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					
9/8/22	\$ 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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting		2022/1								
Period										
Bowner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  106291:  West Kontucky Pural Telephone Coop.									
		West Kentucky Rural Telephone Coop.								
					06291	120221				
					062911	2022/1				
		100 WK&T Technology Drive								
		Mayfield, KY 42066								
С		TRUCTIONS: In line 1, give any business or trade names used to ines already appear in space B. In line 2, give the mailing address o								
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	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and r	elist on pa	ge 1b				
Area	with	n all communities.								
Served		CITY OR TOWN	STATE							
First	Kirksey KY									
Community	В	elow is a sample for reporting communities if you report multiple ch		·	_					
	A Let	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	3 GRP#				
Sample	Ald	a ance	MD MD	A B		2				
	Ger		MD	В		3				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

### West Kentucky Rural Telephone Coop.

### SYSTEM ID# 062911

**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.

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.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
Kirksey	KY	В	5
Beulah	KY	Α	1
Brazil	KY	D	2
Browns Grove	KY	Α	3
Buchanan	KY	С	6
Churchton	KY	F	4
Clear Springs Coldwater	KY	Α	3
Coldwater Cottage Grove	KY	В	5
Cottage Grove	KY	C	6
	KY	Α	3
Cunningham	KY	A	7
Dexter	KY	В	5
Dogwood	KY	Α	3
Dublin	KY	A	3
Eaton	KY	D	2
Fairdealing	KY	A	_ 12
Fancy Farm	KY	A	3
Farmington	KY		3
	KY	A B	
Faxon Folsomdale	KY	A	8 3
Hardin	KY	A	
Hardin Harris Grove	KY	_ h	12 8
Hazel	KY	B B	13
Hickory	KY	A	13 3
Kirbyton	KY	A	7
Lowes	KY	A	7 3
	KY	В	3 8
Lynn Grove Lynnville	KY	В	8 8
Mason Hall	KY	E	9
Malbar	KY		10
Meiber New Concord	KY	A B	10
Prvorehura	KY	A	13 3
Pryorsburg	KY	C	6
Puryear Sedalia	KY	A	3
Trimble	KY	F	4
Viola	KY	A	3
West Plains	KY	Ä	3
West Viola	KY	Ä	3
West viola Wingo	KY	A	3
Yorkville	KY	D	ა 11
I O RVING	N I	ט	11

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

Name L

LEGAL NAME OF OWNER OF CABLE SYSTEM:

West Kentucky Rural Telephone Coop.

SYSTEM ID# 062911

### 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>	2,172	\$	39.90	Expanded Service 1,798 \$ 98.40		
<ul> <li>Service to additional set(s)</li> </ul>	3,197	\$	4.95			
• FM radio (if separate rate)						
Motel, hotel						
Commercial	9	\$	55.00			
Converter						
Residential						
Non-residential						
		l'''''				

## 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.

	BLO		BLOCK 2				
CATEGORY OF SERVICE	RATE	RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE					
Continuing Services:		Installation: Non-residential					
• Pay cable		Motel, hotel		Variety Tier	\$ 6.95		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		HD Tier	\$ 14.95		
Fire protection		Pay cable		Hispanic Tier	\$ 12.95		
•Burglar protection		Pay cable-add'l channel		НВО	\$ 15.95		
Installation: Residential		Fire protection		Showtime/TMC	\$ 15.95		
• First set		Burglar protection		Starz/Encore	\$ 15.95		
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 062911 West Kentucky Rural Telephone Coop. 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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL **CARRIAGE** SIGN CHANNEL OF (Yes or No) **NUMBER STATION** (If Distant) **KBSI-DT** 22 I-M Cape Girardeau. MO **KBSI-HD** 22.1 Cape Girardeau. MO See instructions for KFVS-DT 12 N-M Cape Girardeau. MO additional information on alphabetization. KFVS-HD 12.1 Ν Cape Girardeau, MO **WDKA** 49 ı Paducah, KY WKMU 41 Ε Murray, KY WKPD 41 Ε Paducah, KY 32 N-M WPSD-DT Paducah, KY WPSD-HD 32.1 N Paducah, KY WQWQ-LP 9 I Paducah, KY Harrisburg, IL WSIL-DT 34 N-M WSIL-HD Ν 34.1 Harrisburg, IL

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062911 West Kentucky Rural Telephone Coop. 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 [section: 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: Television

**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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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.

		CHANN	EL LINE-UP	В	
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
KBSI-DT	22	I-M			Cape Girardeau. MO
KBSI-HD	22.1	I			Cape Girardeau. MO
KFVS-DT	12	N-M			Cape Girardeau. MO
KFVS-HD	12.1	N			Cape Girardeau. MO
WDKA	49	I			Paducah, KY
WKMU	41	Е			Murray, KY
WKPD	41	Е	Yes	0	Paducah, KY
WKRN-DT	27	N-M			Nashville, TN
WKRN-HD	27.1	N			Nashville, TN
WQWQ-LP	9	I			Paducah, KY
WSIL-DT	34	N-M			Harrisburg, IL
WSIL-HD	34.1	N			Harrisburg, IL
WSMV-DT	10	N-M			Nashville, TN
WSMV-HD	10.1	N			Nashville, TN
WTVF-DT	25	N-M			Nashville, TN
WTVF-HD	25.1	N			Nashville, TN
WPSD-DT	32	N-M			Paducah, KY
WPSD-HD	32.1	N			Paducah, KY

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062911 West Kentucky Rural Telephone Coop. 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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters:

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 in 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.

		CHANN	EL LINE-UP	С	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKRN-DT	27	N-M			Nashville, TN
WKRN-HD	27.1	N			Nashville, TN
WNAB-DT	23	I			Nashville, TN
WNPT-DT	8	E	Yes	0	Nashville, TN
WPSD-DT	32	N-M			Paducah, KY
WPSD-HD	32.1	N			Paducah, KY
WSMV-DT	10	N-M			Nashville, TN
WSMV-HD	10.1	N			Nashville, TN
WTVF-DT	25	N-M			Nashville, TN
WTVF-HD	25.1	N			Nashville, TN
WUPX-DT	21	I	Yes	O	Morehead, KY
WZTV-DT	15	I-M			Nashville, TN
WZTV-HD	15.1	I			Nashville, TN
		•			

**ACCOUNTING PERIOD: 2022/1** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062911 West Kentucky Rural Telephone Coop. 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 [section: 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 specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 in 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.

,	<u> </u>				<u> </u>
		CHANN	EL LINE-UP	D	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBBJ-DT	43	N			Jackson, TN
WJKT	39	I			Jackson, TN
WLJT	47	Е			Lexington, TN
WREG	28	N			Memphis, TN
WSMV-DT	10	N-M	Yes	0	Nashville, TN
WSMV-HD	10.1	N	Yes	E	Nashville, TN
WTVF-DT	25	N-M	Yes	0	Nashville, TN
		<b></b>			

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

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
West Kentucky Rural Telephone Coop.	062911	Name
PRIMARY TRANSMITTERS: TELEVISION		
<b>In General:</b> In space G, identify every television station (including translator stations and low pocarried by your cable system during the accounting period except (1) stations carried only on a	part-time basis undei	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network 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) cert	. 0	Primary
substitute program basis, as explained in the next paragraph	an stations samed on t	Transmitters:

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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. Identifi 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 in 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.

		CHANN	EL LINE-UP	E	
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
KBSI-HD	22.1	ı			Cape Girardeau. MO
KBSI-DT	22	I-M			Cape Girardeau. MO
KFVS-DT	12	N-M			Cape Girardeau. MO
KFVS-HD	12.1	N			Cape Girardeau. MO
WBBJ-HD	43.1	N			Jackson, TN
WBBJ-DT	43	N			Jackson, TN
WDKA	49	I			Paducah, KY
WKMU	41	Е			Murray, KY
WKPD	41	Е	Yes	O	Paducah, KY
WPSD-DT	32	N-M			Paducah, KY
WPSD-HD	32.1	N			Paducah, KY
WQWQ-LP	9	I			Paducah, KY
WSIL-HD	34.1	N			Harrisburg, IL
WSIL-DT	34	N-M			Harrisburg, IL
WTVF-HD	25.1	N	Yes	Е	Nashville, TN
	25	N-M	Yes	0	Nashville, TN

Television

**ACCOUNTING PERIOD: 2022/1** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062911 West Kentucky Rural Telephone Coop. 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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 in 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.

,	0 1	•		•	•
		CHANN	EL LINE-UP	F	
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
KFVS-DT	12	N-M			Cape Girardeau. MO
WBBJ-DT	43	N			Jackson, TN
WBBJ-HD	43.1	N			Jackson, TN
WJKT	39	I			Jackson, TN
WLJT	47	E			Lexington, TN
WREG	28	N			Memphis, TN
WSMV-DT	10	N-M	Yes	0	Nashville, TN
WSMV-HD	10.1	N	Yes	E	Nashville, TN

ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062911 West Kentucky Rural Telephone Coop. 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2022/1

TORWOADE, FAGE 5.						ACCOUNTING	1 LINIOD. 2022/1
West Kentucky Rural					5	O62911	Name
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every non	nnetwork televi	sion program broadcast by a ecific present and former FC	a distant stati C rules, regu	llations, or authorizations	. For a further	Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per	-			sis, any non	network television progr	ram	Special Statement and
broadcast by a distant sta					Yes	X No	Program Log
Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ıram	
log in block 2.  2. LOG OF SUBSTITUTE	PROGRA	AMS					
In General: List each subsclear. If you need more spaced with title period, was broadcast by a under certain FCC rules, respectively. SA3 form for futher informatitles, for example, "I Love I Column 2: If the progration of the call Column 4: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the monofirst. Example: for May 7 gincolumn 6: State the timut to the nearest five minutes. stated as "6:00–6:30 p.m."	titute prograce, please of every no distant stategulations, of tition. Do not be used to	am on a separ attach addition onnetwork teletion and that your authorizatio of use general BA Basketball adcast live, ent station broaddion's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the e community with which the restem carried the substitute ogram was carried by you ried by a system from 6:00 m was substituted for prog during the accounting perio	program) the ded for the preparation instructor "basketba" "No." ram. e station is liestation is lee program. Ur cable system: 15 p.m. to 6 ramming the bod; enter the	at, during the accounting and the restrictions located in the papill". List specific program icensed by the FCC or, dentified). Use numerals, with the numerals, with the numerals accurately and period be at your system was required.	g station eer n in nonth ately ired	
					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
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ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 6.

Nama	LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:						SYSTEM ID#
Name	West Kentuc	ky Rural Te	lephone Coop.						062911
<b>J</b> Part-Time Carriage Log	time carriage du hours your syste Column 1 (C column 5 of spa Column 2 (D curred during th • Give the month "4/10." • State the starti television station "app." Example:	s space ties in viet to lack of action carried that all sign): Give ce G.  ates and hourse accounting per and day when and day when ing and ending in sbroadcast da "12:30 a.m.— 3	the carriage occurr times of carriage to ay, you may give an	city, you are recomore space, pley distant station each station, list ed. Use numerathe nearest qua approximate er	uired ase who the als, w rter h	d to complete this attach additional se basis of carria dates and hours with the month first nour. In any case hour, followed by	s log giving the pages. ge you identifie when part-time st. Example: for where carriage y the abbreviat	total dates and ad by "LAC" in carriage oc- April 10 give e ran to the end of	the .
			DATES	AND HOURS	OF F	PART-TIME CAR	RIAGE		
		WHEN	I CARRIAGE OCCL	JRRED			WHEN	N CARRIAGE OC	CURRED
	CALL SIGN HOURS				CALL SIGN		_	IOURS	
		DATE	FROM	TO			DATE	FROM	ТО
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#						
	st Kentucky Rural Telephone Coop.		062911	Name					
Inst all a (as i	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  \$ 546,091.35								
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gross receipts)						
• Con • Con • If yo fee t • If yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. For each sur system did not carry any distant television stations, leave block 3 blank. Enter the and rom block 1 on line 1 of block 4, and calculate the total royalty fee. For each system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee					
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $k = 1$	e entere	ed on line 1 of						
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ low.	entered	on line 2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount show block 4 below.	uld be e	entered 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.		64 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$ 546,091.35						
	Enter the result here. This is your minimum fee.	\$	5,810.41						
	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 colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period of Yes—Complete the DSE schedule.  No—Leave block 3 below blank and contents.	nn 4, yo od?	ou must check						
Block 3	Line 1. <b>BASE RATE FEE:</b> 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		\$ 517.98						
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		307.18						
	Line 3. Add lines 1 and 2 and enter here	\$	825.16						
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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		\$ 5,810.41	Cable systems					
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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	r	0.00	submitting additional deposits under					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)								
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	6,535.41	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Separate descriptions) general instructions located in the paper SA3 form for more information.)	See pa	ge (i) of the	additional 1665.					

ACCOUNTING PERIOD: 2022/1 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  West Kentucky Rural Telephone Coop.  SYSTEM ID 06291									
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name Patti Taylor Telephone									
	Address 100 WK&T Technology Drive (Number, street, rural route, apartment, or suite number)									
	Mayfield, KY 42066 (City, town, state, zip)									
	Email Fax (optional)									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified									
	in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.									
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]									
	X /s/ Karen Jackson-Furman									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.									
	Typed or printed name: Karen Jackson-Furman									
	Title: COO  (Title of official position held in corporation or partnership)									
	Date: 09.08.22									

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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes ance 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 t 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 lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
West Kentucky Rural Telephone Coop. 062911	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 made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or 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 here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** 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 further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, 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 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 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;
   the total number of DSEs for that group's complement of stations;
   and
   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:

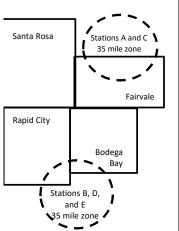
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
iin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
6	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

**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)

DSE SCHEDULE. PAG	E 11. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	YSTEM ID#						
<b>'</b>	West Kentucky Rural Telephone Coop. 06291											
	SUM OF DSEs OF CATEGOR	_		T		I						
	• Add the DSEs of each station.											
	Enter the sum here and in line	2.00										
	linetin etiene.					1						
2	Instructions: In the column headed "Call S	Sign": list the ca	Il signs of all distant stat	ions identified by th	e letter "O" in column 5							
_	of space G (page 3).	_	_	-								
Computation	In the column headed "DSE"			DSE as "1.0"; for e	ach network or noncom-							
of DSEs for	mercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs											
Category "O"	2411 2121											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WKPD	0.250										
	WNPT-DT	0.250										
	WSMV-DT	0.250										
	WTVF-DT	0.250										
Add rows as	WUPX-DT	1.000										
necessary.												
Remember to copy												
all formula into new												
rows.												
•	In the state of th	· B				B						

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Name	West Kentud	ky Rural Telephone	Coop.					062911	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all dist 2: For each station, give correspond with the info 3: For each station, give 4: Divide the figure in co 5: at least to the third dec 5: For each independent value as ".25." 5: Multiply the figure in c	the number of hormation given in the total number lumn 2 by the figure imal point. This is a station, give the folumn 4 by the figure in the station.	ours your cable syst space J. Calculate of hours that the st ure in column 3, and the "basis of carria "type-value" as "1.0 gure in column 5, a	tem carried the sonly one DSE for ation broadcast of give the result inge value" for the D." For each netword give the result	tation during the account reach station over the air during the ac in decimals in column 4.	ecounting period. This figure must ducational station,	er	
Capacity			ATEGORY L	AC STATIONS:	COMPUTAT	ION OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE			Æ	
			÷		=	<u>x</u>	=		
			÷ -		=	X			
			·····			x x			
			÷		=	x	=		
			÷		=	x	=		
					=	<u>x</u>			
			÷			X	=		
	Add the DSEs	of CATEGORY LAC of each station. Im here and in line 2 of		edule,	<b>&gt;</b>	0.00			
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effetal Broadcast of space I).     Column 2: at your option.     Column 3:     Column 4:	I by your system in subsect on October 19, 1976 one or more live, nonnetween the case of the correction of the correction of the correction of the correction of the column of the colum	etitution for a proc (as shown by the vork programs dur e number of live, espond with the ir s in the calendar mn 2 by the figure (For more inforr	gram that your syste letter "P" in column ring that optional ca nonnetwork progral nformation in space year: 365, except i e in column 3, and on nation on rounding,	em was permitted in 7 of space I); a rriage (as shown b ms carried in sub I. in a leap year. give the result in see page (viii) o	oy the word "Yes" in column stitution for programs the column 4. Round to no left the general instructions	les and regular. In 2 of at were deleted ess than the thirc	form)	
		SU	BSTITUTE-B	ASIS STATION	IS: COMPUT	ATION OF DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		-						=	
						·····		=	
			<del>-</del>	=		**************************************	•	=	
		+	-	=		-	•	=	
		-	+	=		÷		=	
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of		edule,		0.00	]		
<b>5</b> Total Number of DSEs	number of DSE:  1. Number o  2. Number o	ER OF DSEs: Give the ar s applicable to your syste f DSEs from part 2 • f DSEs from part 3 • f DSEs from part 4 •		oxes in parts 2, 3, ar	nd 4 of this schedu	■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	2.00 0.00 0.00		
	TOTAL NUMBE	R OF DSEs						2.00	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/1

	WNER OF CABLE  Y Rural Teleph		).				S	48TEM ID# 062911	Name
	ck A must be com	pleted.							
n block A: If your answer if chedule.	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if "No," complete blocks B and C below.  BLOCK A: TELEVISION MARKETS									Computation
the coble aveter	m located whelly a					action 76 F of		vulationa in	3.75 Fee
fect on June 24,	1981?		•	ller markets as de			·	julations in	
<u> </u>			O NOT COMI	PLETE THE REMA	AINDER OF F	PART 6 AND 7	•		
X No—Comp	olete blocks B and	C below.							
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations  e DSE Sche	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below ro Act of 2010.)	ırther explana	ation of permitte	ed stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	eles and regued pursuant to a sefined all educations distation (76.6 r DSE sched ant to individually carried the station with the station will be sefined and the station will be sefined as the sefined as th	lations cited be of the FCC mand in 76.5(kk) (7 and station [76.565) (see paragule). It is all waiver of F d on a part-tin ithin grade-B of the control of t	ne or substitute bas contour, [76.59(d)(	se in effect or 6.57, 76.59(be)(1), 76.63(a 63(a) referring bestitution of gesis prior to Ju	n June 24, 198 ), 76.61(b)(c), ) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring 6.61(e)(1) tations in the		
Column 3:	*(Note: For those this schedule to o	e stations ide determine the	ntified by the leading DSE.)	parts 2, 3, and 4 of the etter "F" in column	2, you must o	complete the w	1	T	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WKPD	С	0.25							
WNPT-DT	С	0.25							
WSMV-DT	D	0.25							
WTVF-DT	D	0.25							
WUPX-DT	С	1.00							
								2.00	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				
ne 1: Enter the	e total number of				<u> </u>				
ne 2: Enter the	sum of permitte	d DSEs fron	n block B ab	ove			ı,		
				r of DSEs subject 7 of this schedu		rate.	11		
ne 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represe partially
ne 5: Multiply l	ine 4 by 0.0375	and enter su	ım here				<u>,</u>		permited/ partially nonpermitte
าe 6: Enter tota	al number of DS	Es from line	3				^		carriage? If yes, see p 9 instruction
ne 7: Multinly I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)	)		0.00	

ACCOUNTING PERIOD: 2022/1

Name	West Kentucky Rural Telephone Coop.  SYSTEM ID#: 062911										
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.										
		PERMITT	ED DSE FOR	R STATIO	ONS CARRIE	ED (	ON A PART-TIME AN	D SUBSTIT	TUTE BASIS		
	1. CALL SIGN	2. PRIC	DR 3		UNTING		4. BASIS OF CARRIAGE	5. PF	RESENT DSE	6. P	ERMITTED DSE
										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	Instructions: Block A	must be com	pleted.								
Computation of the	If your answer is If your answer is	•				part	t 8 of the DSE schedul	e.			
Syndicated			BL	OCK A	A: MAJOR	TE	LEVISION MARKE	ΞT			
Exclusivity			:4-: 4 400			- 4 -	d-fd bti 70	F -4 F00	.l	04 40	040
Surcharge	l <u>—</u> * ·	•	•	major te	elevision mark	et a	as defined by section 76		iles in effect Ju	ne 24, 19	81?
	Yes—Complete	DIOCKS B and	C.				No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	Grade B Co	ntour Sta	ations		BLOCK	C: Compu	tation of Exem	pt DSEs	
	Is any station listed in commercial VHF stati or in part, over the cal	on that places					Was any station listed nity served by the cabl to former FCC rule 76.	e system p	•	•	
	Yes—List each st			e permitte	ed DSE		Yes—List each sta			ate permit	ed DSE
		205		, I			-	505	0	- I	Dos T
	CALL SIGN	DSE	CALL SIG	iN	DSE		CALL SIGN	DSE	CALL SIG	Νċ	DSE
		1	TOTAL DS	Es	0.00				TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop.	SYSTEM ID# 062911	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	546,091.35	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.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	iE	
	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		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 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		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	West Kentucky Rural Telephone Coop.	062911
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.   \$\$\\$\$	<u></u>
	Instru	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particular to the total number of DSEs from part 5.	art
		checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	-	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	• If you blank	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel :.	low
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		pocated within that station's local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area.	al
	Service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	
	Section	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 <b>4.000 or less</b> , 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
		Dase Rate Fee	<u></u> .

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/1

	AME OF OWNER OF CABLE SYSTEM:		1 PERIOD: 2022/
		SYSTEM ID# 062911	Name
vvest	Kentucky Rural Telephone Coop.	002911	
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		0
	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b>&gt;</b>		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of
	C. Multiply line B by 3.000 and enter here <b>\$</b>		Base Rate Fe
	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		
	(4.0 194.0 11 200.0 1 2) 21.0 11.0 11.0 11.0 11.0 11.0 11.0 11.0		
	F. Multiply line D by line E and enter here \$\\ \bigs \\$		
	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	
	<b>TANT:</b> 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		_
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip Space G.	ne channel line-	9
in Gen	· <b>eral:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	e fee, to exclude	Computation
receipts	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation of
his exc	clusion, you must:		Base Rate Fe
First: [	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 Exclusivity
	ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge
•			for
	If any portion of your cable system is located within the top 100 television market and the station is not exemp so 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.		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 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	
Compu	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your		
	ber groups. section:		
	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant i	to all of the	
	bers in the group.		
• lf:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave f this schedule; or,	e it in parts 2, 3,	
, , ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it 6 of this schedule.	t in block B,	
• Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	eral instructions	
• Comp page. I DSEs fo	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do not tual calculations on the form.	p (that is, the total	

# LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062911 West Kentucky Rural Telephone Coop. 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 West Kentucky R						S	062911	Name
В		COMPUTATION O		TE FEES FOR EAG		BER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Beulah			COMMUNITY/ ARE	9 Computation			
CALL SIGN	N DSE CALL SIGN DSE CALL SIGN DSE					of		
								Base Rate Fed
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 98	3,296.44	Gross Receipts Sec	cond Group	\$	16,382.74	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Browns	s Grove & Others	<b></b>	COMMUNITY/ ARE	A Churcht	on, Trimble		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WSMV-DT	0.25			
						_		
		-						
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts Third (	Group	\$	5,460.91	Gross Receipts Fou	irth Group	\$	27,304.57	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	72.63	
Base Rate Fee: Add th	no <b>hoo</b> e ===	to foos for each sub-	criber grou-	as shown in the harra	e above			
Enter here and in block			omber group	as shown in the boxe	3 ab0v6.	\$	517.98	

	062911					phone Coop.	ral Telep	West Kentucky Ru
	-	BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
•		SUBSCRIBER GROUP	SIXTH		UP	SUBSCRIBER GROU	FIFTH	
9 Computa	Puryear	Grove, Buchanan,	Cottage	COMMUNITY/ AREA	sey	nter, Dexter, Kirks	Coldwa	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate			0.25	WNPT-DT				
and			1.00	WUPX-DT		-		
Syndicat	•		•		<b> </b>			
Exclusiv					<b></b>			
					<b></b>			
Surchar								
for								
Partiall					ļ			
Distan								
Station								
			<b> </b>		<b></b>			
			<b>.</b>		<b></b>		ļ	
	1.25			Total DSEs	0.00			otal DSEs
	5,460.91	\$ 5	d Group	Gross Receipts Second	,131.97	s 191.	ดนท	Gross Receipts First Gr
	.,	<u> </u>	. О.О.Б	Cross rassipas seem		<u> </u>		
	67.67	\$	d Group	Base Rate Fee Second	0.00	\$	auc	a <b>se Rate Fee</b> First Gr
	•						'	
	<u>'</u>	SUBSCRIBER GROUP	EIGHTH		UP	SUBSCRIBER GROU		S
				COMMUNITY/ AREA	UP	SUBSCRIBER GROU	EVENTH	
	ville	.Grove, L.Grove, L	Faxon, F			gham, Kirbyton	EVENTH Cunnin	OMMUNITY/ AREA
			Faxon, F	CALL SIGN	UP DSE		EVENTH	
	ville	.Grove, L.Grove, L	Faxon, F			gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	OMMUNITY/ AREA
	DSE	.Grove, L.Grove, L	Faxon, F	CALL SIGN	DSE	gham, Kirbyton	EVENTH Cunnin	COMMUNITY/ AREA
	ville	.Grove, L.Grove, L	Faxon, F	CALL SIGN		gham, Kirbyton	EVENTH Cunnin	CALL SIGN
	DSE	CALL SIGN	DSE 0.25	CALL SIGN  WKPD	DSE	CALL SIGN	EVENTH  Cunnin  DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNE West Kentucky Ru							YSTEM ID# 062911	Name
Bl	OCK A: C	COMPUTATION C	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GRO	OUP		TENTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Mason	Hall		COMMUNITY/ AREA	Melber			9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WKPD	0.25							Base Rate
WTVF-DT	0.25							and
		-						Syndicat
								Exclusiv
								Surchar
		-						for
								Partiall
								Distant
								Station
		•						
	·							
					<b></b>			
otal DSEs			0.50	Total DSEs			0.00	
						-		
Gross Receipts First G	roup	\$	5,460.91	Gross Receipts Secon	d Group	\$	5,460.91	
<b>Base Rate Fee</b> First G	oup	\$	29.05	Base Rate Fee Secon	d Group	\$	0.00	
FI	FVFNTH	SUBSCRIBER GRO	OUP		TWFI VTH	SUBSCRIBER GROU	JP	
							J.	
COMMUNITY/ AREA	Yorkvil	ie		COMMUNITY/ AREA	rairuea	iing, nardin		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WSMV-DT	0.25							
NTVF-DT	0.25							
						-		
						<u> </u>		
		•						
					<b></b>			
otal DSEs			0.50	Total DSEs	1	Ш	0.00	
Gross Receipts Third G	Group	\$ 54	4,609.14	Gross Receipts Fourth	Group	\$	16,382.74	
Base Rate Fee Third G	iroup	s	290.52	Base Rate Fee Fourth	Group	\$	0.00	
					· =:F	[ <del>*</del>	5.50	

EENTH SUBSCRIBER GROUP  0 Computation		TE FEES FOR EACH						
Computatio		FOL		COMPUTATION OF SUBSCRIBER GROU				
	COMMUNITY/ AREA 0				Hazel, N	COMMUNITY/ AREA		
SE CALL SIGN DSE of	DSE CALL SIGN DSE			L SIGN DSE CALL SIGN DSE CALL SIGN				
Base Rate Fe					0.25	WKPD		
and								
Syndicated					-			
Exclusivity Surcharge								
for					-			
Partially								
Distant								
Stations					-			
					-			
					-			
0.00		Total DSEs	0.25			Total DSEs		
roup \$ 0.00	d Group	Gross Receipts Secor	460.93	\$ 5	roup	Gross Receipts First G		
roup <b>\$ 0.00</b>	d Group	Base Rate Fee Secon	14.53	\$	roup	Base Rate Fee First G		
EENTH SUBSCRIBER GROUP	IXTEENTH	S	JP	SUBSCRIBER GRO	FTEENTH	FII		
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
SE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
					-			
					-			
					-			
					-			
0.00	1	Total DSEs	0.00			Total DSEs		
pup <u>\$ 0.00</u>	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G		
	Crous	Base Rate Fee Fourth	Base Rate Fee Third Group \$ 0.00					

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE West Kentucky Ru						5	062911	Name
BI		COMPUTATION O		ATE FEES FOR EAG		BER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Beulah			COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN DSE			of
				WTVF-DT	0.25			Base Rate Fe
				WSMV-DT	0.25			and
								Syndicated Exclusivity
	<u>"</u>	+						Surcharge
								for
								Partially
								Distant
								Stations
	<u> </u>	-						
			0.00				0.50	
Total DSEs			0.00	Total DSEs			0.50	
Gross Receipts First G	roup	\$ 98	3,296.44	Gross Receipts Sec	ond Group	\$	16,382.74	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	307.18	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Brown	s Grove & Others	S	COMMUNITY/ ARE	A Churcht	on, Trimble		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+						
	<u></u>	+						
	•							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	<u>s 5</u>	,460.91	Gross Receipts Fou	rth Group	\$	27,304.57	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ase Rate Fee: Add th			criber group	as shown in the boxe	es above.	\$	307.18	

Name	STEM ID# 062911	31				onone coop.	ıral Telep	West Kentucky Ru
	D	IBER GROUP SUBSCRIBER GROUF		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		BL
<b>9</b> Computat		Grove, Buchanan,		COMMUNITY/ AREA		ter, Dexter, Kirks		COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			-				-	
Syndicat			-				-	
Exclusiv Surchar							-	
for			-				-	
Partiall			-				-	
Distan								
Station			-				-	
			-				-	
	<u></u>						<u></u>	
	0.00			Total DSEs	0.00			Γotal DSEs
				Cross Bassints Cossn	131.97	s 191.	roup	Gross Receipts First G
	5,460.91	\$	d Group	I Gross Receipts Secon				
	5,460.91	\$	d Group	Gross Receipts Secon		<u> </u>		
	0.00	\$		Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gi
	0.00		d Group		0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	SEVENTH	
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	SEVENTH	
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SCOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SCOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SCOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SCOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SCOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUF I.Grove, L.Grove,	d Group  EIGHTH  Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUGHAM, Kirbyton	SEVENTH Cunnin	SCOMMUNITY/ AREA
	0.00  P Lville  DSE  0.00	SUBSCRIBER GROUP  I.Grove, L.Grove,  CALL SIGN	EIGHTH Faxon, F	CALL SIGN  CALL SIGN  Total DSEs	0.00	SUBSCRIBER GROUGHAM, Kirbyton  CALL SIGN	DSE	CALL SIGN  CALL SIGN  Fotal DSEs
	0.00  P Lville  DSE	SUBSCRIBER GROUP  I.Grove, L.Grove,  CALL SIGN	EIGHTH Faxon, F	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROUGHAM, Kirbyton  CALL SIGN	DSE	CALL SIGN

Name	062911	S'						LEGAL NAME OF OWNE West Kentucky Ru
	IP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		Bl
9 Computation				COMMUNITY/ AREA			Mason	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivity								
Surcharge for								
Partially								
Distant			•		•			
Stations								
		_				-		
			•					
			•					
	0.00			Total DSEs	0.00		•	Total DSEs
	5,460.91	\$	d Group	Gross Receipts Secon	460.91	\$ 5,	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	s	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU			JP	SUBSCRIBER GROU		El
		ing, Hardin	Fairdeal	COMMUNITY/ AREA		le	Yorkvil	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		_				-		
						-	<u>"</u>	
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$ 54,	Group	Fotal DSEs Gross Receipts Third G

### **Nonpermitted 3.75 Stations**

Name	YSTEM ID# 062911					phone Coop.	R OF CABL	West Kentucky Ru			
				TE FEES FOR EAC							
Ω	FOURTEENTH SUBSCRIBER GROUP					THIRTEENTH SUBSCRIBER GROUP					
9	COMMUNITY/ AREA 0					ITY/ AREA Hazel, New Concord					
Computa of	DOE	CALL SIGN	CALL SIGN	DSE	GN DSE CALL SIGN DSE						
Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
and							-				
Syndica							-				
Exclusiv							-				
Surchar			•								
for			•			-	-				
Partial							-				
Distan							-				
Station						-	-				
					<b></b>	-					
						-					
					<b></b>		<b>†</b>				
	0.00		l l	Total DSEs	0.00	1		「otal DSEs			
	0.00	\$	d Group	Gross Receipts Seco	,460.93	\$ 5,	oun	Gross Receipts First Gr			
	0.00	<u> </u>	u Group	Gross Receipts Geco	,400.50	<del>,</del> 0,	oup	orosa receipta i irat Or			
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First Gr			
		SUBSCRIBER GROU			<u>_</u>	SUBSCRIBER GROU					
					<u>_</u>			FIF			
	JP				UP			FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	COMMUNITY/ AREA			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TEENTH	FIF			
	JP 0	SUBSCRIBER GROU	IXTEENTH	CALL SIGN	DSE	SUBSCRIBER GROU	TEENTH	CALL SIGN			
	DSE DSE DSO	SUBSCRIBER GROU	DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE D.000	SUBSCRIBER GROU	DSE	CALL SIGN  CALL SIGN  Fotal DSEs			
	JP 0 DSE	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	CALL SIGN			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop.	SYSTEM ID# 062911
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981:	the station is not exempt in Part 7, you mus also compute a
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.	ercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity	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 for	Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the	•
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
1	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
ı	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	and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	SURCHARGE Second Group
	THIRD SUBSCRIBER GROUP	FOURTH 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 Third Group	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	

Name	West Kentucky Rural Telephone Coop.	SYSTEM ID# 062911			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
<b>9</b> Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also 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:				
of Base Rate Fee and Syndicated	☐ First 50 major television market ☐ Second 50 major television market  INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A this schedule.				
Exclusivity Surcharge for Partially Distant Stations	<ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were class Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not your actual calculations on this form.</li> </ul>	part 7 of this schedule. If none enter zero.  m line 1. This is the total number of DSEs used to compute the surcharge.  r each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this  omputation, use gross receipts figures applicable to the particular group. You do not need to show			
	FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUI	2			
	Line 1: Enter the VHF 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  SYNDICATED EXCLUSIVITY SURCHARGE First Group				
	SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP				
	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	-			
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  West Kentucky Rural Telephone Coop.	SYSTEM ID# 062911		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
<b>9</b>	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also 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	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		
Syndicated Exclusivity Surcharge for Partially Distant Stations	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.			
	NINTH SUBSCRIBER GROUP TENTH 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 and enter here. This is the total number of DSEs for this subscriber group subject to the 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 First Group\$  SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$			
	ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF 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  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 computation computation SYNDICATED EXCLUSIVITY SURCHARGE	-		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)			

	West Kentucky Rural Telephone Coop.  SYSTEM I 0629				
Name					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
<b>9</b> Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also 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:				
of	☐ First 50 major television market ☐ Second 50 major television market				
Base Rate Fee	INSTRUCTIONS:				
and Syndicated Exclusivity	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				
Surcharge for	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.				
Partially Distant Stations	<b>Step 4:</b> 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.				
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP			
		ine 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	ine 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			
		YNDICATED EXCLUSIVITY URCHARGE Second Group			
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	ine 1: Enter the VHF DSEs			
	·	ine 2: Enter the Exempt DSEs ine 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	this subscriber group subject to the surcharge computation			
		YNDICATED EXCLUSIVITY URCHARGE Fourth Group			
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)				