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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
02/26/2025	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting Period		2024/2						
Fellou								
B Owner	Of the thir legal harne of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-							
	LE							
		Southern New England Telephone Co.						
					6279	320242		
					62793	2024/2		
		1919 McKinney Avenue						
		Dallas, TX 75201						
С	INS	TRUCTIONS: In line 1, give any business or trade names used to i	dentify the busine	ess and operation of the syst	em unless	these		
C	nam	nes already appear in space B. In line 2, give the mailing address of	f the system, if dif	ferent from the address give	n in space	B.		
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		62793						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						
D	Inst	ructions: For complete space D instructions, see page 1b. Identify	only the first com	nmunity served below and re	list on pag	e 1b		
Area	with	all communities.						
Served		CITY OR TOWN	STATE					
First		Andover	СТ					
Community	В	elow is a sample for reporting communities if you report multiple cha	annel line-ups in S	Space G.				
		SUB	GRP#					
Sample	Alda		MD	Α		1		
•	Allia		MD	В		2		
	Geri	ng	MD	В		3		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62793 Southern New England Telephone Co.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first 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 filings.

D Area 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.

ty

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Andover	СТ	E	10	First
Ansonia	СТ	F	11	Community
Avon	СТ	Е	10	
Barkhamsted	СТ	С	8	
Beacon Falls	СТ	F	12	
Berlin	CT	E	10	
Bethany	СТ	F	12	
Bethel	CT	A	4	
Bethlehem	CT	C	8	
Bloomfield	CT	E	10	
Bolton	CT	E	10	
Bozrah	CT	E	10	
Branford	CT	F	12	
Bridgeport	CT	A	3	
	CT	В	11	
Bridgewater Briston	CT	E	10	
	CT			
Brookfield		A	6	
Burlington	CT	E	10	
Canton	CT	<u> </u>	8	
Chesire	CT	F	12	
Clinton	CT	D	9	
Colchester	СТ	Е	10	
Cromwell	СТ	D	9	
Danbury	CT	Α	2	
Darien	СТ	Α	1	
Derby	СТ	F	11	
Durham	СТ	D	12	
East Granby	СТ	E	10	
East Hartford	СТ	E	10	
East Haven	СТ	F	12	
East Lyme	СТ	Е	10	
East Windsor	СТ	E	10	
Easton	СТ	Α	13	
Elington	СТ	E	10	
Enfield	СТ	E	10	
Fairfield	СТ	Α	13	
Farmington	СТ	Е	10	See instructions for
Franklin	СТ	E	10	additional informati
Glastonbury	СТ	Е	10	on alphabetization.
Granby	СТ	E	10	

Groton			4 ^
	СТ	Е	10
Guilford	СТ	F	12
Hamden	CT	F	12
Hartford	CT	Е	10
Hartland	СТ	E	10
Harwinton	CT	С	8
Hebron	СТ	F	10
	CT	D	9
Killingworth			d .
Lebanon	СТ	E	10
Ledyard	СТ	Е	10
Lisbon	CT	E	10
_itchfield	CT	С	8
Madison	CT	F	12
Manchester	CT	E	10
Meriden	СТ	F	12
Middlebury	CT	F	12
			d .
Middlefield	СТ	D	9
Middletown	СТ	D	9
Milford	CT	F	11
Monroe	CT	Α	6
Montville	СТ	E	10
Naugatuck	СТ	E F	12
New Britain	CT	F	10
New Canaan			10
	СТ	A	1
New Fairfield	СТ	A	6
New Hartford	СТ	С	8
New Haven	CT	F	12
New London	CT	E	10
New Milford	СТ	В	11
Newington	СТ	E	10
Newtown	CT	h,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6
North Bradford	CT	A F	12
			
North Haven	СТ	F	12
Norwalk	СТ	A	13
Norwich	CT	E	10
Drange	CT	F	11
Oxford	CT	F	11
Plainville	СТ	E	10
Plymouth	СТ	С	8
Portland	CT	D	9
Preston	CT	E	10
			
Prospect	CT	F	12
Redding	СТ	A	13
Ridgefield	СТ	Α	13
Rocky Hill	CT	E	10
Roxbury	CT	В	7
Salem	CT	E	10
Seymour	СТ	F	11
Shelton	CT	Α	6
Sheman	CT	A	6
			•
Simsbury	CT	E	10
Somers	СТ	E	10
South Windsor	СТ	E	10
Southington	CT	E	10
Stafford	CT	E	10
Stamford	СТ	Α	1
Stonington	CT	E	10

Add rows as necessary.

Stratford	СТ	Α	5
Suffield	СТ	E	10
Thomaston	СТ	С	8
Tolland	СТ	E	10
Torrington	СТ	С	8
Trumball	СТ	Α	4
Union	СТ	E	10
Vernon	СТ	E	10
Voluntown	СТ	E	10
Wallingford	СТ	F	12
Waterbury	СТ	F	12
Waterford	СТ	E	10
Watertown	СТ	В	8
West Hartford	СТ	E	10
West Haven	СТ	F	12
Westbrook	СТ	D	9
Weston	СТ	Α	13
Westport	СТ	Α	13
Wethersfield	СТ	E	10
Willington	СТ	E	10
Wilton	СТ	Α	13
Windsor	СТ	E	10
Windsor Locks	СТ	E	10
Wolcott	CT	F	12
Woodbridge	CT	F	12
Woodbury	СТ	С	8

Name

Name

Legal Name of Owner of Cable System:

System ID#

Southern New England Telephone Co.

62793

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	F	RATE
Residential:				Ħ				
 Service to first set 	20,880	\$	24.99					
 Service to additional set(s) 				?	Set-top Box	24,173	\$	14.00
• FM radio (if separate rate)		.		"				
Motel, hotel								
Commercial	348	\$	30.00	"				
Converter				"				
Residential				"				
Non-residential		†		"				
		†		1 !"				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set		Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62793 Southern New England Telephone Co. 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 € **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 specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 3. TYPE 2. B'CAST 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION CARRIAGE SIGN **CHANNEL** OF (Yes or No) NUMBER **STATION** (If Distant) WABC/WABC 7/1007 Ν No New York, NY WCBS-DT/HD 33/1033 Ν No New York, NY See instructions for WCCT-DT/HD 20/1020 Waterbury, CT additional information I No on alphabetization. C WCTX-DT/HD 39/1039 ı No New Haven, CT WEDW/WEDW Ε 52/1052 No Bridgeport, CT FS WFSB-DT/HD 33/1033 Ν No Hartford, CT WFUT-DT/WF 30/1030 ı No Newark, NJ LI WLIW-DT Ε 22 Yes 0 Garden City, NY N WNBC-DT/HD Ν No 28/1028 New York, NY N WNET-DT/HD 13/1013 Ε No Newark, NJ WNJN/WNJNH 51/1051 Ε Yes Montclair, NJ 0 N WNJU/WNJUH 36/1036 I No Linden, NJ N WNYE-DT Ε 24 No New York, NY N WNYJ 29 Ε Yes West Milford, CT 0 N WNYW-DT/HD 44/1044 No New York, NY ı WPIX-DT/HD 11/1011 I No New York, NY WPXN-DT/HD 31/1031 ı New York, NY No WRNN 48 ī Kingston, NY No

I	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	Southern New England Telephone Co.	62793	Name
	DDIMADY TDANSMITTEDS: TELEVISION		

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

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

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

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

1.	CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
Т	WTBY	27	I	No		Poughkeepsie, NY
ΤI	WTIC-DT/HD	31/1031	I	No		Hartford, CT
Т	WTNH-DT/HD	10/1010	N	No		New Haven, CT
VI	WVIT-DT/HD	35/1035	N	No		New Britain, CT
W	WWOR-DT/HD	38/1038	I	No		Secaucus, NJ
Х	WXTV-DT/HD	40/1040	I	No		Patterson, NJ
Z	WZME	42	I	No		Bridgeport, NJ
Α	WABC-DT/HD	7/1007	N	No		New York, NY
С	WCBS-DT/HD	33/1033	N	No		New York, NY
С	WCCT-DT/HD	20/1020	I	No		Waterbury, CT
С	WCTX-DT/HD	39/1039	I	No		New Haven, CT
E	WEDH-Dt/HD	45/1045	E	No		Hartford, CT
FS	WFSB-DT/HD	33/1033	N	No		Hartford, CT
Н	WHPX-WHPX	26/1026	I	No		New London, CT
N	WNBC-DT/HD	28/1028	N	No		New York, NY
N	WNET-DT/HD	13/1013	E	Yes	0	Newark, NJ
N	WNJN-WNJNH	51/1051	E	Yes	0	Montclair, NJ
N	WNYW-DT/HD	44/1044	I	No		New York, NY

G

Primary Transmitters: Television

substitute program basis, as explained in the next paragraph

I	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	Southern New England Telephone Co.	62793	Name
	DDIMADY TDANSMITTEDS: 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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations.

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

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

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

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

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

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

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

1.	CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
ΡI	WPIX-DT/HD	11/1011	I	No		New York, NY
TI	WTIC-DT/HD	31/1031	I	No		Hartford, CT
Т	WTNH-DT/HD	10/1010	N	No		New Haven, CT
U	WUVN-DT/HD	46/1046	I	No		Hartford, CT
VI	WVIT-DT/HD	35/1035	N	No		New Britain, CT
С	WCBS-DT/HD	33/1033	N	No		New York, NY
С	WCCT-DT/HD	20/1020	I	No		Waterbury, CT
С	WCTX-DT/HD	39/1039	I	No		New Haven, CT
E	WEDH-DT/HD	45/1045	E	No		Hartford, CT
FS	WFSB-DT/HD	33/1033	N	No		Hartford, CT
Н	WHPX/WHPX	16/1016	I	No		New London, CT
N	WNBC-DT/HD	28/1028	N	No		New York, NY
N	WNET-DT/HD	13/1013	E	Yes	0	Newark, NJ
N	WNJN-DT/HD	51/1051	Е	Yes	0	Montclair, NJ
N	WNYW-DT/HD	44/1044	I	No		New York, NY
ΡI	WPIX-DT/HD	11/1011	I	No		New York, NY
TI	WTIC-DT/HD	31/1031	I	No		Hartford, CT
Т	WTNH-DT/HD	10/1010	N	No		New Haven, CT

G

Primary Transmitters: Television

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southern New England Telephone Co.

PRIMARY TRANSMITTERS: TELEVISION

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

Transmitters:

substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

1.	CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
U	WUVN/WUV	46/1046	I	No		Hartford, CT
VI	WVIT-DT/HD	35/1035	N	No		New Britain, CT
С	WCCT-DT/HD	20/1020	I	No		Waterbury, CT
С	WCTX-DT/HD	39/1039	I	No		New Haven, CT
Ε	WEDH-DT/HD	45/1045	E	No		Hartford, CT
FS	WFSB-DT/HD	33/1033	N	No		Hartford, CT
Н	WHPX/WHPX	16/1016	I	No		New London, CT
N	WNET-DT/HD	13/1013	E	Yes	0	Newark, NJ
N	WNJN-DT/HD	51/1051	E	Yes	0	Montclair, NJ
N	WNYW-DT/HD	44/1044	I	No		New York, NY
ΤI	WTIC-DT/HD	31/1031	I	No		Hartford, CT
Т	WTNH-DT/HD	10/1010	N	No		New Haven, CT
U	WUVN-DT/HD	46/1046	I	No		Hartford, CT
VI	WVIT-DT/HD	35/1035	N	No		New Britain, CT
Α	WABC/HD	7/1007	N	No		New York, NY
С	WCBS-DT/HD	33/1033	N	No		New York, NY
С	WCCT-DT/HD	20/1020	I	No		Waterbury, CT
С	WCTX-DT/HD	39/1039	I	No		New Haven, CT

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southern New England Telephone Co.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

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

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

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

	CHA			EL LINE-UP	AE			
1.	CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
E	WEDH-Dt/HD	45/1045	Е	No		Hartford, CT		
FS	WFSB-DT/HD	33/1033	N	No		Hartford, CT		
Н	WHPX	26	I	No		New London, CT		
N	WNBC-DT/HD	28/1028	N	No		New York, NY		
N	WNET-DT/HD	13/1013	Е	Yes	0	Newark, NJ		
N	WNJN/HD	51/1051	Е	Yes	0	Montclair, NJ		
N	WNYW-DT/HD	44/1044	I	No		New York, NY		
ΡI	WPIX/HD	11/0111	I	No		New York, NY		
ΤI	WTIC/HD	31/1031	I	No		Hartford, CT		
Т	WTNH/HD	10/1010	N	No		New Haven, CT		
U	WUVN/HD	46/1046	I	No		Hartford, CT		
VI	WVIT/HD	35/1035	N	No		New Britain, CT		
W	WWOR/HD	38/1038	I	No		Secaucus, NJ		

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

Name	LEGAL NAME OF							SYSTEM ID# 62793
H Primary Transmitters: Radio	all-band basis of Special Instru receivable if (1 on the basis of For detailed inf located in the pColumn 1: IColumn 2: SColumn 3: ISignal, indicate Column 4: Column	st every radio signals whose signals ctions Conce it is carried by monitoring, to commation about apper SA3 for dentify the cal State whether if the radio state this by placin Give the statio	station of were "gerning A by the sy be recent the thom. I sign of the statition's sign a checon's local	arried on a separate and discenerally receivable" by your of the stem whenever it is received eived at the headend, with the ecopyright Office regulations each station carried. On is AM or FM. In all was electronically process when the "S/D" column. In the community to which the the community with which the community receivable.	cable system dur Copyright Office at the system's he system's FM ar on this point, se sed by the cable the station is lice	regulations, a readend, and tenna, during te page (vi) of e system as a nsed by the F	nting pe an FM s (2) it ca certain the ger	eriod. ignal is generally in be expected, stated intervals. heral instructions e and discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		l	l		<u> </u>			

FURINI SAJE. PAGE 5.						ACCOUNTING	PERIOD: 2024/2
LEGAL NAME OF OWNER OF					S	YSTEM ID#	Name
Southern New Englan	a releption	one co.				62793	
SUBSTITUTE CARRIAG	_	_					_
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations	For a further	Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting pe broadcast by a distant star	riod, did yo			sis, any noni		am X No	Special Statement and Program Log
Note: If your answer is "No log in block 2.	o," leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you	must complete the prog	ram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Calumn 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant state gulations, a tion. Do not be used to the sadcast stating and and the most state of the sadcast stating the most state of the sadcast state of th	am on a separ attach addition connetwork tele tion and that your authorization of use general BA Basketball: adcast live, entrastation broaddion's location (from the foundation of the foundati	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", o 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute program the community to which the stem carried the substitute ogram was carried by you ried by a system from 6:01 m was substituted for progluring the accounting perio	program) the ded for the program instruction "basketbal" "No." ram. e station is life station is life program. U r cable syste 1:15 p.m. to 6 ramming that in the ded; enter the	at, during the accountin ogramming of another stions located in the pap I". List specific program censed by the FCC or, lentified). se numerals, with the num. List the times accurates:228:30 p.m. should be tyour system was required.	g station er in nonth ately	
	UDOTITUT	TE DDOODAN			EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
	-						
	-				<u> </u>	"	
	-				<u> </u>		
						"	
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

Name		OWNER OF CABL	E SYSTEM: Telephone C	: O.					\$	*3YSTEM ID 62793
	PART-TIME CA			-						
J Part-Time Carriage Log	In General: The time carriage dishours your system Column 1 (Column 5 of space Column 2 (Ecurred during the Give the mont "4/10." State the start television statio "app." Example	is space ties in ue to lack of act em carried that call sign): Give ace G. Dates and hour he accounting puth and day wher ting and ending on's broadcast d: "12:30 a.m 3	with column 5 or ivated channel or station. If you not the call sign of the call sign of the carriage or times of carriage ay, you may giv 8:15 a.m. app."	capa eed every For e ccurr e to e an	city, you are recommore space, ple y distant station each station, list ed. Use numerathe nearest qua approximate er	uire ase who the ils, v	attach additiona ose basis of carr dates and hours with the month fi	nis log giving the al pages. iage you identifi s when part-time rst. Example: fo e where carriag by the abbrevia	e total dates and ed by "LAC" in e carriage oc- r April 10 give e ran to the end of the	ne
			DA	TES	AND HOURS	OF F	PART-TIME CAF	RRIAGE		
	OALL SIGN	WHEN	N CARRIAGE O	CCU	IRRED		OALL CION	WHEN	N CARRIAGE OCCU	RRED
	CALL SIGN	DATE	H FROM	OUF	RS TO	•	CALL SIGN	DATE	HOUF FROM	RS TO
		BATE	Titom	_	10			BATTE	-	10
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	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Nome
Sou	uthern New England Telephone Co.		62793	Nume
Inst all a (as	COSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentified in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary transm	nission service	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amo	5,447,138.52 punt of gross receipts)	
ConConIf you feetIf you	TRIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on I	line 1 of	
▶ If pa 3 be	ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be en Flow.	ntered on lin	e 2 in block	
	ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be entere	d on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.			
	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.	\$	5,447,138.52	
	This is your minimum fee.	\$	57,957.55	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identified any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule. No—Leave block 3 below blank and Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	n 4, you mu	st check	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero.	\$	30,534.25	
	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.	\$	30,534.25	
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.	\$	57,957.55	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	submitting additional
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	58,682.55	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #			additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Significant sections and the Excel instructions to the paper SA3 form and the Excel instructions to			

ACCOUNTING PERIOD: 2024/2 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Southern New England Telephone Co.	STEM ID# 62793
M	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.	
Channels	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 593	
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 Georgette Harper Telephone 570-631-5019	
	Address 100 CTE Drive (Number, street, rural route, apartment, or suite number)	
	Dallas, PA 18612 (City, town, state, zip)	
	Email georgette.harper@ftr.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)	
Certification	• 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)]	
	/s/ Jessica Matushek	
	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 "F2" button will avoid enabling Excel's Lotus compatibility settings.	ı
	Typed or printed name: Jessica Matushek	
	Title: Sr. Director Accounting (Title of official position held in corporation or partnership)	
	Date: February 24, 2025	*****

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	
Southern New England Telephone Co.	S2793 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 instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum herexda	ays
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7)	_
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original 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 Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2024/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
North Control of the	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 1981, 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

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

The fifth and each additional DSE 0.330% of gross receipts PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

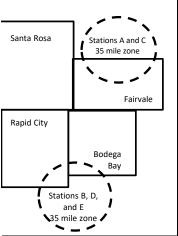
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



Distant Stations Carr	ied	Identification	Identification of Subscriber Groups					
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS				
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS				
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00				
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00				
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00				
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00				
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00				

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6,384.00

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

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

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

ACCOUNTING PERIOD: 2024/2

DSE SCHEDULE. PAGE								
1	LEGAL NAME OF OV	WNER OF CABLE	SYSTEM:				S'	YSTEM ID#
I	Southern Nev	w England ⁻	Telephone Co	0.				62793
	SUM OF DSEs C		•					
	Add the DSEs of							
	Enter the sum he			s schedule.			1.25	
			·			l		l
2	Instructions:		: 11 - 1: - 4 - 1 1	l -: # - 11 -1:-4		: -! 4:4:! 4 -	- I-# "O" :I	
	of space G (page		ign": list the cal	i signs of all dist	ant stations i	identified by the	e letter "O" in column f	
Computation	In the column he	eaded "DSE":	for each indepe	endent station, q	ive the DSE	as "1.0"; for ea	ach network or noncom-	
	mercial education					,		
Category "O"				CATEGORY "	O" STATION	IS: DSEs		
Stations	CALL S	SIGN	DSE	CALL S	SIGN	DSE	CALL SIGN	DSE
	WNYJ		0.250					
	WNJN-DT/HD	WNJN-DT/	0.250					
	WNET-DT/HD							
		WLIW-DT	0.250					
		WNYE-DT	0.250					
Add rows as	WINI L-DI	44141 E-D I	0.250					
necessary.								
Remember to copy all								
formula into new								
rows.								
						 		
1								1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southern New England Telephone Co. 62793 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 3 Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel SA3 form Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 3. NUMBER 2. NUMBER 4. BASIS OF 5. TYPE 6. DSE 1. CALL SIGN OF HOURS OF HOURS **CARRIAGE** VALUE **CARRIED BY VALUE** STATION SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substituteat your option. This figure should correspond with the information in space I. **Basis Stations** Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE SIGN OF OF DAYS OF DAYS SIGN OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 1.25 1. Number of DSEs from part 2 ● **Total Number** 0.00 of DSFs Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 ● 1.25 TOTAL NUMBER OF DSEs

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/2

EGAL NAME OF O							S	48TEM ID# 62793	Name	
nstructions: Bloc	ck A must be com	pleted.								
n block A:			art 6 and part	7 of the DSE sche	edule blank ar	nd complete na	art 8. (page 16) of	the	6	
schedule. • If your answer if "No," complete blocks B and C below.										
BLOCK A: TELEVISION MARKETS										
•	•	utside of all r	najor and sma	aller markets as de	fined under s	ection 76.5 of I	FCC rules and reç	gulations in	3.75 Fee	
fect on June 24,		schodulo		PLETE THE REMA	AINDER OF F	PART 6 AND 7				
	lete blocks B and		O NOT COM		AINDLICOLI	AITI O AIND I				
<u>M</u> No comp	Tota Blocka B una									
				NAGE OF PERI						
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: T	i part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	ırther explana	ation of permitt	ed stations, see th	ne		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fc E Carried pursu: *F A station pre	ales and regued pursuant to as defined all educations of the sched ant to individuation with the station with the station will be station will	lations cited boothe FCC ma I in 76.5(kk) (7all station [76.555) (see paragule). I in all waiver of Fd on a part-tirithin grade-B	ne or substitute ba contour, [76.59(d)(se in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g sis prior to Ju	n June 24, 198 c), 76.61(b)(c), a) referring to 7 g to 76.61(d)] grandfathered s	76.63(a) referring			
Column 3:	*(Note: For those this schedule to	e stations ide determine the	ntified by the I	n parts 2, 3, and 4 etter "F" in column	2, you must	complete the w	T	Т		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
WNYJ	С	0.25								
WNJN-DT/F	•	0.25				•				
WNET-DT/F		0.25				•				
WLIW-DT	С	0.25				 				
WNYE-DT	С	0.25								
						 		ļ		
								1.25		
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE					
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule			11-			
ne 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove			10-			
				er of DSEs subject t 7 of this schedu		rate.	II a			
ne 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of th DSEs represe partially	
ne 5: Multiply li	ne 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitte	
ne 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see pa 9 instructions	
ne 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00		

	OWNER OF CABLE W England Tele).				S1	4STEM ID# 62793	Name
				SION MARKETS	(CONTIN	UED)		I	_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee

	······		·				···		

ACCOUNTING PERIOD: 2024/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southern New England Telephone Co. 62793 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Southern New England Telephone Co.	SYSTEM ID# 62793	Name
		02793	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	5,447,138.52	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	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	Yes—Complete part 9 of this schedule. X 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 DS 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)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAM		SYSTEM ID#					
IVAILIE	;	Southern New England Telephone Co. 623						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.						
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)						
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$						
Surcharge		C. Multiply line B by 3.000 and enter here						
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$						
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.						
		F. Multiply line D by line E and enter here	_					
		G. Add lines A, C, and F. This is your surcharge.						
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge						
		Syllulcated Exclusivity Surcharge	· · · · · · · · · · · · · · · · · · ·					
8 Computation	You m 6 was • In blo	ctions: ctions: cust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. It answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	rt					
of	-	your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below						
Base Rate Fee	blank What i	lank. hat is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers						
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loca	I					
	service	e area," see page (v) of the general instructions.						
		DLOCK ALCARDIACE OF DARTIALLY DISTANT STATIONS						
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period?						
	_	X Yes—Complete part 9 of this schedule.						
	<u> </u>							
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE						
	1	Enter the amount of gross receipts from space K (page 7)						
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.						
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶						
	Section		_					
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank.						
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.						
		A. Enter 0.01064 of gross receipts						
		(the amount in section 1)	_					
		B. Enter 0.00701 of gross receipts						
		(the amount in section 1)						
		C. Subtract 1.000 from total DSEs						
		(the figure in section 2) and enter here						
		D. Multiply line B by line C and enter here						
		E. Add lines A and D. This is your base rate fee. Enter here						
		and in block 3, line 1, space L (page 7)						
		Base Rate Fee	0.00					

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024/2

LECAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
		62793	Name
Souti	nern New England Telephone Co.	02793	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1)		8
	(the amount in section 1) \$		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) 		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here >		Buse Rule Fee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here >		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee	0.00	
shall in	PTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broastead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip		9
	Space G.		3
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rates from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation
	clusion, you must:	no advartage or	of Base Rate Fee
Firet: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista	ant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ		Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity Surcharge
_	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		for
	If any portion of your cable system is located within the top 100 television market and the station is not exemp to compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A		Partially Distant
	er, if your cable system is wholly located outside all major television markets, complete block A only.	tana B below.	Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1	For each community served, determine the local service area of each wholly distant and each partially distant	t station you	Stations
carried	to that community.		
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the 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 dist ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.	te that a cable	
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your		
	ber groups. section:		
	fy 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 bers in the group.	to all of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav of this schedule; or,	e it in parts 2, 3,	
2) any	portion of your system is located in a major or smaller television market, give each station's DSE as you gave 6 of this schedule.	it in block B,	
	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	eral instructions	
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on	the precedina	
page. DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group for that group's complement of stations and total gross receipts from the subscribers in that group). You do not ctual calculations on the form.	p (that is, the total	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62793 Southern New England Telephone Co. 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.

LEGAL NAME OF OWNER Southern New Eng						S	YSTEM ID# 62793	Name
BI	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA	COMMUNITY/ AREA Darien			COMMUNITY/ AREA Danbury				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WNYJ	0.25			Base Rate Fe
				WLIW-DT	0.25			and
	•	-				-		Syndicated
	•						·····	Exclusivity
								_
								Surcharge
		-						for
	ļ		ļ					Partially
	.	-						Distant
								Stations
			•					
								
Total DSEs			0.00	Total DSEs			0.50	
Gross Receipts First Gr	oup	\$ 105	446.07	Gross Receipts Secon	nd Group	\$ 10	69,873.13	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon	·	\$	903.73	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Bridge	port		COMMUNITY/ AREA Bethel, Trumbull				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WNYJ	0.25			WNYE-DT	0.25			
WNJN/WNJNH	0.25			WLIW-DT	0.25			
				WNJN/WNJNH	0.25			
				WNY.I	0.25	H	·····	
		-						
	ļ		ļ					
						_		
		-						
			0.50	Total DSEs			1.00	
Total DSEs		Gross Receipts Third Group \$ 89,840.75						
	roup	\$ 89	840.75	Gross Receipts Fourt	h Group	\$ 19	99,569.38	
Total DSEs Gross Receipts Third G Base Rate Fee Third G	·		840.75 477.95	Gross Receipts Fourt Base Rate Fee Fourt	·	\$ 15	2,123.42	
Gross Receipts Third G	·				·			

LEGAL NAME OF OWNE						S	SYSTEM ID#	Name
							62793	
BL		OMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EACH TI			LID	
COMMUNITY/ AREA	Stratfo			SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA Brookfield				9 Computation
CALL SIGN	DSE	DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE			CALL SIGN DSE CALL SIGN DSE			
WNYJ	0.25	OALL GIGIN	DOL	WNYJ	0.25	CALL SIGIN	DOL	of Base Rate Fe
WNJN/WNJNH	0.25			WLIW-DT	0.25			and
WNYE-DT	0.25			WNJN/WNJNH	0.25			Syndicated
				WNYE-DT	0.25			Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
			<u></u>					
					-			
Total DSEs			0.75	Total DSEs			1.00	
Gross Receipts First G	oup	s 105	,090.77	Gross Receipts Seco	nd Group	\$ 4	52,007.04	
	•	<u> </u>			•	<u> </u>		
Base Rate Fee First G	oup	\$	838.62	Base Rate Fee Secon	nd Group	\$	4,809.35	
(SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Roxbur	у		COMMUNITY/ AREA Canton				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WNJN/WNJNH	0.25			WNJN/WNJNH	0.25			
WNET-DT/HD	0.25			WNET-DT/HD	0.25			
Total DSEs			0.50	Total DSEs			0.50	
							-	
Gross Receipts Third G	iroup	\$ 1	,700.58	Gross Receipts Fourt	h Group	\$ 1	15,281.90	
Base Rate Fee Third G	iroup	\$	9.05	Base Rate Fee Fourt	h Group	\$	613.30	
		e fees for each subs pace L (page 7)	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Southern New Eng						_	YSTEM ID# 62793	Name
BL	OCK A: 0	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	H SUBSCR	IBER GROUP		
NINTH SUBSCRIBER GROUP				TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Clinton			COMMUNITY/ AREA Andover				9 Computat	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WNET-DT/HD	0.25			WNET-DT/HD	0.25			Base Rate
WNJN/WNJNH	0.25			WNJN/WNJNH	0.25			and
								Syndicate
								Exclusivi
								Surcharg
								_
		-						for
		-						Partially
								Distant
								Stations

				1				
Total DSEs			0.50	Total DSEs			0.50	
Gross Receipts First Gr	oup	\$ 204	,622.42	Gross Receipts Secon	nd Group	\$ 1,8	15,679.40	
Base Rate Fee First Gr	oup	s 1	,088.59	Base Rate Fee Secon	nd Group	\$	9,659.41	
El	EVENTH.	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Ansoni	а		COMMUNITY/ AREA Beacon Falls				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WNJN/WNJNH	0.25	0,122 0,011	202	WNJN/WNJNH	0.25	07.122.01011	202	
				WNET-DT/HD	0.25			
				WWE1-21/112	0.20			
		-						
		-						
		-						
		-						
			0.5-					
otal DSEs			0.25	Total DSEs			0.50	
Gross Receipts Third G	roup	\$ 415	5,217.48	Gross Receipts Fourtl	h Group	\$ 1,5	75,440.80	
Base Rate Fee Third G	roup	s 1	,104.48	Base Rate Fee Fourth	h Group	\$	8,381.35	
							_	
Dood Boto East Add 45	. hens '	o food for on-h -ich -	oribor a	an about in the heart	abova			
ase Rate Fee: Add the nter here and in block			criber group	as shown in the boxes	above.	\$		
Hore and III DIUCK	٠, ١١١٠٠ ١, ٥	Pace - (Page 1)				*		

THIRTEENT	ON CALL SIGN		ATE FEES FOR EAC					
COMMUNITY/ AREA East	CALL SIGN	OUP	FC	NI IDTEENTH	•			
CALL SIGN DSE	CALL SIGN		H	OKILLINIII	SUBSCRIBER GRO	UP	9	
		COMMUNITY/ AREA Easton			COMMUNITY/ AREA 0			
	_	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
	5						Base Rate	
							and	
							Syndicat	
							Exclusiv	
	······				_		Surcharg	
							for	
							Partially	
					_			
							Distant	
							Stations	
otal DSEs		0.25	Total DSEs		II.	0.00		
					-			
Gross Receipts First Group	\$ 19	7,368.80	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group	\$	525.00	Base Rate Fee Sec	ond Group	\$	0.00		
					·			
FIFTEENT	H SUBSCRIBER GRO	OUP	<u> </u>	SIXTEENTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					=			
	·····				-			
	·····				-			
					_			
Fotal DSEs		0.00	Total DSEs			0.00		
		0.00						
Fotal DSEs Gross Receipts Third Group		0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00		

Community Area	Group
DARIEN	1
GREENWICH	1
NEW CANAAN	1
STAMFORD	1
DANBURY	2
BRIDGEPORT	3
BETHEL	4
TRUMBULL	4
STRATFORD	5
BROOKFIELD	6
MONROE	6
NEW FAIRFIELD	6
NEWTOWN	6
SHELTON	6
SHERMAN	6
ROXBURY	7
CANTON	8
LITCHFIELD	8
NEW HARTFORD	8
PLYMOUTH	8
THOMASTON	8
TORRINGTON	8
WATERTOWN	8
WOODBURY	8
CLINTON	9
CROMWELL	9
KILLINGWORTH	9
MIDDLEFIELD	9
MIDDLETOWN	9
PORTLAND	9
WESTBROOK	9
ANDOVER	10
AVON	10
BERLIN	10
BLOOMFIELD	10
BOLTON	10
BOZRAH	10
BRISTOL	10
BURLINGTON	10
COLCHESTER	10
EAST GRANBY	10
EAST HARTFORD	10
EAST LYME	10

EAST WINDSOR	10
ELLINGTON	10
ENFIELD	10
FARMINGTON	10
FRANKLIN	10
GLASTONBURY	10
GRANBY	10
GROTON	10
HARTFORD	10
HARTLAND	10
HEBRON	10
LEBANON	10
LEDYARD	10
LISBON	10
MANCHESTER	10
MONTVILLE	10
NEW BRITAIN	10
NEW LONDON	10
NEWINGTON	10
NORTH STONINGTON	10
NORWICH	10
PLAINVILLE	10
PRESTON	10
ROCKY HILL	10
SALEM	10
SIMSBURY	10
SOMERS	10
SOUTH WINDSOR	10
SOUTHINGTON	10
STAFFORD	10
STAFFORD SPRINGS	10
SUFFIELD	10
TOLLAND	10
UNION	10
VERNON	10
WATERFORD	10
WEST HARTFORD	10
WETHERSFIELD	10
WINDSOR	10
WINDSOR LOCKS	10
ANSONIA	11
BRIDGEWATER	11
DERBY	11
MILFORD	11

NEW MILFORD	11
ORANGE	11
OXFORD	11
SEYMOUR	11
BEACON FALLS	12
BETHANY	12
BRANFORD	12
CHESHIRE	12
DURHAM	12
EAST HAVEN	12
GUILFORD	12
HAMDEN	12
MADISON	12
MERIDEN	12
MIDDLEBURY	12
NAUGATUCK	12
NEW HAVEN	12
NORTH BRANFORD	12
NORTH HAVEN	12
PROSPECT	12
WALLINGFORD	12
WATERBURY	12
WEST HAVEN	12
WOLCOTT	12
WOODBRIDGE	12
EASTON	13
FAIRFIELD	13
NORWALK	13
REDDING	13
RIDGEFIELD	13
WESTON	13
WESTPORT	13
WILTON	13

ACCOUNTING PERIOD: 2024/2

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Southern New England Telephone Co.	62793						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television maby section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	☐ First 50 major television market	Second 50 major television market						
Base Rate Fee	INSTRUCTIONS:							
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of							
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group	for the VHF Grade B contour stations that were classified as						
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none en							
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total numberStep 4: Compute the surcharge for each subscriber group using the	,						
Distant Stations	Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do							
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP						
1	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1						
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for						
	this subscriber group	this subscriber group						
	subject to the surcharge	subject to the surcharge						
	computation	computation						
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY						
	SURCHARGE First Group	SURCHARGE Second Group						
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1						
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for						
	this subscriber group	this subscriber group						
	subject to the surcharge computation	subject to the surcharge computation						
		SYNDICATED EXCLUSIVITY						
	SYNDICATED EXCLUSIVITY SURCHARGE	SURCHARGE						
	Third Group	Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page							
ı								
1								