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.

## 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		
2/17/2025	\$		
2/17/2025	ALLOCATION NUMBER		

## SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2024/2			
Period				
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines of these were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account of the country of the covering the entire accounts. Check here if this is the system's first filing. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  City of Bardstown DBA Bardstown Connect	ss of the cable syster on the last day of to	em. he accounting period should so	
				02952520242
				029525 2024/2
	220 N 5th Street			
	Bardstown, KY 40004-1404			
	,			
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	(Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	v only the frst com	nmunity served below and i	relist on page 1b
Area	with all communities.	,,		p90 10
Served	CITY OR TOWN	STATE		
First	Nelson/Spencer County	KY		
Community	Below is a sample for reporting communities if you report multiple ch	nannel line-ups in	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
	Alliance	MD	В	2
	Gering	MD	В	3

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

FORM SA3E. PAGE 1b.				T		
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
City of Bardstown DBA Bardstown Connect			029525			
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile 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-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber gro					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
Nelson/Spencer County	KY		1	First		
Washington County	KY		2	Community		
				See instructions for		
				additional information		
				on alphabetization.		
				Add some some		
				Add rows as necessary.		
				I		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Bardstown DBA Bardstown Connect

029525

## E

Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:	SUBSCRIBERS		IVAIL	CATEGORY OF SERVICE	SUBSCRIBERS		IVAIL
<ul> <li>Service to first set</li> </ul>	1,658	\$	40.78	County Service	2,646	\$	41.73
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel	22	40	.78+\$1/O	County Motels	6	41.	73+\$1/O
Commercial							
Converter							
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>		ļ					
		1		I	I	1	

## F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1					
RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	R	ATE
	Installation: Non-residential				
See Block 2	<ul> <li>Motel, hotel</li> </ul>	\$10 - \$143	НВО	\$	15.01
See Block 2	Commercial	\$10 - \$143	HBO A/O Motel	\$	3.50
N/A	• Pay cable	\$10 - \$18			
N/A	<ul> <li>Pay cable-add'l channel</li> </ul>	\$10 - \$18	Showtime Combo	\$	17.46
	<ul> <li>Fire protection</li> </ul>	N/A			
\$10 - \$143	<ul> <li>Burglar protection</li> </ul>	N/A	Cinemax	\$	8.27
\$10 - \$34	Other services:				
N/A	Reconnect	\$10 - \$40	Expanded Basic	\$	67.28
N/A	Disconnect				
	<ul> <li>Outlet relocation</li> </ul>	\$10 - \$34	Discounts may vary for		
	Move to new address	\$10 - \$143	other combos		
	RATE  See Block 2  See Block 2  N/A  N/A  \$10 - \$143  \$10 - \$34  N/A	RATE CATEGORY OF SERVICE  Installation: Non-residential  • Motel, hotel  • Commercial  • Pay cable  • Pay cable-add'l channel  • Fire protection  • Burglar protection  \$10 - \$143  \$10 - \$34  N/A  N/A  Other services:  • Reconnect  • Disconnect  • Outlet relocation	RATE	RATE CATEGORY OF SERVICE Installation: Non-residential See Block 2 • Motel, hotel  N/A • Pay cable • Pay cable-add'l channel • Fire protection  \$10 - \$143 • Burglar protection  \$10 - \$34  N/A • Reconnect • Outlet relocation  \$10 - \$34  Discounts may vary for	RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Installation: Non-residential  See Block 2 • Motel, hotel \$10 - \$143 HBO \$  See Block 2 • Commercial \$10 - \$143 HBO A/O Motel \$  N/A • Pay cable \$10 - \$18 Showtime Combo \$  • Fire protection N/A • Burglar protection N/A \$10 - \$143 Other services:  • Reconnect \$10 - \$40 Expanded Basic \$  N/A • Disconnect \$10 - \$34 Discounts may vary for

City of Bards	VNER OF CABLE SY	/STEM:			SYSTEM ID#	<i>‡</i>
			onnect		029525	Namo
PRIMARY TRANSMIT						
carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program be Substitute Basis basis under specific Do not list the stating station was carried List the station here basis. For further in the paper SA3 Column 1: List eeach multicast stream as "WE WETA-simulcast). Column 2: Give its community of lice on which your cable Column 3: Indicated a cast stream as "WE Column 4: If the planation of local seeducational station, (for independent multicast stream as "Column 5: If you cable system carried the distant stream in the retransmit of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give	TERS: TELEVISION OF COMMENT OF CO	y television state accounting on June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (4), or 76.63 (5), acc I, if the state	ration (including g period, except 181, permitting the referring to 76.6 paragraph. The paragraph of the station was carried that basis station cording to its own to be reported in the sassigned to the station is a network of the general instruction of the general instruction of the same of lack of a seam that is not such that	the carriage of ceres (1(e)(2) and (4))]; as carried by your the Special Statem of both on a substant, see page (v) on program service (ver-the-air designation), column 1 (list eather the television states the television states (for network multipor "E-M" (for nondictions located in distant"), enter "Yetions located in the mplete column 5, od. Indicate by eractivated channel subject to a royalise tween a cable sypesenting the primary channel on any constructions located in structions located in subject to a royalise tween a cable sypesenting the primary channel on any constructions located in structions located in subject to a royalise tween a cable sypesenting the primary channel on any constructions located in structions located in stru	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a  cable system on a substitute program  ment and Program Log)—if the  itute basis and also on some other of the general instructions located  es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example  Ition for broadcasting over-the-air in s may be different from the channel  ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. fes". If not, enter "No". For an ex- time paper SA3 form. stating the basis on which your intering "LAC" if your cable system capacity. ty payment because it is the subject vistem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	Primary Transmitters: Television
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.						
		nnel line-ups,	use a separate	he community wit	h which the station is identifed.	
Note: If you are utili	zing multiple cha	CHANN	use a separate  EL LINE-UP	he community with space G for each	h which the station is identifed.  channel line-up.	
		nnel line-ups,	use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	he community wit	h which the station is identifed.	
Note: If you are utili 1. CALL SIGN	zing multiple cha  2. B'CAST  CHANNEL	CHANN  3. TYPE OF	use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	AA  5. BASIS OF CARRIAGE	h which the station is identifed.  channel line-up.	
Note: If you are utilised.  1. CALL SIGN  WAVE-1	2. B'CAST CHANNEL NUMBER	CHANN  3. TYPE  OF  STATION	use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	AA  5. BASIS OF CARRIAGE	th which the station is identifed.  channel line-up.  6. LOCATION OF STATION	See instructions for
Note: If you are utilised.  1. CALL SIGN  WAVE-1  WAVE-2	2. B'CAST CHANNEL NUMBER 3-1	CHANN  3. TYPE  OF  STATION  N	use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  NO	AA  5. BASIS OF CARRIAGE	th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Louisville, KY	additional information
Note: If you are utilized.  1. CALL SIGN  WAVE-1  WAVE-2  WAVE-3	2. B'CAST CHANNEL NUMBER 3-1 3-2	CHANN  3. TYPE OF STATION N I-M	use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  NO  NO	AA  5. BASIS OF CARRIAGE	th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Louisville, KY  Louisville, KY	
Note: If you are utilized.  1. CALL SIGN  WAVE-1  WAVE-2  WAVE-3  WAVE-4	2. B'CAST CHANNEL NUMBER 3-1 3-2 3-3	CHANN  3. TYPE OF STATION N I-M I-M	use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  NO  NO  NO	AA  5. BASIS OF CARRIAGE	ch which the station is identifed. channel line-up.  6. LOCATION OF STATION  Louisville, KY Louisville, KY Louisville, KY	additional information
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Note: If you are utilist.  1. CALL SIGN  WAVE-1  WAVE-2  WAVE-3  WAVE-4  WHAS-1  WHAS-2	2. B'CAST CHANNEL NUMBER 3-1 3-2 3-3 3-4 11-1	CHANN  3. TYPE OF STATION  N  I-M I-M N	use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AA  5. BASIS OF CARRIAGE	ch which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Louisville, KY  Louisville, KY  Louisville, KY  Louisville, KY  Louisville, KY	additional informatio
Note: If you are utilist.  1. CALL SIGN  WAVE-1  WAVE-2  WAVE-3  WAVE-4  WHAS-1  WHAS-2  WHAS-3	2. B'CAST CHANNEL NUMBER  3-1 3-2 3-3 3-4 11-1 11-2	CHANN  3. TYPE OF STATION  N I-M I-M N I-M I-M	use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AA  5. BASIS OF CARRIAGE	ch which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Louisville, KY	additional informatio
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Note: If you are utilist.  1. CALL SIGN  WAVE-1  WAVE-2  WAVE-3  WAVE-4  WHAS-1  WHAS-2  WHAS-3  WHAS-5  WHAS-6  WBNA-1  WBNA-2  WBNA-3  WBNA-4  WKZT-1	2. B'CAST CHANNEL NUMBER 3-1 3-2 3-3 3-4 11-1 11-2 11-3 11-4 11-5 11-6 21-1 21-2 #N/A 21-4 23-1	CHANN  3. TYPE OF STATION N I-M	use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AA  5. BASIS OF CARRIAGE	th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Louisville, KY Elizabethtown, KY	additional information
1. CALL SIGN  WAVE-1 WAVE-2 WAVE-3 WAVE-4 WHAS-1 WHAS-2 WHAS-3 WHAS-5 WHAS-6 WBNA-1 WBNA-2 WBNA-3 WBNA-4 WKZT-1 WKZT-1	2. B'CAST CHANNEL NUMBER 3-1 3-2 3-3 3-4 11-1 11-2 11-3 11-4 11-5 11-6 21-1 21-2 #N/A 21-4 23-1 23-2	CHANN  3. TYPE OF STATION N I-M	USE A SEPARATE  EL LINE-UP  4. DISTANT? (Yes or No)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AA  5. BASIS OF CARRIAGE	th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Louisville, KY Elizabethtown, KY	additional information
1. CALL SIGN  WAVE-1 WAVE-2 WAVE-3 WAVE-4 WHAS-1 WHAS-2 WHAS-3 WHAS-5 WHAS-6 WBNA-1 WBNA-2 WBNA-3 WBNA-4 WKZT-1	2. B'CAST CHANNEL NUMBER 3-1 3-2 3-3 3-4 11-1 11-2 11-3 11-4 11-5 11-6 21-1 21-2 #N/A 21-4 23-1	CHANN  3. TYPE OF STATION N I-M	use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AA  5. BASIS OF CARRIAGE	th which the station is identifed. In channel line-up.  6. LOCATION OF STATION  Louisville, KY Elizabethtown, KY	additional informatio

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 029525 City of Bardstown DBA Bardstown Connect PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) WKYT-1 27-1 YES 0 Lexington, KY Ν WLKY-1 32-1 Ν NO Louisville, KY WLKY-2 32-2 I-M NO Louisville, KY WDRB-1 41-1 ı NO Louisville, KY WDRB-2 41-2 I-M NO Louisville, KY WBKI-1 58-1 NO Louisville, KY WBKI-2 58-2 I-M NO Louisville, KY WBKI-3 58-3 I-M NO Louisville, KY WBKI-4 58-4 I-M NO Louisville, KY

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

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 029525 City of Bardstown DBA Bardstown Connect 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: 2024/2

LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:				SYSTEM ID	
City of Bardstown DB	A Bardsto	wn Connect	<u>t</u>			02952	5 Name
SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LOC	3			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting po	eriod, under sp	ecific present and former F0	CC rules, regu	ılations, or authoriz	ations. For a furthe	
1. SPECIAL STATEMEN	T CONCER	RNING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant state	•	ır cable system	n carry, on a substitute bas	is, any nonno	·	rogram ∕es ⊠No	Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the p	orogram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant state gulations, cation. Do not be used to be	attach addition innetwork televition and that your authorization of use general as Basketball: deast live, enterstation broadcation's location (thous, if any, the when your system of a program carrollisted program fons in effect described and the state of the state	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Nesting the substitute programe community to which the community with which the other carried the substitute or gram was carried by your ied by a system from 6:01:	program) that ed for the pro- neral instruct r "basketball" No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	t, during the accougramming of anothions located in the ". List specific proentified). The numerals, with the List the times ac 28:30 p.m. should your system was retter "P" if the lister	or, in me month curately be equired d pro	
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE	:n / REASOI	N
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	FOR DELETION	
	100 01 110	O/ ILL SIGIV	ii. ei/iiieii e Eee/iiieii	7.11.5 5711	_		
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name City of Bardstown DBA Bardstown Connect 029525 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED CALL SIGN **CALL SIGN** HOURS HOURS DATE **FROM** TO DATE **FROM** TO

LEGA	IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
City	of Bardstown DBA Bardstown Connect	029525	rumo
Inst all a (as	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secudentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary transmission service	<b>K</b> Gross Receipts
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 1,125,188.04 (Amount of gross receipts)	
<ul><li>Instru</li><li>Con</li><li>Con</li><li>If yo fee to</li><li>If yo</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: hplete block 1, showing your minimum fee. hplete block 2, showing whether your system carried any distant television stations. hur system did not carry any distant television stations, leave block 3 blank. Enter the and from block 1 on line 1 of block 4, and calculate the total royalty fee. hur system did carry any distant television stations, you must complete the applicable prompanying 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 b ${\sf k}$ 3 below.	pe entered on line 1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line	
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 fe system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064		
	Enter the result here. This is your minimum fee.	\$ 11,972.00	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period of the property of the p	nn 4, you 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	\$ 2,982.15	
	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		
	Line 3. Add lines 1 and 2 and enter here	\$ 2,982.15	
Block 4	<ol> <li>BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger</li> <li>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter the fee from either part 9 (block B) of the DSE schedule.</li> </ol>	\$ 11,972.00	Cable systems submitting additional
	zero.  Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 12,697.00	form for submitting the
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See page (i) of the	additional fees.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of Bardstown DBA Bardstown Connect	SYSTEM ID# 029525
<b>M</b> 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.	
	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 Theresa A. Wangler  Address 220 N 5th Street	
	(Number, street, rural route, apartment, or suite number)  Bardstown, KY 40004  (City, town, state, zip)	
	Email twangler@bardstownconnect.com Fax (optional) (502) 348-2433	
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or</li> </ul>	
	<ul> <li>(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</li> <li>(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.</li> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	:m
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.  Typed or printed name: <b>Jeffrey C. Mills</b>	"F2"
	Title: City Broadband Engineer  (Title of official position held in corporation or partnership)  Date: February 10, 2025	

**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 suffciency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statellite Home Vetwer Act of 1988 amended Title 17, section 111(d)(A), of the Copyright Act by adding the following secondary transmissions and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast 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 coclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  No  Nore Maleing Address  INTEREST ASSESSMENTS  You must complete this worksheet for those royally 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.  Line 1 Enter the amount of late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  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.  x days  Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7).  (interest charge)  *To view the interest rate chart click on www.copyright.gov/licens/ing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or ilcensing@loc.gov.  *This is the decimal equivalent of 17955, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.  Owner  Address	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	News
The Statellite Home Viewer Act of 1988 amended Title 17, section 111 (d)(1)(A), of the Copyright Act by adding the following sentence:  Vin 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 carrier to satellite dish owners?  INTEREST ASSESSMENTS  No  INTEREST ASSESSMENTS  Vou must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.  For an explanation of interioral sussessment, see page (viii) of the general instructions in the paper SA3 form.  Line 1 Enter the amount of late payment or underpayment.  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.  x days  Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7).  **To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or locansing/glicc.gov.  **This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served. Accounting period. and ID number as given in the original filing.  Owner  Accounting period  In number	City of Bardstown DBA Bardstown Conne	ct	029525	Name
Name   Name	The Satellite Home Viewer Act of 1988 amended T lowing sentence:  "In determining the total number of subscribers of providing secondary transmission scribers and amounts collected from subscribers and amounts collected from subscribers.	ritle 17, section 111(d)(1)(A), of the Copyrighters and the gross amounts paid to the cable as of primary broadcast transmitters, the systibers receiving secondary transmissions put	e system for the basic stem shall not include sub- irsuant to section 119."	Special Statement Concerning Gross Receipts
Name Mailing Address    Name   Mailing Address	made by satellite carriers to satellite dish owners?	exclude any amounts of gross receipts for s	econdary transmissions	
INTEREST ASSESMENTS  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.  Line 1 Enter the amount of late payment or underpayment.  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)  * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filling this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filling.  Owner  Address  First community served  Accounting period  ID numbers		earrier(s) below		
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.  Line 1 Enter the amount of late payment or underpayment	**************************************	······································		
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.  Line 1 Enter the amount of late payment or underpayment.    X	INTEREST ASSESSMENTS	II		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty			Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or under	payment	x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and ente	er the sum here	- days	
space L, (page 7)	Line 3 Multiply line 2 by the number of days late a	nd enter the sum here		
* 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	, ,		\$ -	
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	, <u>, , , , , , , , , , , , , , , , , , </u>		(interest charge)	
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			further assistance please	
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	** This is the decimal equivalent of 1/365, whic	n is the interest assessment for one day late	).	
Address  First community served Accounting period  ID number	please list below the owner, address, first commun	-		
First community served  Accounting period  ID number	Address			
	First community served Accounting period			

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.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (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 G 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 particular station's DSE for the accounting period.

### TOTAL OF DSEs

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

### THE ROYALTY FEE

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

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

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

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

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

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

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

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station 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 Syndicated 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

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or 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 in 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.

#### DSE SCHEDULE. PAGE 11.

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

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

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

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

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

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

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

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

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

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

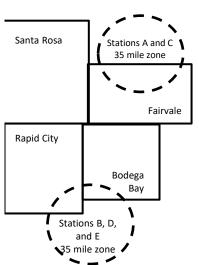
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE**:

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

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



Distant Stations Carri	ed	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	<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

		Ψ0,50-7.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)	)	(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

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

**ACCOUNTING PERIOD: 2024/2** 

DSE SCHEDULE, PAGE 11. (CONTINUED)

r						<u> </u>					
1	LEGAL NAME OF OWNER OF CABLI	E SYSTEM:			Si	STEM ID#					
•	City of Bardstown DBA	Bardstown C	Connect			029525					
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:								
	<ul> <li>Add the DSEs of each station</li> </ul>										
	Enter the sum here and in line	ņ	0.25								
	Instructions			<u> </u>		1					
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
_	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs										
Computation											
of DSEs for											
Category "O"		1									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WKYT-1	0.250									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
	)			•							

			=

Name		stown DBA Bardstow	vn Connect				S	929525 029525	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	st the call sign of all distall: For each station, give to correspond with the information; For each station, give the control of the control	he number of hours y mation given in spac he total number of ho umn 2 by the figure in mal point. This is the station, give the "type lumn 4 by the figure i	rour cable syster e J. Calculate or urs that the staticolumn 3, and go basis of carriago -value" as "1.0."	n carried the stati ally one DSE for e on broadcast ove give the result in c e value" for the st For each networ	ion during the accounting ach station. er the air during the accou decimals in column 4. Thi	unting period. s figure must cational station, ess than the		
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs								
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE!	JRS OF	IMBER HOURS ATION I AIR	4. BASIS OF CARRIAGI VALUE		6. DS	E	
			÷	=		x	=		
			÷			<u>X</u>	=		
			÷			x x	=		
			÷	=		x	=		
			÷	=		x	=		
			÷ ÷			x x	=		
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of p		,		0.00			
Computation of DSEs for Substitute-Basis Stations	• Was carried tions in effe • Broadcast o space I). • Column 2: Fat your option. • Column 3: Factorial Column 4: I	ct on October 19, 1976 ( ne or more live, nonnetweeter For each station give the This figure should corresenter the number of days Divide the figure in colum	itution for a program as shown by the letter ork programs during to number of live, non a spond with the inform in the calendar year an 2 by the figure in c	that your system or "P" in column in hat optional carri etwork programs ation in space I. : 365, except in a column 3, and giv	was permitted to 7 of space I); and age (as shown by the s carried in substonant a leap year. we the result in co	delete under FCC rules	of were deleted than the third	m).	
		SU	BSTITUTE-BASI	S STATION	S: COMPUTA	TION OF DSEs			
	1. CALL	2. NUMBER	3. NUMBER	4. DSE	1. CALL	2. NUMBER	3. NUMBER	4. DSE	
	SIGN	OF PROGRAMS	OF DAYS IN YEAR		SIGN	OF PROGRAMS	OF DAYS IN YEAR		
		+ + + + + + + + + + + + + + + + + + +				÷	INTEAN	=	
		÷	=			÷		=	
						÷		=	
		÷				······································		=	
		÷	=			÷		=	
	Add the DSEs of	<b>OF SUBSTITUTE-BASI</b> of each station. m here and in line 3 of page 1		,	▶	0.00			
5		R OF DSEs: Give the ams applicable to your systen		in parts 2, 3, and	4 of this schedule	and add them to provide	the total		
Total Number	<b>1.</b> Number of DSEs from part 2 ● ▶ <b>0.25</b>								
of DSEs									
	3. Number of	f DSEs from part 4 ●				·	0.00		
	TOTAL NUMBE	R OF DSEs				<b>-</b>		0.25	

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

	OWNER OF CABLE S town DBA Bard		nect				S	YSTEM ID# 029525	Namo
In block A: • If your answer if schedule.	ck A must be comp	mainder of pa	•	of the DSE sched	lule blank and	complete par	t 8, (page 16) of th	ne	6
' ii your answer ii	No, complete blo			TELEVISION MA	ARKETS				Computation of
effect on June 24	m located wholly or , 1981? nplete part 8 of the plete blocks B and	schedule—D0	•				CC rules and regu	lations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sched	ns prior to Jun Iule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	ion of permitte	d stations, see the	,	
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 previous	les and regulated pursuant to on as defined al educational station (76.6 r DSE scheduant to individuviously carried	ations cited be to the FCC mare in 76.5(kk) (70 l station [76.59 5) (see paragule).  al waiver of FC d on a part-time thin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on 5.57, 76.59(b), )(1), 76.63(a) 3(a) referring stitution of gra is prior to Jun	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered st	6.63(a) referring to 6.61(e)(1) ations in the		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			orksheet on page ´	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WKYT-1	D	0.25	SIGN	BASIS		SIGN	DAGIO		
						•			
								0.25	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE		<u> </u>		
Line 1: Enter the	e total number of				0.70722				
		·							
Line Z. Enter the	e sum of permitte	u does itom	I DIOCK B ADO	v C					
	line 2 from line 1 leave lines 4–7 bl			•		ate.			
Line 4: Enter gr	oss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply	line 4 by 0.0375 a	ınd enter sur	n here				х		partially permited/ partially nonpermitted
Line 6: Enter tot	al number of DSE	Es from line 3	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

	1. CALL SIGN	2. PERMITTED BASIS			SION MARKETS							
					BLOCK A: TELEVISION MARKETS (CONTINUED)							
				1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS	3. DSE	6		
										Computation of 3.75 Fee		
										3.73166		
***************												
			***************************************									
a												

Name	City of Bardstown DBA Bardstown Connect							S	029525	
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									
		PERMITT	ED DSE FOR STA	TIONS CARRI	FD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. PI	ERMITTED
	SIGN	DSE	PE	RIOD		CARRIAGE	]	OSE		DSE
					••••••					
					••••••					
Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.									
Syndicated	BLOCK A: MAJOR TELEVISION MARKET									
Exclusivity Surcharge	• Is any portion of the	cable system v	vithin a top 100 majo	or television ma	ırke	et as defned by section	76.5 of FCC	rules in effect J	une 24,	1981?
J	X Yes—Complete	•				No—Proceed to			,	
					_					
	BLOCK B: Ca	arriage of VHF	Grade B Contour	Stations		BLOCK	C: Compu	ıtation of Exemp	t DSEs	
	Is any station listed in commercial VHF stati or in part, over the ca	on that places	•			Was any station listed nity served by the cab to former FCC rule 76	le system p	•	-	
	Yes—List each s  X No—Enter zero a		th its appropriate perr part 8.	mitted DSE		Yes—List each st  X No—Enter zero al			te permit	ted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	v I	DSE
								-		
								-		
			TOTAL DSEs	0.00				TOTAL DSE	s	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: City of Bardstown DBA Bardstown Connect	SYSTEM ID# 029525	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,125,188.04	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?      Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Distance of the properties of the	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 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#							
-	(	City of Bardstown DBA Bardstown Connect	029525							
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										
		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								
	Instru	ctions:								
8	You m	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	part							
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation of	1	ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	alow							
Base Rate Fee	blank		SIOW							
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.  X No—Complete the following sections.									
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  Section									
	1	Enter the amount of gross receipts from space K (page 7)	3.04_							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
		(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	0.25							
	Section		<u> </u>							
	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)	2.00							
		(and amount in Social 1)								
		B. Enter 0.00701 of gross receipts  (the amount in section 1)▶ <b>\$</b> 7,887.57								
		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	<u>-</u>							
		E. Add lines A, and D. This is your base rate fee. Enter here								
		and in block 3, line 1, space L (page 7)	2 993 00							
		Base Rate Fee	<u> </u>							

U.S. Copyright Office

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

EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
City of Bardstown DBA Bardstown Connect	029525	Hame
Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		0
A. Enter 0.01064 of gross receipts  (the amount in section 1)  ▶\$		8
B. Enter 0.00701 of gross receipts  (the amount in section 1)  \$ \\$		Computation of
C. Multiply line B by 3.000 and enter here <b>▶</b>		Base Rate Fee
D. Enter 0.00330 of gross receipts (the amount in section 1)  ▶ \$		
E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here		
F. Multiply line D by line E and enter here <b>\$</b>		
G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television be shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported mulups in Space G.	•	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base receipts from subscribers located within the station's local service area, from your system's total gross receipts. To this exclusion, you must:	take advantage of	Computation of Base Rate Fed and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are disstation or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Dete DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fees for each subscriber group. That total is the base rate fee for your system.	rmine the number of fee for each group.	Syndicated Exclusivity Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exemmust also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block However, if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
<b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially dista carried to that community.	nt station you	Stations
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers woutside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are disubscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No system will have only one subscriber group when the distant stations it carried have local service areas that coincide	lote that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of yo subscriber groups.	ur system's	
In each section:		
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distar</li> </ul>	nt to all of the	
subscribers in the group.  • If:		
 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you ga and 4 of this schedule; or,	ave it in parts 2, 3,	
<ol> <li>any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave part 6 of this schedule.</li> </ol>	e it in block B,	
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
<ul> <li>Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the ge in the paper SA3 form.</li> </ul>	neral instructions	
<ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule of page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber groups of the particular subscriber groups. You do not be subscribered in that group's complement of stations and total gross receipts from the subscribers in that group). You do not be subscribed in the subscribers in that group in the subscribers in the group in the subscribers in the group in the subscribers in the su</li></ul>	up (that is, the total	

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

your actual calculations on the form.

**ACCOUNTING PERIOD: 2024/2** 

DSE SCHEDULE. PAGE 18.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#
Name	City of Bardstown DBA Bardstown Connect	029525
	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	t
	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	d l
	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 Ra	ite
	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 agreemen	t
	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 City of Bardstown						S	YSTEM ID# 029525	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				^
COMMUNITY/ AREA Nelson/Spencer County			COMMUNITY/ AREA	Washin	ngton County		9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WKYT-1	0.25							Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		•						
Total DSEs 0.25				Total DSEs				
Gross Receipts First Group \$ 1,121,109.16				Gross Receipts Second Group \$ 4,078.88				
<b>Base Rate Fee</b> First G	roup	\$ 2	982.15	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	<b>D</b>		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourth Group \$ 0.00				
Base Rate Fee Third G	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.00			0.00	
				••				
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	ove.	\$	2,982.15	

**Nonpermitted 3.75 Stations** 

LEGAL NAME OF OWNI City of Bardstown			-			S	029525	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				0
COMMUNITY/ AREA Nelson/Spencer County			COMMUNITY/ AREA	Washin	ngton County		9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL CICIT	DOL	OALL GIGIT	DOL	CALL CICIA	BOL	OALL GIGIT	DOL	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
						. –		Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 1,121,109.16			109.16	Gross Receipts Second Group \$ 4,078.88			4,078.88	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						. –		
Total DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group \$		\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$		\$	0.00		
Base Rate Fee: Add t Enter here and in bloc			iber group	as shown in the boxes a	bove.	\$	0.00	

Name	City of Bardstown DBA Bardstown Connect	SYSTEM ID 02952					
		SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	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 Base Rate Fee	□ 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, part 9 of this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.						
and Syndicated Exclusivity Surcharge for Partially Distant Stations							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown e 7)					