFORD MA 2 COHASSET MA Α COVENTRY RI В 4 RI В 4 CRANSTON RI В **CUMBERLAND DANVERS** MA 3 Α **DEDHAM** MA Α 2 **DOVER** MA Α 3 Α **DUNSTABLE** MA DUXBURY MA Α 2 В **EAST GREENWICH** RI 4 **EAST PROVIDENCE** RI В 4 C **EASTON** MA 4 **EXETER** В RI Α **FITCHBURG** MA 3 В **FOSTER** RI **FOXBOROUGH** MA Α 2 **FRAMINGHAM** MA 4 **FRANKLIN** 2 MA GEORGETOWN MA A В 4 **GLOCESTER** RI **GRAFTON** Α 2 MA 3 GROTON MA Α

MA

HAMILTON

3

HANOVER	MA	Α	2
HINGHAM	MA	Α	2
HOLBROOK	MA	A	2
HOLLISTON	MA	A	2
HOPEDALE	MA	Α	2
HOPKINTON	MA	Α	2
HOPKINTON	RI	В	4
HUDSON	MA	A	4
HULL	MA	Α	2
IPSWICH	MA	Α	3
JOHNSTON	RI	В	4
KINGSTON	MA	Α	2
LAKEVILLE	MA	A	2
LAWRENCE	MA	Α	3
LEOMINSTER	MA	Α	3
LEXINGTON	MA	Α	3
LINCOLN	MA	Α	4
LINCOLN	RI	В	4
LITTLETON	MA	A	3
LYNN	MA	Α	3
LYNNFIELD	MA	Α	3
MALDEN	MA	Α	3
MANSFIELD	MA	С	4
MARBLEHEAD	MA		3
		A	
MARION	MA	Α	1
MARLBOROUGH	MA	Α	4
MARSHFIELD	MA	Α	2
MATTAPOISETT	MA	Α	1
MAYNARD	MA	A	4
MEDFIELD			2
	MA	A	
MEDFORD	MA	Α	3
MEDWAY	MA	Α	2
MELROSE	MA	Α	3
MENDON	MA	Α	2
METHUEN	MA	A	3
MIDDLEBOROUGH	MA		2
		A	
MIDDLETON	MA	A	3
MILFORD	MA	Α	2
MILLBURY	MA	Α	2
MILLIS	MA	Α	2
NAHANT	MA	A	3
NARRAGANSETT	RI	В	_
			4
NATICK	MA	Α	4
NEEDHAM	MA	Α	4
NEWTON	MA	Α	4
NORFOLK	MA	Α	2
NORTH ANDOVER	MA	A	3
NORTH ATTLEBOROUGH	MA	C	4
			4
NORTH KINGSTOWN	RI	В	4
NORTH PROVIDENCE	RI	В	4
NORTH READING	MA	Α	3
NORTH SMITHFIELD	RI	В	4
NORTHBOROUGH	MA	A	2
NORWELL	MA	A	2
NORWOOD	MA	Α	2
PAWTUCKET	RI	В	4
PLYMOUTH	MA	Α	2
PROVIDENCE	RI	В	4
RANDOLPH	MA	A	2
RAYNHAM	MA	C	4

EADING	MA	Α	3
ICHMOND	" RI	В	4
OCHESTER	MA	A	1
OCKLAND	MA	A	2
OWLEY	MA	A	3
CITUATE	RI	В	4
HERBORN	MA	A	2
MITHFIELD	RI	В	4
OUTH KINGSTOWN	RI	В	4
OUTHBOROUGH	MA		4
	mi	A	2
TONEHAM	MA	A	3
TOUGHTON	MA	A	2
TOW	MA	A	3
UDBURY	MA	Α	4
UTTON	MA	Α	2
WAMPSCOTT	MA	Α	3
AUNTON	MA	С	4
EWKSBURY	MA	Α	3
OPSFIELD	MA	Α	3
YNGSBOROUGH	MA	Α	3
/AKEFIELD	MA	Α	3
/ALPOLE	MA	Α	2
/ALTHAM	MA	Α	4
/AREHAM	MA	Α	1
/ARWICK	RI	В	4
/AYLAND	MA	Α	4
ELLESLEY	MA	A	4
/ENHAM	MA	A	4
EST GREENWICH	RI	В	4
EST NEWBURY	MA	A	3
EST WARWICK	RI	В	4
ESTBOROUGH	MA		2
ESTERLY	RI	A	
/ESTFORD		В	5
	MA MA	A	3
/ESTON	MA	A	4
/ESTWOOD	MA	A	2
/ILMINGTON	MA	A	3
/INCHESTER	MA	A	3
OBURN	MA	<u>A</u>	3
OONSOCKET	RI	В	4
/RENTHAM	MA	A	2

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New England Inc

SYSTEM ID#

062627

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1				BLOCK 2			
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
Service to first set	516,838	\$	12.99					
Service to additional set(s)								
 FM radio (if separate rate) 								
Motel, hotel								
Commercial	8,621	\$	25.00					
Converter								
Residential								
Non-residential								
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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	F SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$ 15.00	Motel, hotel		See Tab Attachment B	
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	\$ 99.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation	\$ 65.00		
		Move to new address			

Category of Service	Residential Rate	Commercial Rate
Block 1	4= 00	45.00
Pay Cable	15.00	15.00
Pay Cable - add'l Channel	00.00	00.00
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation Block 2	65.00	69.99
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Rids & Pop Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	54.99	N/A
Fios TV Mundo	49.99	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
НВО	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Ride TV	N/A	5.00
Starz/Encore	15.00	N/A
Fios Prepaid Service Offering:		
25 Mbps Internet	60.00	N/A
50 Mbps Internet	65.00	N/A
TV Mundo	40.00	N/A
TV Mundo Total	50.00	N/A
Custom TV Kids & Pop	40.00	N/A
Custom TV Sports & News	50.00	N/A
Custom TV Action & Entertainment	40.00	N/A
Custom TV News & Variety	50.00	N/A
Custom TV Lifestyle & Reality	40.00	N/A
Custom TV Infotainment & Drama	40.00	N/A
Custom TV Home & Family	50.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
Playboy	16.99	N/A
International Premium On Demand	Varies	Varies

	Residential	Commercial
Category of Service	Rate	Rate
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box	12.00	11.99
Fios Quantum Gateway Router	N/A	9.99
Fios Wireless Router	10.00	N/A
Fios Advanced Wi-Fi Router	7.99	N/A
HD Business Media DVR	N/A	19.99
HD Digital DVR	N/A	16.99
Fios TV Activation Fee	N/A	99.99
DVR Service	12.00	N/A
Multi-room DVR Service	15.00	N/A
Multi-room DVR Enhanced Service	20.00	N/A
Multi-room DVR Premium Service	30.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
Existing Outlet Connection Subsequent	65.00	34.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	15.00	15.00
Specialty DVR Upgrade	50.00	N/A
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
Set-Top Box Retrieval Fee	N/A	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	110.00	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged Wireless Router	100.00	100.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

FORM SA3E. PAGE 3		YSTEM:			SYSTEM ID#	:
Verizon New					062627	Namo
PRIMARY TRANSMIT		ON				
carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program be Substitute Basis coasis under specifc Do not list the stati station was carrie List the station her basis. For further in the paper SA3 Column 1: List e each multicast strea cast stream as "WE WETA-simulcast). Column 2: Give	e system during to ations in effect on 76.61(e)(2) and (basis, as explained as Stations: With FCC rules, regulation here in space and also in space, and also in space form. ach station's call massociated with TA-2". Simulcast the channel numero.	he accounting In June 24, 19 (4), or 76.63 (1) and in the next prespect to any attions, or auth G—but do listitute basis. ace I, if the stateming substitution is sign. Do not in the a station action	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: t it in space I (the ation was carried tute basis station report origination cording to its ow t be reported in on mas assigned to	(1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statement of both on a substitus, see page (v) on program service er-the-air designation of the television statement of the statement of th	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify attion. For example, report multi- h stream separately; for example tion for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television
educational station, for independent mu For the meaning of t Column 4: If the blanation of local se Column 5: If you	ate in each case of by entering the leaticast), "E" (for no hese terms, see station is outside rvice area, see po have entered "Y	whether the si etter "N" (for n oncommercia page (v) of the the local sen age (v) of the es" in column	etwork), "N-M" (I educational), c e general instruct vice area, (i.e. "c general instruct 4, you must cor	for network multion "E-M" (for noncontions located in the distant"), enter "Yoions located in the mplete column 5,	es". If not, enter "No". For an ex-	
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New England Inc 062627 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 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. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WGBX** 44 Ε No **Boston WWDP** 46 ı No Norwell See instructions for additional information WGBH-simulcast 19 Ε No **Boston** on alphabetization. Ν No WSBK-simulcast 39 **Boston** 30 Ν No WBZ-simulcast **Boston WCVB-simulcast** 20 Ν No **Boston** No **WBIN-simulcast** 50 ı Derry Ν WHDH-simulcast 42 No **Boston** 31 WFXT-simulcast ı No **Boston** 9 Ν No Manchester WMUR-simulcast 60 **WNEU-simulcast** ı No Merimack WENH-simulcast 11 Ε Yes Durham Ε WLVI-simulcast 41 ı No Cambridge WBPX-simulcast 68 ı No **Boston** Ν **WBTS-simulcast** 8 No **Boston** Ε **WSBE-simulcast** 21 Yes Ε Providence **WUTF-simulcast** 66 ı No Marlborough WMFP-simulcast 18 No Lawrence

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ER OF CABLE S	YSTEM:			SYSTEM ID#	
Verizon New Er	ngland Inc				062627	Name
PRIMARY TRANSMITTE	RS: TELEVISION	ON				
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC	ystem during toons in effect on 61(e)(2) and (sis, as explaine tations: With C rules, regular	he accounting n June 24, 19 (4), or 76.63 (red in the next respect to any ations, or auth	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations porizations:	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; is carried by your of	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the	Primary Transmitters: Television
station was carried of basis. For further int in the paper SA3 for Column 1: List each each multicast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by	only on a substand also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numing e. For example astem carried the in each case we entering the le	titute basis. ace I, if the state or I, if the state or I, if the state or I acceptance of I	ation was carried tute basis station report origination cording to its own to be reported in chass assigned to annel 4 in Wash tation is a network), "N-M" (d both on a substins, see page (v) on program service er-the-air designate column 1 (list each the television statington, D.C. This ork station, an indefor network multides.	tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi-h stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast).	
planation of local servi	ation is outside ce area, see pa ave entered "Y	the local servage (v) of the es" in column	vice area, (i.e. "o general instruct 4, you must cor	distant"), enter "Yo ions located in the mplete column 5,	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your	
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ca F0 76	rried by your cable s CC rules and regulati 5.59(d)(2) and (4), 76 abstitute program bas	ystem during to ons in effect of .61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (ed in the next	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrione carrione carriage of cert 1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
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ea ca W	basis. For further in in the paper SA3 fo Column 1: List each multicast stream as "WETA ETA-simulcast). Column 2: Give the	and also in spa formation cond rm. h station's call associated wit -2". Simulcast e channel numl	ace I, if the state range substitution of the state of th	tute basis station report origination cording to its over the reported in our case assigned to	ns, see page (v) on program service er-the-air designate column 1 (list each the television state	itute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in	
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		T	CHANN	EL LINE-UP	A		_
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	
W	/UNI getTV	27	I-M	No		Worcester	
W	/FXT Escape	31	I-M	No		Boston	See instructions for
W	/BPX qubo	68	I-M	No		Boston	additional information
W	/DPX ION Life	58	I-M	No		Woburn	on alphabetization.

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New England Inc

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

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 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 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	В	
	I	T T T T T T T T T T T T T T T T T T T	LE EINE-OI		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
WGBH	2	E	Yes	0	Boston
WLNE	6	N	No		New Bedford
WSBE	36	E	No		Providence
WNAC CW	64	l	No		Providence
WJAR	10	N	No		Providence
WNAC	64	I	No		Providence
WPRI	12	N	No		Providence
WPRI My Network	12	N	No		Providence
WPXQ	69	I	No		Block Island
WRIW	50	l	No		Providence
WGBX	44	Е	Yes	0	Boston
WGBH-simulcast	19	E	Yes	E	Boston
WLNE-simulcast	49	N	No		New Bedford
WSBE-simulcast	21	E	No		Providence
WNAC CW-simul	64	I	No		Providence
WJAR-simulcast	51	N	No		Providence
WNAC-simulcast	54	I	No		Providence
WPRI-simulcast	12	N	No		Providence

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New England Inc 062627 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 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. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE SIGN NUMBER STATION (If Distant) My WPRI-simulca 12 I No **Providence WRIW-simulcast** 50 ı No **Providence Block Island** 69 WPXQ-simulcast I No Yes WGBX-simulcast 44 Ε **Boston WJAR Me-TV** 51 N-M No **Providence WLNE Grit TV** 49 N-M No **New Bedford** WLNE Escape TV 49 No **New Bedford** N-M WJAR CometTV 51 N-M No Providence 44 WGBX 44 E-M Yes 0 **Boston WGBH PBS Kids** 2 0 E-M Yes **Boston GBH World** 44 E-M Yes 0 **Boston GBX Create** 44 E-M Yes 0 **Boston WJAR TBD TV** 10 N-M No Providence WPRI getTV 12 N-M No Providence

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

Providence

Providence

Providence

Block Island

WSBE Learn

WNAC LAFF

WPXQ qubo

WPRI Bounce TV

21

54

12

69

E-M

I-M

N-M

I-M

No

No

No

No

LEGAL NAME OF OWN	NER OF CABLE S	/STEM:			SYSTEM ID#					
Verizon New E	ngland Inc				062627	Name				
PRIMARY TRANSMITTERS: TELEVISION										
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program										
basis under 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).										
its community of licens	se. For example	e, WRC is Ch			ion for broadcasting over-the-air in 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 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 identifed.										
Note: If you are utilizing	ig multiple chai		EL LINE-UP		Granici inc-up.					
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					
WLWC ION Life	28	I-M	No	(II Biotaint)	New Bedford					

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New England Inc 062627 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

- station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 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	С	
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
WGBH	2	E	No		Boston
WSBK	38	N	No		Boston
WBZ	4	N	No		Boston
WCVB	5	N	No		Boston
WLNE	6	N	No		New Bedford
WHDH	7	N	No		Boston
WSBE	36	E	No		Providence
WNAC CW	64	I	No		Providence
WJAR	10	N	No		Providence
WPRI	12	N	No		Providence
WPRI My Networl	12	N	No		Providence
WPXQ	69	I	No		Block Island
WRIW	50	I	No		Providence
WFXT	25	I	No		Boston
WLVI	56	I	No		Cambridge
WGBX	44	E	No		Boston
WGBH-simulcast	19	E	No		Boston
WSBK-simulcast	39	N	No		Boston

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062627 Verizon New England Inc PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 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.

CHANNEL LINE-UP C									
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				
WBZ-simulcast	30	N	No		Boston				
WCVB-simulcast	20	N	No		Boston				
WLNE-simulcast	49	N	No		New Bedford				
WHDH-simulcast	42	N	No		Boston				
WSBE-simulcast	21	E	No		Providence				
WNAC CW-simul	64	I	No		Providence				
WJAR-simulcast	51	N	No		Providence				
WNAC-simulcast	54	I	No		Providence				
WPXQ-simulcast	69	I	No		Block Island				
WPRI-simulcast	12	N	No		Providence				
My WPRI-simulca	12	I	No		Providence				
WRIW-simulcast	50	I	No		Providence				
WFXT-simulcast	31	I	No		Boston				
WGBX-simulcast	44	E	No		Boston				
WLVI-simulcast	41	I	No		Cambridge				
WJAR Me-TV	51	N-M	No		Providence				
WFXT LAFF	31	I-M	No		Boston				
WLVI Buzzr	56	I-M	No		Cambridge				

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062627 Verizon New England Inc PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 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	C C		
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	
WLNE Grit TV	49	N-M	No		New Bedford	
WLNE Escape TV	49	N-M	No		New Bedford	
WJAR CometTV	51	N-M	No		Providence	
WGBX 44	44	E-M	No		Boston	
WGBH PBS Kids	2	E-M	No		Boston	
GBH World	44	E-M	No		Boston	
GBX Create	44	E-M	No		Boston	
WJAR TBD TV	10	N-M	No		Providence	
WPRI getTV	12	N-M	No		Providence	
WSBE Learn	21	E-M	No		Providence	
WNAC LAFF	54	I-M	No		Providence	
WPRI Bounce TV	12	N-M	No		Providence	
WPXQ qubo	69	I-M	No		Block Island	
WLWC ION Life	28	I-M	No		New Bedford	

Primary Transmitters: Television

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062627 **Verizon New England Inc** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2018/1									
LEGAL NAME OF OWNER OF CABLE Verizon New England Inc	SYSTEM:			S	062627	Name			
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "517." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately									
to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM 7. REASON FOR									
1. TITLE OF PROGRAM 2. LI Yes c		4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO — — — — — — — — — — — — — — — — — —	DELETION				

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Verizon New England Inc
SYSTEM ID#
062627

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m." 12:00 p.m."

		DAT	ES.	AND HOURS (OF F	PART-TIME CAF	RRIAGE			
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	WHE	WHEN CARRIAGE OCCURRED			
	DATE	HOUF FROM		S TO			DATE	FROM	OURS	TO
			_						_	
									_	
								 		
			=-						-=	
			=-					 		
			=_							
			_							
									_	
			_						_	
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			=-						_=_	
			=-							
			_							

	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Ve	rizon New England Inc			062627	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. 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.									
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.									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should ${\tt t}$ ${\tt sk}$ 3 below.	e ent	tered on	line 1 of					
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	enter	ed on lir	ne 2 in block					
▶ If pa	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould b	e entere	ed on line					
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.		.064 pe	rcent of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	145,583,444.94					
	This is your minimum fee.	\$		1,549,007.85					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? X Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4.								
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		\$	246,416.00					
	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	\$		246,416.00					
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		\$	1,549,007.85	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, ente zero.			0.00	submitting additional deposits under				
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		1,549,732.85	appropriate form for submitting the additional fees.				
Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)									

Name		STEM ID# 062627							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Be Contacted for Further Information	Name Brad Wright Telephone 972-444-5554								
	Address PO Box 152092, MC: HQE03H19 (Number, street, rural route, apartment, or suite number) Irving, TX 75015-2092								
	(City, town, state, zip) Email brad.wright@verizon.com Fax (optional) 877-875-8841	*****							
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.								
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or								
	 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 								
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
	X /s/ Veronica C. Glennon								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.								
	Typed or printed name: Veronica C. Glennon								
	Title: Assistant Secretary, Verizon New England Inc. (Title of official position held in corporation or partnership)								
	Date: August 29, 2018								

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 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 telephor 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name						
Verizon New England Inc	062627	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 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 instruct paper SA3 form.	ons in the	Concerning Gross Receipts Exclusion						
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transde by satellite carriers to satellite dish owners?	ansmissions	<u> </u>						
X NO								
YES. Enter the total here and list the satellite carrier(s) below								
Name Name Name Mailing Address Mailing Address								
INTEREST ASSESSMENTS								
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment or under the submitted as a result of a late payment of the submitted as a result of a late payment of the submitted as a s		Q						
Line 1 Enter the amount of late payment or underpayment		Interest Assessment						
x								
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>							
x	days							
Line 3 Multiply line 2 by the number of days late and enter the sum here	_							
x	0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_							
	est charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance 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 Copyright please list below the owner, address, first community served, accounting period, and ID number as given i 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 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 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: 2018/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(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 statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

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

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

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

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

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- 5. 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.

Santa Rosa	Stations A and C 35 mile zone
\ an	Bodega Bay ns B, D, d E e zone

U.S. Copyright Office

	Distant Stations Carried		Identification of	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	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 DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

First Subscriber Group (Santa Rosa)		Rapid City and Bodega Bay)		Third Subscriber Group (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: 2018/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#
ı	Verizon New England In	ıc				062627
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of this	s schedule.		2.25	
	Unatrustiana					
2	Instructions: In the column headed "Call S	Sign": list the ca	ll signs of all distant stations	s identified by t	the letter "O" in column 5	
_	of space G (page 3).					
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSE	Ē as "1.0"; for	each network or noncom-	
of DSEs for	mercial educational station, give	ve the DSE as ".2				
Category "O"			CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WENH	0.250				
	WSBE	0.250				
	WYDN	0.250				
	WGBH	0.250				
	WGBH PBS Kids	0.250				
Add rows as	GBH World	0.250				
necessary.	WGBX					
Remember to copy		0.250				
all formula into new	WGBX 44	0.250				
rows.	GBX Create	0.250				
						[
Ī		<u> </u>		Ī		Ī

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						S	YSTEM ID#
Name	Verizon New	England Inc							062627
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all dista :: For each station, give to correspond with the inforall :: For each station, give to :: Divide the figure in colulat least to the third deciraller :: For each independent of	he number of hours mation given in spar he total number of humn 2 by the figure in mal point. This is the station, give the "typulumn 4 by the figure.	your cable syster ce J. Calculate on nours that the stati in column 3, and ge "basis of carriagoe-value" as "1.0."	n carried the sta ly one DSE for e on broadcast ov ive the result in e value" for the s For each netwo give the result i	ution during the a each station. ver the air during decimals in colustation. rk or noncomme n column 6. Rou	the accounumn 4. This ercial educatund to no les	nting period. figure must tional station, ss than the	
Capacity		C	ATEGORY LAC	STATIONS:	COMPUTATI	ION OF DSE	s		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. N JRS O ED BY S	UMBER OF HOURS TATION ON AIR	4. BASIS OF CARRIAG VALUE	= 5	5. TYPE VALUE	6. DS	E
			<u>÷</u>	=		x		=	
			÷ ÷	=		X X		<u>=</u>	
			÷			x		=	
			<u> </u>	=		x		=	
			÷			X		=	
			÷			x x		=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option.	e the call sign of each state of the call sign of each state of the condition of the call sign of each state of the call sign of each state of the call sign of each state of the call sign of th	art 5 of this schedul ation listed in space itution for a program as shown by the let ork programs during number of live, non spond with the infor	I (page 5, the Log n that your system ter "P" in column 7 that optional carri- network programs mation in space I.	g of Substitute P was permitted to of space I); and age (as shown by a carried in subs	to delete under d the word "Yes" i	FCC rules a n column 2 o	f	
	Column 4:	Enter the number of days Divide the figure in colum This is the station's DSE	nn 2 by the figure in (For more information	column 3, and giv on on rounding, se	e the result in ce ee page (viii) of	the general instr	ructions in th		m).
		SU	BSTITUTE-BAS	SIS STATIONS	S: COMPUTA	ATION OF D	SEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBI OF PROGI		3. NUMBER OF DAYS IN YEAR	4. DSE
				=			÷		=
				=		····	-		=
		=	-	=			÷		=
		÷		=			÷		=
	Add the DSEs	OF SUBSTITUTE-BAS	IS STATIONS:		▶		0.00		
5 Total Number of DSEs	number of DSE: 1. Number of 2. Number of 2. Number of 2.	ER OF DSEs: Give the ames applicable to your system of DSEs from part 2 of DSEs from part 3 of DSEs from part 4 R OF DSEs		s in parts 2, 3, and	4 of this schedul	e and add them	•	2.25 0.00 0.00	2.25
				<u> </u>					

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF C		SYSTEM:					S'	YSTEM ID# 062627	Name
Instructions: Bloc In block A: • If your answer if			part 6 and part	7 of the DSF sche	edule blank an	d complete pa	art 8 (page 16) of	· the	6
schedule.			•	7 Of the BOL Sone	oddio blank an	d complete pe	arro, (page 10) or	uio	
If your answer if '	"No," complete blo			ELEVISION MA	ARKETS				Computation of
	1981?	outside of all	major and sma		efined under se			gulations in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulati e DSE Sche	ons prior to Juredule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	tion of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursus *F A station pre	results and regued pursuant on as define all education destation (76. or DSE schedant to individually carrium of the station o	ulations cited be to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect or 76.57, 76.59(b) (e)(1), 76.63(a) 63(a) referring bstitution of gr	a June 24, 198 b), 76.61(b)(c), c) referring to 7 c) to 76.61(d) c) randfathered s	76.63(a) referring '6.61(e)(1 stations in the		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WENH	C	0.25	WGBX	C	0.25	SIGN	BASIS		1
WSBE	С	0.25	WGBX 44	M	0.25				
WYDN	С	0.25	GBX Creat	M	0.25				
WGBH	C	0.25							
WGBH PBS GBH World		0.25							
GBH WORIG	M	0.25							
								2.25	
		Е	BLOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			1		
Line 2: Enter the							1		
Line 3: Subtract (If zero, le				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	and enter s	um here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSI	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter he	re and on line	2, block 3, space	e L (page 7)			0.00	

/erizon N	lew England Ir	CABLE SYSTEM:						7STEM ID# 062627	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CAL SIGN			1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									3.73166
				•		•			
						•			
				•		•			
				•					

Name	Verizon New E		E SYSTEM:						S	#STEM ID# 062627	
	Verizon New Li	Igiana inc								002021	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fot A—Part-time spi 76.50; B—Late-night pric S—Substitute ca genera Column 5: Indicate Column 6: Compari	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). Farriage under all instructions the station's the DSE figures. B, column 3 differentiation you information you informatio	1981, under forme ach distant station i his station for a sing g period and year i arriage on which the regulations cited be mming: Carriage, co)(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 fo DSE for the current ures listed in column of part 6 for this state ou give in columns	r FCC rules gov dentifed by the gle accounting p n which the car ne station was ca- elow pertain to the in a part-time ba- ring to 76.61(e) C rules, sections regulations, or a form. accounting per ns 2 and 5 and tion. 2, 3, and 4 mus	verr lett peri riag arri shos asis (1) s 76 autl iod list	entifed by the letter "F" hing part-time and subter "F" in column 2 of piod, occurring between ge and DSE occurred led by listing one of these in effect on June 24 s, of specialty program.). 6.59(d)(3), 76.61(e)(3) horizations. For furthe as computed in parts the smaller of the two e accurate and is subjected.	stitute carri part 6 of the n January 1 (e.g., 1981/ e following 4, 1981. nming unde d, or 76.63 (r explanation 2, 3, and 4 o figures her	age. DSE schedule, 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v of this schedu	ene 30, 19 ections vi) of the should be	e entere	
	_	PERMITT	ED DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED	
	SIGN	DSE	PI	ERIOD		CARRIAGE		OSE		DSE	

7 Computation of the	,	"Yes," comple	ete blocks B and C		ра	rt 8 of the DSE sched	ule.				
Syndicated			BLOCK	A: MAJOR	TE	LEVISION MARK	ET				
Exclusivity Surcharge	• Is any portion of the o	cable system v	vithin a ton 100 maio	or television mark	ket	as defined by section 7	6.5 of ECC	rules in effect .l	une 24	19812	
Garonargo	X Yes—Complete	•		or toloviolon man	ııoı	No—Proceed to			uno 2 1,		
					٦ſ						_
		-	F/Grade B Contour					tation of Exem	•		_
	Is any station listed in commercial VHF stati or in part, over the ca	on that places				Was any station listed nity served by the cab to former FCC rule 76	le system p				
	Yes—List each s X No—Enter zero a		th its appropriate per part 8.	mitted DSE		Yes—List each start No—Enter zero an			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	in I	DSE	
								5: 122 510			
			-								
											ļ
		<u> </u>	TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Es	0.00	
1	İ		-	Ц	- 11			-	-		ı

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Verizon New England Inc SYSTEM ID# 062627	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
	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	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. 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	

	LEGAL NAN	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	'	Verizon New England Inc	062627
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. 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. 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. \$\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
8 Computation of Base Rate Fee	You mi 6 was 6 In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle of the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle of the color of DSEs from part 5. Ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Our answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.	w
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	rour cable system retransmit the signals of any partially distant television stations during the accounting period?	
	_	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 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (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	

DSE SCH	IEDULE. PAGE 17. ACCOUNTING	G PERIOD: 2018/1
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Veriz	on New England Inc 062627	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	_
7	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	8
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$	Computation of
	C. Multiply line B by 3.000 and enter here \$	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
also co	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 must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber. a 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, and 4 of this schedule; or,
- 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 your actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062627 Verizon New England Inc 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.

	l Inc	E SYSTEM:					7STEM ID# 062627
				TE FEES FOR EAC			
	FIRST S	SUBSCRIBER GROU		COMMUNITY		SUBSCRIBER GROL	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
VENH	0.25			WENH	0.25		
VYDN	0.25						
otal DSEs	_		0.50	Total DSEs			0.25
ross Receipts First Group)	s 1,904,	149.02	Gross Receipts Sec	ond Group	\$ 37,98	36,548.64
1 - 1	-	, , , , , , , , , , , , ,					
ase Rate Fee First Group) [\$ 10,	130.07	Base Rate Fee Sec	ond Group	\$ 10	01,044.22
	HIRD S	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	IP
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0
	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
SBE	0.25						
otal DSEs			0.25	Total DSEs			0.00
		\$ 42,061,	701 50	Gross Receipts Fou	rth Group	\$ 61,97	9,676.56
Gross Receipts Third Grou	p .	· · ·	791.30				

Verizon New England In	3				3	YSTEM ID# 062627
	a: COMPUTATION O		ATE FEES FOR EAC			
	H SUBSCRIBER GRO				I SUBSCRIBER GRO	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WGBH 0.2	5					
WGBH PBS Kids 0.2	5					
GBH World 0.2	5					
WGBX 0.2	5					
WGBX 44 0.2	5					
GBX Create 0.2	5					
otal DSEs		1.50	Total DSEs			0.00
ross Receipts First Group	\$ 1,65 1	1,279.14	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$ 23	3,357.34	Base Rate Fee Seco	ond Group	\$	0.00
•	\$ 23 TH SUBSCRIBER GRO		Base Rate Fee Second		SUBSCRIBER GRO	
SEVEN			Base Rate Fee Second COMMUNITY/ AREA	EIGHTH		
SEVEN [*] DMMUNITY/ AREA		DUP		EIGHTH		JP
SEVEN [*]	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN*	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN [*]	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN [*]	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN*	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN* OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN* OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN* OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN* OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVENTOMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVENTOMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVENTOMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN*	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN* OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA	EIGHTH	I SUBSCRIBER GRO	JP 0
SEVEN' COMMUNITY/ AREA CALL SIGN DSE	TH SUBSCRIBER GRO	DUP 0 DSE	CALL SIGN	EIGHTH	I SUBSCRIBER GRO	JP O DSE
SEVENT COMMUNITY/ AREA CALL SIGN DSE Cotal DSEs	TH SUBSCRIBER GRO	DUP DSE DOUBLE	COMMUNITY/ ARE/	DSE	I SUBSCRIBER GRO	DSE DSE D.00
SEVENT COMMUNITY/ AREA CALL SIGN DSE	TH SUBSCRIBER GRO	DUP 0 DSE	CALL SIGN	DSE	I SUBSCRIBER GRO	JP O DSE
COMMUNITY/ AREA	CALL SIGN	DUP DSE DOUBLE	COMMUNITY/ ARE/	DSE	CALL SIGN	DSE DSE D.00
SEVENT COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN	DUP DSE DOUBLE	COMMUNITY/ ARE/	DSE DSE	CALL SIGN	DSE DSE D.00