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					
8/29/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

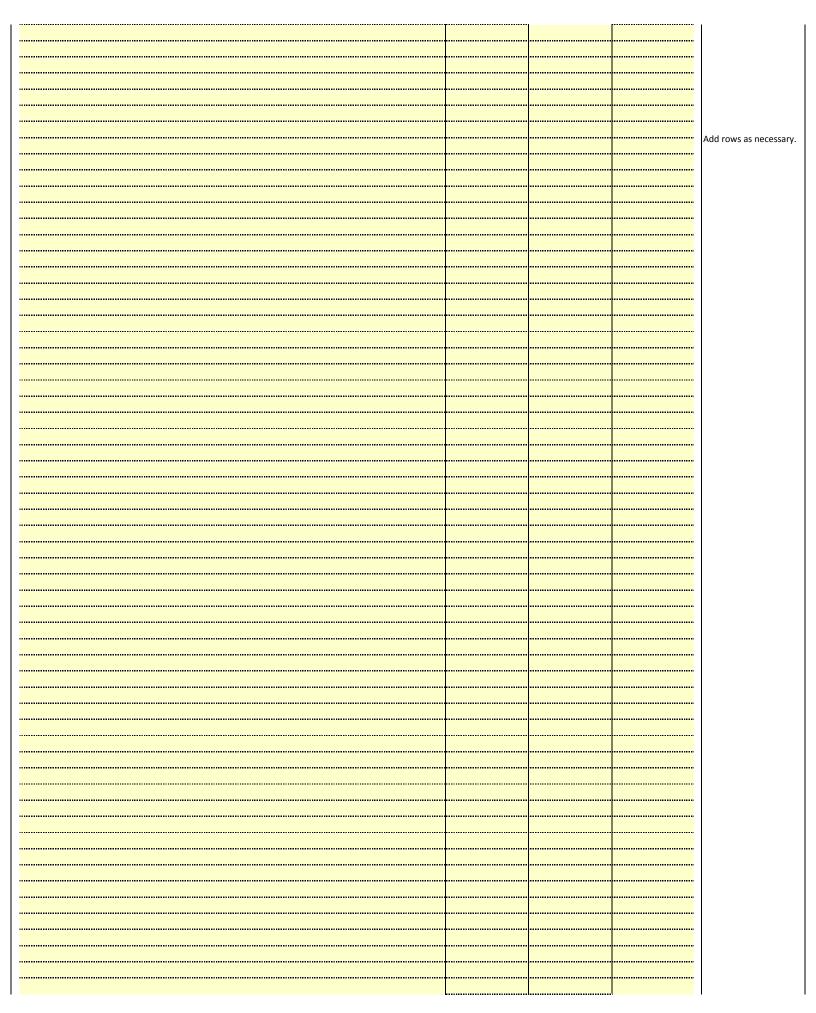
coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting	2019/1									
Period										
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting perioa  Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Indiana Bell Telephone Company, Incorporated									
				63037	720191					
				63037	2019/1					
	2270 Lakeside Blvd									
	Richardson, TX 75082									
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic	dentify the busines	ss and operation of the syst	tem unless t	these					
C	names already appear in space B. In line 2, give the mailing address of	the system, if diff	erent from the address give	n in space I	B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and re	list on page	1b					
Area	with all communities.	T								
Served		STATE								
First Community		IN								
,	Below is a sample for reporting communities if you report multiple cha		pace G.  CH LINE UP	CLID	CDD#					
	CITY OR TOWN (SAMPLE)  Alda	STATE MD	A CH LINE UP		GRP#					
Sample	Alliance	MD	В		2					
	Gering	MD	В	:	3					
I										

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

FORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Indiana Bell Telephone Company, Incorporated			63037						
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 frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should be	e reported in pare	ntheses						
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 channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
South Bend	IN			First					
Elkhart Unincorporated County	IN			Community					
Granger Indian Village	IN			_					
Indian Village	IN								
Mishawaka	IN								
Notre Dame	IN			See instructions for					
OSCEOLA	IN			additional information					
Roseland	IN			on alphabetization.					
Saint Joseph Unincorporated County	IN.								
Benton Harbor	MI								
Benton Township	MI								
Bertrand Township	MI								
Chikaming Township  Grand Beach	MI								
	MI MI								
Lincoln Township New Buffalo	MI								
New Buffalo Township	MI								
Niles	MI								
Niles Townshin	МІ								
Royalton Township	MI								
Saint Joseph	MI								
Saint Joseph Township	MI								
Sodus Township	MI								
Stevensville	MI								
Three Oaks	MI								



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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Indiana Bell Telephone Company, Incorporated

SYSTEM ID#
63037

### Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	9,006	\$ 19.00	HD Tech Fee	5,660	\$ 10.00		
<ul> <li>Service to additional set(s)</li> </ul>			Set-Top Box	9,044	\$0-\$15		
<ul> <li>FM radio (if separate rate)</li> </ul>			Broadcast TV Surcharge	9,006	\$4.99-\$7.99		
Motel, hotel							
Commercial	38	\$ 20.00					
Converter							
Residential							
Non-residential							
	I	I	1	1	T		

### 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		Video on Demand	\$0-\$100
<ul> <li>Pay cable—add'l channel</li> </ul>	\$5-\$199	Commercial		Service Activation Fee	\$0-\$35
Fire protection		Pay cable		Credit Management Fee	\$0-\$449
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Dispatch on Demand	\$99
Installation: Residential		Fire protection		Wireless Receiver	\$0-\$49
First set	\$0-\$199	Burglar protection		HD Premium Tier	\$7
<ul> <li>Additional set(s)</li> </ul>		Other services:		DVR Upgrade Fee	\$50
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$0-\$35	Vacation Hold	\$ 7.00
Converter		Disconnect			
		Outlet relocation	\$0-\$55		
		<ul> <li>Move to new address</li> </ul>			

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	!		
Indiana Bell Te			corporated		63037	Namo		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other								
in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	rm. h station's call associated wit -2". Simulcast c channel numl	sign. Do not r h a station ac streams must ber the FCC h	report origination cording to its over the reported in the case assigned to the case as a same as a	n program service er-the-air designa column 1 (list eac the television stat	of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel			
on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.								
		CHANN	EL LINE-UP	AA				
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			
WBND-LD/WBND	57/1057	N	No		South Bend, IN			
WCWW-LD/WCW	25/1025	ı	No		South Bend, IN	See instructions for		
WHME	46	ı	No		South Bend, IN	additional information on alphabetization.		
WMYS-LD/WMYS	69/1069	I	No		South Bend, IN			
WNDU/WNDUHD	16/1016	N	No		South Bend, IN			
WNIT/WNITHD	34/1034	E	No		South Bend, IN			
	WSBT/WSBTHD 22/1022 N No South Bend, IN							
WSBTD2/WSBTH 22/1022 I No South Bend, IN								
	22/1022	I	No		<u> </u>			
	22/1022	I	No		<u> </u>			
	22/1022	I	No		<u> </u>			
	22/1022	I	No		<u> </u>			
	22/1022	I	No		<u> </u>			
	22/1022	I	No		<u> </u>			
	22/1022	I	No		<u> </u>			
	22/1022	I	No		<u> </u>			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYS	TEM ID#	Name
Indiana Bell Te	lephone Co	mpany, Inc	corporated			63037	
PRIMARY TRANSMITTI In General: In space ( carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast).	ers: TELEVISIO G, identify even system during the lons in effect or 6.61(e)(2) and ( isis, as explaine stations: With in CC rules, regular here in space only on a substand also in spat formation concern. h station's call associated with -2". Simulcast	y television standard programmer of the accounting of June 24, 1984, or 76.63 (red) in the next prespect to any attions, or auth G—but do list titute basis and accel, if the standard programmer of the astation acceptions.	ation (including period, except 81, permitting the ferring to 76.6 paragraph. distant stations orizations: tit in space I (the tition was carried ute basis station eport origination cording to its ow be reported in o	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the earthe-air designation of the column 1 (list each	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute programent and Program Log)—if the ute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identification. For example, report multinatream separately; for example on for broadcasting over-the-air in	a im	G Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these th Column 6: Give the	estem carried the in each case we entering the lecast), "E" (for no ese terms, see pation is outside ce area, see pare entered "You entered "You entered entered entered into one a primary transsimulcasts, also aree categories e location of each canadian statio	ne station.  whether the stater "N" (for no commercial page (v) of the the local servers in column on during the ame basis becamulticast streen or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitter or an aspect of the column or before Jumitt	ation is a netwo etwork), "N-M" (' I educational), o e general instructive area, (i.e. "c general instructive 4, you must cor accounting period ause of lack of a sam that is not so ne 30, 2009, be association repre you carried the of the general in the cortical in the c	ork station, an inder for network multicar "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so do Indicate by entictivated channel caubject to a royalty tween a cable system on any other instructions locate list the community with	s". If not, enter "No". For an expaper SA3 form. Stating the basis on which your ering "LAC" if your cable system capacity.  payment because it is the subject stem or an association representing y transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by which the station is identifed.	9	
		CHANN	EL LINE-UP	AB			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
					1		

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63037 Indiana Bell Telephone Company, Incorporated PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2019/1	
LEGAL NAME OF OWNER OF Indiana Bell Telephone			ated				S	YSTEM ID# 63037	Name	
SUBSTITUTE CARRIAGE					n that your	· cable	system c	carried on a	ı	
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Note: If your answer is "No log in block 2.			ge blank. If your answer is '	Yes," you mu	ust comple	ete the	program	1		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the s idcast static adian static th and day /e "5/7." es when the Example: a er "R" if the ind regulatic ogramming	am on a separa attach addition nnetwork televion and that your authorization t use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your syste a substitute pro a program carri	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instruction "basketball".  o." m. station is lice station is iderorogram. Use cable system. 5 p.m. to 6:2 mming that y center the let	during the ramming ons located List special nsed by the hitified). In numerals a List the times: 30 p.m. our system ter "P" if the strength of the system of	e according to a cordinate the second of a c	unting ther static e paper ogram  C or, in the month ccurately d be required ed pro	h ,		
S	UBSTITUT	E PROGRAM	1		EN SUBS			7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6.	TIMES		FOR DELETION		
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Indiana Bell Telephone Company, Incorporated
SYSTEM ID#
63037

### J

### Part-Time Carriage Log

### **PART-TIME CARRIAGE LOG**

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

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

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

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

DATES AND HOURS OF DART TIME CARRIAGE

• You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

		DA	TES	AND HOURS	OF F	PART-TIME CAF	RRIAGE			
CALL SIGN	WHEN	CARRIAGE O				CALL SIGN	WHEN CARRIAGE OCCURRED			
O/ LEE OF OF	DATE	FROM	HOURS FROM TO			07122 01011	DATE	FROM	IOUF	RS TO
	DATE	TICOW		10			DATE	TITOW		10
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LEGA	SA3E. PAGE 7. L NAME OF OWNER OF CABLE SYSTEM: ana Bell Telephone Company, Incorporated		SYSTEM ID# 63037	Name
GRO Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secundentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  DRTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission compute this amour	n service nt, see 3,170,543.12	<b>K</b> Gross Receipts
• Com • Com • If you fee to accompace to the second	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete 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 air rom 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 propanying this form and attach the schedule to your statement of account.	arts of the DSE Scl	hedule	Copyright Royalty Fee
bloc If pa 3 be If pa	c 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2 in	block	
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.	e is 1.064 percent o	of the 3,170,543.12	
	This is your minimum fee.  DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	nn 4, you must che	eck	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  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	\$	-	
Block 4	<ul> <li>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</li> <li>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 zero.</li> <li>Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9</li> </ul>	\$	0.00	Cable systems submitting additional deposits under Section 111(d)(7)
	(Interest Worksheet)	\$	725.00	should contact 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	\$ See page (i) of the	34,459.58	appropriate form for submitting the additional fees.
	general instructions located in the paper SA3 form for more information.)	. • .,		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Indiana Bell Telephone Company, Incorporated	63037								
	CHANNELS									
М	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									
	System carried television broadcast stations									
	2. Enter the total number of activated channels									
	on which the cable system carried television broadcast stations  604									
	and nonbroadcast services									
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
for Further Information	Name Susan Redding Telephone 972-269-1938									
	Address 2270 Lakeside Blvd									
	(Number, street, rural route, apartment, or suite number)									
	Richardson, TX 75082 (City, town, state, zip)									
	70700 #									
	Email Sr7272@att.com Fax (optional)									
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.									
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	ed								
	(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 sy in line 1 of space B.	stem								
	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/ Michael Santogrossi									
	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									
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting	js.								
	Typed or printed name: Michael Santogrossi									
	Title: Vice President – Finance (Title of official position held in corporation or partnership)									
	Date: August 26 2019									
	Date: August 26, 2019									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Indiana Bell Telephone Company, Incorporated	63037	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system scribers and amounts collected from subscribers receiving secondary transmissions pursual For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondare by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	stem for the basic shall not include sub- nt to section 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper S		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For furth contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ner assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Coplease list below the owner, address, first community served, accounting period, and ID number as filing.		
Owner Address		
First community served Accounting period ID number		

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

ACCOUNTING PERIOD: 2019/1

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 carriec by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

**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, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

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

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

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

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

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

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

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

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

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

### COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE SCHEDULE

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

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

0.330% of gross receipts

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

### 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

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

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

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

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

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

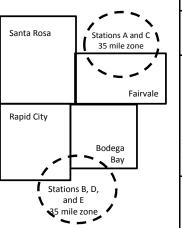
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE:**

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

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



	Distant Stations Carried		Identification o		
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
ı	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)	<u>0.25</u>	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	
	(Santa Rosa)  Gross receipts DSEs Base rate fee \$310,000 x .01064 x 1.0 = \$310,000 x .00701 x 1.472 =	(Santa Rosa)  Gross receipts \$310,000.00  DSEs 2.472  Base rate fee \$6,497.20  \$310,000 x .01064 x 1.0 = 3,298.40  \$310,000 x .00701 x 1.472 = 3,198.80	First Subscriber Group (Santa Rosa)         Second Subscriber Group (Rapid City and Bodega Bay)           Gross receipts DSEs         \$310,000.00 2.472         Gross receipts DSEs           Base rate fee         \$6,497.20 3,198.40         Base rate fee           \$310,000 x .01064 x 1.0 = 3,198.80         \$170,000 x .01064 x 1.0 = 3,170,000 x .00701 x .083 =	First Subscriber Group (Santa Rosa)         Second Subscriber Group (Rapid City and Bodega Bay)           Gross receipts DSEs         \$310,000.00 2.472         Gross receipts DSEs         \$170,000.00 DSEs           Base rate fee         \$6,497.20 \$310,000 x .01064 x 1.0 = 3,298.40         Base rate fee \$170,000 x .01064 x 1.0 = \$170,000 x .00701 x .083 =	Second Subscriber Group (Santa Rosa)   Second Subscriber Group (Rapid City and Bodega Bay)   (Fairvale)	

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)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Indiana Bell Telephone Company, Incorporated  6303											
	SUM OF DSEs OF CATEGO  • Add the DSEs of each static Enter the sum here and in line	n.		,	0.00							
2 Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."											
Category "O"	CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Stations	O/LE SIGN	502	SALE GIGN	502	O/LE GIGHT	562						
Add rows as												
necessary.		<b></b>		<b></b>								
Remember to copy		<b></b>		<b></b>								
all formula into new				<u> </u>								
rows.												
						• • • • • • • • • • • • • • • • • • • •						
		<u> </u>		<b></b>								
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Name		owner of Cable System: Telephone Company	y, Incorpora	nted			S	63037			
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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 be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, 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 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.										
Capacity		С	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs					
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS :D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYI	PE 6. DS	SE			
			÷		=	x	<u>=</u>				
							= =				
			÷			x	=				
			÷		=		=				
							=				
					= =	x	<u>=</u>				
	Add the DSEs	OF CATEGORY LAC Sof each station. Im here and in line 2 of page		hedule,	▶	0.	00				
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferance to space I).     Column 2: at your option.     Column 3:     Column 4:	e the call sign of each state of the call sign of each state of the condition of the call sign of the call s	itution for a proas shown by the programs of the programs of the properties of the p	ogram that your systen he letter "P" in column luring that optional carre, nonnetwork program information in space I ar year: 365, except in ure in column 3, and girmation on rounding, s	Nas permitted 7 of space I); an iage (as shown by is carried in substance a leap year, we the result in cee page (viii) of	to delete under FCC id to the word "Yes" in colustitution for programs olumn 4. Round to not the general instruction	rules and regular- mn 2 of that were deleted less than the third	orm).			
				BASIS STATION			T				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEAI	/S	1. CALL SIGN	2. NUMBER OF PROGRAM	3. NUMBER OF DAYS S IN YEAR	4. DSE			
		÷		=			÷	=			
		-		=			÷	=			
		÷		=			÷	=			
		÷		=			÷				
	Add the DSEs	OF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa				0.	00	-			
<b>5</b> Total Number of DSEs	number of DSE: 1. Number o 2. Number o	ER OF DSEs: Give the am s applicable to your system f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		boxes in parts 2, 3, and	4 of this schedul	e and add them to pro	0.00 0.00 0.00				
	TOTAL NUMBE	R OF DSEs					_•	0.00			

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF C			ornorated				S	YSTEM ID# 63037	Name	
			orporated					63037		
Instructions: Block A:				7 of the DOT coh	adula blank a	- d	ant 0 (mana 46) at	: 4h-a	6	
schedule.			·	7 of the DSE sche	edule blank al	na complete pa	ап 8, (page 16) от	tne	O	
• If your answer if	If your answer if "No," complete blocks B and C below.  BLOCK A: TELEVISION MARKETS									
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee	
effect on June 24, 1981?  Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7										
X No—Complete blocks B and C below.										
BLOCK B: CARRIAGE OF PERMITTED DSEs										
Column 1:				part 2, 3, and 4 o						
CALL SIGN		ne DSE Sche	dule. (Note: T	ne 25, 1981. For for ne letter M below r Act of 2010.)	•	•				
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	sis on which you o elow pertain to tho rket quota rules [7	se in effect o	n June 24, 198		ı tc		
OANTAGE	B Specialty stati C Noncommeric D Grandfathered	al educational station (76.	al station [76.5 65) (see parag	76.59(d)(1), 76.61( 9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)				
	instructions for E Carried pursua	ant to individ	ual waiver of F	, ,						
	G Commercial U	JHF station w	/ithin grade-B	ne or substitute ba contour, [76.59(d)(	•		erring to 76.61(e)	(5)		
	M Retransmission	on of a distar	it multicast stre	eam.						
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of		
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE		
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS			
								0.00		
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE					
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule						
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove						
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00		
Line 4: Enter gro	oss receipts from	space K (p	age 7)						Do any of the DSEs represent	
							x 0.03	375	partially permited/	
Line 5: Multiply I	ine 4 by 0.0375	and enter sı	um here				x		partially nonpermitted	
Line 6: Enter tota	al number of DS	Es from line	3				<u></u>	<u>-</u>	carriage? If yes, see part 9 instructions.	
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00		

ndia	ana Bell	Telephone Com	pany, Inc	orporated					63037	Name
BLOCK A: TELEVISION MARKETS (CONTINUED)										
	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
••••										
	••••••									
••••										
•••••										
••••										
								[		

Name	Indiana Bell Telephone Company, Incorporated  63037												
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  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												
		PERMITTE	D DSE FOR STA	TIONS CARRIE	D ON A PART-TIME AN	ID SUBSTITUTE BAS	IS						
	1. CALL	2. PRIOR		COUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED						
	SIGN	DSE		ERIOD	CARRIAGE	DSE	DSE						
<b>7</b> Computation	Instructions: Block A In block A: If your answer is	"Yes," complete	e blocks B and C,										
of the	If your answer is	"No," leave bloo			part 8 of the DSE sched								
Syndicated Exclusivity			BLOCK	( A: MAJOR )	TELEVISION MARK	ET							
Surcharge	• Is any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981?  X Yes—Complete blocks B and C.  No—Proceed to part 8												
	BLOCK B: Ca	arriage of VHF/0	Grade B Contour	Stations	BLOCK	C: Computation of E	kempt DSEs						
	Is any station listed in commercial VHF stati or in part, over the ca	block B of part ion that places a	6 the primary str	eam of a	Was any station listed nity served by the cab to former FCC rule 76.	in block B of part 7 ca le system prior to Mar	arried in any commu-						
	Yes—List each s  X No—Enter zero a	tation below with and proceed to pa		ation below with its appr nd proceed to part 8.	opriate permitted DSE								
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE CALL	. SIGN DSE						
		<b></b>											
		ļ											
		<b>  </b>											
		<u> </u>		0.00			0.00						
			TOTAL DSEs	0.00		TOTA	L DSEs 0.00						

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Indiana Bell Telephone Company, Incorporated	SYSTEM ID# 63037	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,170,543.12	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
	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	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  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 Distance in the section is a section in the section is a section in the section in the section is a section in the section is a section in the section is a section in the section in the section is a section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the sect	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.		
4a	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 Distriction of 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		

	LEGAL NAM	//E OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	ı	ndiana Bell Telephone Company, Incorporated	63037						
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here.  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.							
8 Computation of Base Rate Fee	You mi 6 was 6 • In blo • If you • If you blank What i were lo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, partially distant stations), you must complete part 9. Leave block B below.  but answer is "Yes" (that is, partially distant stations), you must complete part 9. Leave	w						
	DI OCK ALCADDIACE OF DADTIALLY DISTANT STATIONS								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
	Yes—Complete part 9 of this schedule.  X No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section	BEOOK B. NOT ANTIALLY BIOTANY OTATIONO—COMIL CTATION OF BACE NATE 1 LL							
	1	Enter the amount of gross receipts from space K (page 7) ▶ _\$ 3,170,543.1	2						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.)	<u> 00</u>						
	Section 3	If the figure in section 2 is <b>4.000</b> 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)							
		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	<u></u> .						

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: Indiana Bell Telephone Company, Incorporated	SYSTEM ID# 63037	Name					
Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		8					
A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶\$		0					
B. Enter 0.00701 of gross receipts		Computation					
(the amount in section 1) \$		of					
C. Multiply line B by 3.000 and enter here		Base Rate Fee					
D. Enter 0.00330 of gross receipts							
(the amount in section 1) <b>\$</b>							
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 <b>&gt;</b>							
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						
5450 Nate 1 60	0.00						
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple		_					
Space G.	e channer line-ups in	9					
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base receipts from subscribers located within the station's local service area, from your system's total gross receipts. To		Computation					
this exclusion, you must:	o take advantage of	of Base Rate Fee					
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are of		and Syndicated					
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.							
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.							
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.							
However, if your cable system is wholly located outside all major television markets, complete block A only.	sky tana B bolow.	Distant Stations, and					
How to Identify a Subscriber Group for Partially Distant Stations	to defect of	for Partially Permitted					
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.							
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)							
<b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. system will have only one subscriber group when the distant stations it carried have local service areas that coinci	Note that a cable						
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of y subscriber groups.	our system's						
In each section:							
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distasubscribers in the group.</li> </ul>	ant to all of the						
• If:							
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you and 4 of this schedule; or,	gave it in parts 2, 3,						
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave part 6 of this schedule.	ve it in block B,						
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.							
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the g in the paper SA3 form.	eneral instructions						
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.							

# LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63037 Indiana Bell Telephone Company, Incorporated 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 OWNE			ntod.			S	YSTEM ID#	Name
Indiana Bell Telep	mone Co	mpany, incorpora	eu				63037	
В				TE FEES FOR EAC				
OOMAN IN UTS A SECTION OF THE PROPERTY OF THE	FIRST	SUBSCRIBER GROU		00141411177775		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL CICIA	DOL	CALLE GIGIT	DOL	OF ILLE STORY	502	O/ IEE OF OF	502	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
					·····			for
		<b>-</b>						Partially Distant
		<b>-</b>						Stations
		-						
			<b></b>					
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,170	543.12	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOLIRTH	I SUBSCRIBER GRO	LID	
COMMUNITY/ AREA	TTIIICE	ODDONIBEN GNOC	0	COMMUNITY/ AREA		1 OODOONIDEN ONO	0	
OOMMONT IT THE								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-		-		
		<b>-</b>			•••••			
				-				
				.	·····			
						+		
						+		
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third C	Froup	\$	0.00	Gross Receipts Fou	rtn Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
						1	<u>,</u>	
Base Rate Fee: Add the			riber group	as shown in the boxes	above.	¢	0.00	
Enter here and in block	vo, iiile i, s	space L (page /)				\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Indiana Bell Telephone Company, Incorporated  63037						Name		
		-					63037	
В		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		BIBER GROUP  SUBSCRIBER GRO	LIP	
COMMUNITY/ AREA		30B3CKIBEK GKC	0	COMMUNITY/ ARE		30B3CKBEK GKO	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
 		_						and
								Syndicated Exclusivity
							•••••	Surcharge
								for
								Partially
								Distant
		_	<del></del>					Stations
	<u></u>		···					
	<u> </u>		······································					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OALL GIGIT	502	CALLE GIGIT	502	OF ILLE STOTE	502	O'ALL GIGIT	502	
	<u>.</u>							
	<u></u>	-						
						<del> </del>		
						-		
	<u></u>	_						
	<u></u>	_	····					
	<u>-</u>		<u> </u>					
Total DSEs		_	0.00	Total DSEs		_	0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	[-	Ľ.				ľ.		
Base Rate Fee: Add th	na haen rot	a face for each subs	criher group	as shown in the have	is above			
Enter here and in block			onuer group	as Shown III the boxe	anuve.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O CALL SIGN DSE	
COMMUNITY/ AREA  O COMMUNITY/ AREA  CALL SIGN  DSE CALL SIGN  DSE CALL SIGN  DSE CALL SIGN  DSE	_
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	9
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Computation
	of
	Base Rate Fee
	and
	Syndicated Exclusivity
	Surcharge
	for
	Partially
	Distant
	Stations
Total DSEs	
Gross Receipts First Group \$ 3,170,543.12 Gross Receipts Second Group \$ 0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Total DSEs         0.00         Total DSEs         0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	
Base Rate Fee Third Group \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Base Nate Fee Fourth Group \$ 0.00	

LEGAL NAME OF OWNE Indiana Bell Telep			ated			Sì	STEM ID# 63037	Name
BL				TE FEES FOR EACH			_	
COMMUNITY/ ADE 1	FIFTH	SUBSCRIBER GROU		COMMUNITY ASS	SIXTH	SUBSCRIBER GROU	1P <b>0</b>	9
COMMUNITY/ AREA 0			COMMUNITY/ AREA				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
							<del></del>	Syndicated Exclusivity
						-		Surcharge
								for
								Partially
		-						Distant Stations
		-				-	<u></u>	Otations
	<b> </b>						<mark></mark>	
Total DSEs	<u> </u>		0.00	Total DSEs		Į.	0.00	
	-aun	•	0.00		d Croup	•	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	u Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
8	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
		-						
		-						
		-				-	<u></u>	
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	<b> </b>						<u> </u>	
	ļ						<del></del>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

ACCOUNTING PERIOD: 2019/1

		FORM SA3E. PAGE 20.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Indiana Bell Telephone Company, Incorporated	SYSTEM ID# 63037							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP								
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:								
Computation of	☐ First 50 major television market	☐ Second 50 major television market							
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.								
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP							
		SECOND GODGONIDEN GNOOT							
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE Second Group							
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown e 7)							

ACCOUNTING PERIOD: 2019/1

		FORM SA3E. PAGE 20.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Indiana Bell Telephone Company, Incorporated	SYSTEM ID# 63037								
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY 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 m by 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 and Syndicated Exclusivity Surcharge for Partially Distant Stations	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.									
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP								
	FIFTH SUBSCRIBER GROUP	SIXTH 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation								
	SURCHARGE First Group	SURCHARGE Second Group								
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP								
	Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs								
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation								
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE 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)	r each subscriber group as shown ge 7)								