

U.S. COPYRIGHT OFFICE
INSTRUCTIONS FOR THE SA3E LONG FORM – EXCEL FORMAT

The SA3E is a U.S. Copyright Office Form

Email completed workbook to:

coplicsoa@loc.gov

Submitting the form:

- This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).
- When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@loc.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

- *Alphabetization:* Alphabetization is NOT required for any spaces.
- *Excel:* The form was designed for optimum use with Excel 2007 and later versions. A computer that runs Excel 2003 can be used to complete the form but, as described below, it may be necessary to bypass certain error messages generated by
- *Protection:* All tabs of the SA3E Long Form Excel spreadsheet have been protected in Excel so that the user does not accidentally edit the underlying formulas that allow the form to function properly. **The form is designed to function with all tabs in protected mode. It is strongly recommended that you do not unprotect any tabs on the form.**

the tab you wish to view/edit. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

General Data Input tab

- Ensure that the proper accounting period is filled in numerical format (e.g., "2017/1") next to the "ACCOUNTING PERIOD:" listed at the top of the page. Failure to enter the accounting period here will cause the form to not populate the correct accounting period on the header of each page of the Statement of Account.
- Space A – fill in the accounting period in text form (e.g., for 2017/1, fill-in "January 1 – June 30, 2017")
- Space B – If this is the system's first filing, place an "X" in the appropriate box and leave the system ID number blank. Otherwise, fill in the system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January-June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). **DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.** free bar code font:

<http://www.barcoderesource.com/freebarcodefont.shtml>

- Spaces C, E, F, M, N, O – Fill in all applicable information in the appropriate highlighted boxes.

Gross Receipts tab

subscriber groups.

- Users that wish to name individual subscriber groups by community names or other designations may fill in the "Subgroup/Community Name" column.
- Cable systems that have subscriber groups should fill in the individual subscriber group gross receipts in the "Gross Receipts" column. The "Subgroup Gross Receipts Total" box will automatically add together all entries from the "Gross Receipts" column allowing users to ensure their total gross receipts match the cumulative gross receipts of the system's subscriber groups. The form will display an "OUT OF BALANCE" error message if the "Gross Receipts" column total fails to

Notes tab

- The notes tab is available for user input to provide notes or other information for the Copyright Examiner.

Signals tab

- Enter the call signs, broadcast channel numbers, type of station, location of station, and enter/select what the basis of carriage would be if the station was distant (e.g., "O" "E" or "LAC") (filling in this column will not automatically classify the signal as distant on Space G). The DSE column will automatically populate with the correct DSE value based on the type of station classification. In unused rows, "#N/A" will display in the DSE column, but this will not impact the form's operation.
- It is only necessary to list signals that are carried in multiple channel lineups once on the Signals tab. Listing a signal twice will not interfere with the operation of the form if the listings are identical; however, if the same signal is listed more than once and the listings are different, errors will occur in other portions of the form.
- Note that this tab can accommodate up to 1285 stations and, if desired, can be used as a master list for multiple SOA filings. In other words, an operator may fill out the signals tab with all the signals from multiple SOA filings and copy the signal information into other Excel SA3E long form signal tabs to simplify data entry. Signals listed in the signals tab that are not carried on the system for which the particular form is being completed will not impact the rest of the form's operation.
- **Detailed instructions are located at the end of the paper SA3 form, located at:**
<https://www.copyright.gov/forms/sa3.pdf>

Page 1 – Spaces A-C

- Spaces A, B and C will automatically populate with information from the General Data Input tab, including a barcode. **Note that the barcode will only display if the barcode font has been downloaded as described above.**
- Space D will automatically populate with the information for the first community listed on the "Page 1b – Space D(1)" tab.

Page 1b – Space D

- All community names, states, channel lineups and subgroup numbers can be manually entered in the highlighted areas.
- Add rows as needed so that all communities are listed in space D.

Page 2 – Spaces E-F

- Blocks 1 of both Spaces E and F will automatically populate with information from the General Input Data tab.
- Information can be manually entered into the highlighted areas of Block 2 for both Space E and F.

Page 3 – Space G (AA-AW)

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2019/2 (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)
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B Owner	<p>INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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.</p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 62985</p>
	<p>1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company</p> <p>2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):</p> <p>3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 2260 E Imperial Hwy Room 839 <small>(Number, street, rural route, apartment, or suite number)</small> El Segundo, CA 90245 <small>(City, town, state, zip)</small></p>

BARCODE DAT.
Filing Period
62

C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>
	<p>1 IDENTIFICATION OF CABLE SYSTEM:</p> <p>2 MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small></p>

BLOCK 1			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
E Secondary Transmission Service: Subscribers and Rates	Residential:		
	• Service to first set	245,145	\$19
	• Service to additional set(s)		
	• FM radio (if separate rate)		
	Motel, hotel Commercial Converter	1,363	\$20
	• Residential • Non-residential		

BLOCK 1				
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
F Services Other Than Secondary Transmissions: Rates	Continuing Services:		Installation: Non-residential	
	• Pay cable		• Motel, hotel	
	• Pay cable—add'l channel	\$5-\$199	• Commercial	
	• Fire protection		• Pay cable	
	• Burglar protection		• Pay cable-add'l channel	
	Installation: Residential		• Fire protection	
	• First set	\$0-\$199	• Burglar protection	
	• Additional set(s)		Other services:	
	• FM radio (if separate rate)		• Reconnect	\$0-\$35
	• Converter		• Disconnect	\$0-\$55
			• Outlet relocation	\$0-\$55
			• Move to new address	

M Channels	<p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 37</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 758</p>
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N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name Myriam Nassif Telephone 310-964-1930</p> <p>Address 2260 E Imperial Hwy Room 839 <small>(Number, street, rural route, apartment, or suite number)</small> El Segundo, CA 90245 <small>(City, town, state, zip)</small></p> <p>Email (optional) mn112s@att.com Fax (optional)</p>
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O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".</p> <p>Typed or printed name: Michael Santogrossi</p> <p>Title: Vice President – Finance <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: February 26, 2020</p>
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Total Gross Receipts

\$ 90,448,172.19

OK

Subgroup Gross Receipts Total

\$ 90,448,172.19

Subgroup	Subgroup/Community Name	Gross Receipts
FIRST	1	\$ 27,909,418.81
SECOND	2	\$ 59,599,525.91
THIRD	3	\$2,939,227.47
FOURTH	4	
FIFTH	5	
SIXTH	6	
SEVENTH	7	
EIGHTH	8	
NINTH	9	
TENTH	10	
ELEVENTH	11	
TWELVTH	12	
THIRTEENTH	13	
FOURTEENTH	14	
FIFTEENTH	15	
SIXTEENTH	16	
SEVENTEENTH	17	
EIGHTEENTH	18	
NINTEENTH	19	
TWENTIETH	20	
TWENTY-FIRST	21	
TWENTY-SECOND	22	
TWENTY-THIRD	23	
TWENTY-FOURTH	24	
TWENTY-FIFTH	25	
TWENTY-SIXTH	26	
TWENTY-SEVENTH	27	
TWENTY-EIGHTH	28	
TWENTY-NINTH	29	
THIRTIETH	30	
THIRTY-FIRST	31	
THIRTY-SECOND	32	
THIRTY-THIRD	33	
THIRTY-FOURTH	34	
THIRTY-FIFTH	35	
THIRTY-SIXTH	36	
THIRTY-SEVENTH	37	
THIRTY-EIGHTH	38	
THIRTY-NINTH	39	
FORTIETH	40	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WBBM/WBBM HD	2/1002	N	Chicago, IL	0.250	0
WCIU/WCIUHD	26/1026	I	Chicago, IL	1.000	0
WCPX/WCPXH					
D	38/1038	I	Chicago, IL	1.000	0
WESV-LD/WESVLD	40/1040	I	Chicago,, IL	1.000	0
WFLD/WFLDHD	32/1032	I	Chicago, IL	1.000	0
WGBO/WGBOH					
D	66/1066	I	Joliet, IL	1.000	0
WGN9/WGN9H					
D	9/1009	I	Chicago, IL	1.000	0
WJYS	62	I	Hammond, IN	1.000	0
WLS/WLSHD	7/1007	N	Chicago, IL	0.250	0
WMAQ/WMAQ					
HD	5/1005	N	Chicago, IL	0.250	0
WMEU	48	I	Chicago, IL	1.000	0
WMEU-CD	48	I	Chicago, IL	1.000	0
WOCK-CD/WODKCH	13/1013	I	Chicago, IL	1.000	0
WPVN-LD	24	I	Aurora, IL	1.000	0
WPWR/WPWR					
HD	50/1050	I	Gary, IN	1.000	0
WSNS/WSNSH					
D	44/1044	I	Chicago, IL	1.000	0
WTTW/WTTW					
HD	11/1011	E	Chicago, IL	0.250	0
WWME-CA	23	I	Chicago, IL	1.000	0
WWTO	35	I	LaSalle, IL	1.000	0
WXFT/WXFTHD	60/1060	I	Aurora, IL	1.000	0
WYCC	20	E	Chicago, IL	0.250	0
WYIN/WYINHD	56/1056	E	Gary, IN	0.250	0
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	
				#N/A	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
				#N/A	
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1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
				#N/A	
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				#N/A	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Illinois Bell Telephone Company

20192

Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

Please note that Line 48 in Part G of the Statement of Account has been left intentionally blank due to the deletion of station WCHU on December 1, 2018.

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**

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

STATEMENT OF ACCOUNT
*for Secondary Transmissions by
 Cable Systems (Long Form)*

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
02/27/2020	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2019/2																										
B Owner	<p>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. <i>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.</i></p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 62985																										
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Illinois Bell Telephone Company</p> <p style="text-align: right;">6298520192 62985 2019/2</p> <p>2260 E Imperial Hwy Room 839 EI Segundo, CA 90245</p>																										
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1</td> <td colspan="3">IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td colspan="3"><small>(City, town, state, zip code)</small></td> </tr> </table>			1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small>				<small>(City, town, state, zip code)</small>														
1	IDENTIFICATION OF CABLE SYSTEM:																										
2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small>																										
	<small>(City, town, state, zip code)</small>																										
D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CITY OR TOWN</td> <td style="width: 25%;">STATE</td> <td colspan="2"></td> </tr> <tr> <td>Chicago</td> <td>IL</td> <td colspan="2"></td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>			CITY OR TOWN	STATE			Chicago	IL			CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																										
Chicago	IL																										
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																								
Alda	MD	A	1																								
Alliance	MD	B	2																								
Gering	MD	B	3																								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company		SYSTEM ID# 62985		
<p>Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.</p> <p>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>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).</p> <p>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.</p>				D Area Served
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Chicago	IL	AA	2	
Addison	IL	AA	2	
Algonquin	IL	AA	1	
Alsip	IL	AA	2	
Arlington Heights	IL	AA	1	
Aroma Park	IL	AA	2	
Aurora	IL	AA	1	
Bannockburn	IL	AA	1	
Barrington	IL	AA	1	
Barrington Hills	IL	AA	1	
Bartlett	IL	AA	1	
Batavia	IL	AA	1	
Beach Park	IL	AA	1	
Bedford Park	IL	AA	2	
Bellwood	IL	AA	2	
Bensenville	IL	AA	2	
Berkeley	IL	AA	2	
Berwyn	IL	AA	2	
Bloomington	IL	AA	1	
Blue Island	IL	AA	2	
Bolingbrook	IL	AA	2	
Boulder Hill	IL	AA	1	
Bourbonnais	IL	AA	2	
Bradley	IL	AA	2	
Bridgeview	IL	AA	2	
Broadview	IL	AA	2	
Brookfield	IL	AA	2	
Buffalo Grove	IL	AA	1	
Bull Valley	IL	AA	1	
Burbank	IL	AA	2	
Burlington	IL	AA	1	
Burnham	IL	AA	2	
Burr Ridge	IL	AA	2	
Calumet City	IL	AA	2	
Calumet Park	IL	AA	2	
Campton Hills	IL	AA	1	
Carol Stream	IL	AA	1	
Carpentersville	IL	AA	1	
Cary	IL	AA	1	

See instructions for additional information on alphabetization.

First
Community

Channahon	IL	AA	2
Chicago Heights	IL	AA	2
Chicago Ridge	IL	AA	2
Cicero	IL	AA	2
Clarendon Hills	IL	AA	2
Cook Unincorporated County (East)	IL	AA	2
Cook Unincorporated County (West)	IL	AA	3
Country Club Hills	IL	AA	2
Countryside	IL	AA	2
Crest Hill	IL	AA	2
Crestwood	IL	AA	2
Crystal Lake	IL	AA	1
Darien	IL	AA	2
Deer Park	IL	AA	1
Deerfield	IL	AA	1
Des Plaines	IL	AA	2
Dixmoor	IL	AA	2
Dolton	IL	AA	2
Downers Grove	IL	AA	2
Dupage Unincorporated County (East)	IL	AA	2
Dupage Unincorporated County (West)	IL	AA	3
East Dundee	IL	AA	1
East Hazel Crest	IL	AA	2
Elburn	IL	AA	1
Elgin	IL	AA	1
Elk Grove Village	IL	AA	2
Elmhurst	IL	AA	2
Elmwood Park	IL	AA	2
Evanston	IL	AA	3
Evergreen Park	IL	AA	2
Fairmont	IL	AA	2
Flossmoor	IL	AA	2
Forest Park	IL	AA	2
Forest View	IL	AA	3
Fox Lake	IL	AA	1
Fox River Grove	IL	AA	1
Frankfort	IL	AA	2
Franklin Park	IL	AA	2
Geneva	IL	AA	1
Gilberts	IL	AA	1
Glen Ellyn	IL	AA	2
Glencoe	IL	AA	1
Glendale Heights	IL	AA	1
Glenview	IL	AA	2
Glenwood	IL	AA	2
Golf	IL	AA	2
Grayslake	IL	AA	1
Green Oaks	IL	AA	2
Grundy Unincorporated County	IL	AA	1
Gurnee	IL	AA	1
Hainesville	IL	AA	1
Hampshire	IL	AA	2
Hanover Park	IL	AA	1
Harvey	IL	AA	2
Harwood Heights	IL	AA	2
Hawthorn Woods	IL	AA	1
Hazel Crest	IL	AA	2

Add rows as necessary.

Hickory Hills	IL	AA	2
Highland Park	IL	AA	1
Highwood	IL	AA	1
Hillside	IL	AA	2
Hinsdale	IL	AA	2
Hodgkins	IL	AA	2
Hoffman Estates	IL	AA	1
Holiday Hills	IL	AA	1
Homer Glen	IL	AA	2
Hometown	IL	AA	2
Homewood	IL	AA	2
Huntley	IL	AA	1
Indian Creek	IL	AA	1
Indian Head Park	IL	AA	2
Inverness	IL	AA	1
Island Lake	IL	AA	1
Itasca	IL	AA	2
Johnsburg	IL	AA	1
Joliet	IL	AA	2
Justice	IL	AA	2
Kane Unincorporated County	IL	AA	1
Kankakee	IL	AA	2
Kankakee Unincorporated County	IL	AA	2
Kendall Unincorporated County	IL	AA	1
Kenilworth	IL	AA	3
Kildeer	IL	AA	1
La Grange	IL	AA	2
La Grange Park	IL	AA	2
Lake Barrington	IL	AA	1
Lake Bluff	IL	AA	1
Lake Forest	IL	AA	2
Lake in the Hills	IL	AA	1
Lake Unincorporated County	IL	AA	1
Lake Villa	IL	AA	1
Lake Zurich	IL	AA	1
Lakemoor	IL	AA	1
Lakewood	IL	AA	2
Lansing	IL	AA	2
Lemont	IL	AA	1
Libertyville	IL	AA	1
Limestone	IL	AA	2
Lincolnshire	IL	AA	1
Lincolnwood	IL	AA	2
Lindenhurst	IL	AA	1
Lisle	IL	AA	2
Lockport	IL	AA	2
Lombard	IL	AA	2
Long Grove	IL	AA	1
Lynwood	IL	AA	2
Lyons	IL	AA	2
Manhattan	IL	AA	2
Marengo	IL	AA	1
Markham	IL	AA	2
Matteson	IL	AA	2
Maywood	IL	AA	2
McCullom Lake	IL	AA	1
McHenry	IL	AA	1

Mchenry Unincorporated County	IL	AA	1
Melrose Park	IL	AA	2
Merrionette Park	IL	AA	2
Mettawa	IL	AA	1
Midlothian	IL	AA	2
Minooka	IL	AA	2
Mokena	IL	AA	2
Montgomery	IL	AA	2
Morris	IL	AA	1
Morton Grove	IL	AA	2
Mount Prospect	IL	AA	2
Mundelein	IL	AA	1
Naperville	IL	AA	2
New Lenox	IL	AA	2
Niles	IL	AA	2
Norridge	IL	AA	2
North Aurora	IL	AA	1
North Barrington	IL	AA	1
North Chicago	IL	AA	1
North Riverside	IL	AA	2
Northbrook	IL	AA	1
Northfield	IL	AA	2
Northlake	IL	AA	3
Oak Brook	IL	AA	2
Oak Forest	IL	AA	2
Oak Lawn	IL	AA	2
Oak Park	IL	AA	2
Oakbrook Terrace	IL	AA	2
Oakwood Hills	IL	AA	1
Olympia Fields	IL	AA	2
Orland Hills	IL	AA	2
Orland Park	IL	AA	2
Oswego	IL	AA	1
Palatine	IL	AA	1
Palos Heights	IL	AA	2
Palos Hills	IL	AA	2
Palos Park	IL	AA	2
Park City	IL	AA	1
Park Forest	IL	AA	2
Park Ridge	IL	AA	2
Phoenix	IL	AA	2
Pingree Grove	IL	AA	1
Pistakee Highlands	IL	AA	1
Plainfield	IL	AA	2
Plano	IL	AA	1
Port Barrington	IL	AA	1
Posen	IL	AA	2
Prairie Grove	IL	AA	1
Preston Heights	IL	AA	2
Prospect Heights	IL	AA	1
Richton Park	IL	AA	2
Ringwood	IL	AA	1
River Forest	IL	AA	2
River Grove	IL	AA	2
Riverdale	IL	AA	2
Riverside	IL	AA	2
Riverwoods	IL	AA	1
Robbins	IL	AA	2

Rockdale	IL	AA	2
Rolling Meadows	IL	AA	1
Romeoville	IL	AA	2
Roselle	IL	AA	1
Rosemont	IL	AA	2
Round Lake	IL	AA	1
Round Lake Beach	IL	AA	1
Round Lake Heights	IL	AA	1
Round Lake Park	IL	AA	1
Saint Charles	IL	AA	1
Schaumburg	IL	AA	1
Schiller Park	IL	AA	2
Shorewood	IL	AA	2
Skokie	IL	AA	2
Sleepy Hollow	IL	AA	1
South Barrington	IL	AA	1
South Chicago Heights	IL	AA	2
South Elgin	IL	AA	1
South Holland	IL	AA	2
Steger	IL	AA	2
Stickney	IL	AA	2
Stone Park	IL	AA	2
Streamwood	IL	AA	1
Sugar Grove	IL	AA	2
Summit	IL	AA	2
Third Lake	IL	AA	1
Thornton	IL	AA	2
Tinley Park	IL	AA	2
Tower Lakes	IL	AA	1
Trout Valley	IL	AA	1
Vernon Hills	IL	AA	1
Villa Park	IL	AA	2
Volo	IL	AA	1
Wadsworth	IL	AA	1
Warrenville	IL	AA	1
Wauconda	IL	AA	1
Waukegan	IL	AA	1
Wayne	IL	AA	1
West Chicago	IL	AA	1
West Dundee	IL	AA	1
Westchester	IL	AA	2
Western Springs	IL	AA	2
Westmont	IL	AA	2
Wheaton	IL	AA	1
Wheeling	IL	AA	1
Will Unincorporated County	IL	AA	2
Willow Springs	IL	AA	2
Willowbrook	IL	AA	2
Wilmette	IL	AA	3
Wilmington	IL	AA	2
Winfield	IL	AA	2
Winnetka	IL	AA	3
Winthrop Harbor	IL	AA	1
Wood Dale	IL	AA	2
Woodridge	IL	AA	2
Woodstock	IL	AA	1
Worth	IL	AA	2
York Center	IL	AA	2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company				SYSTEM ID# 62985	
E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</p> <p>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).</p> <p>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).</p> <p>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.</p> <p>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)."</p> <p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	245,145	\$ 19.00	HD Tech Fee	160,390	\$ 10.00
	• Service to first set			Set-Top Box	246,508	\$0-\$15
	• Service to additional set(s)			Broadcast TV Surcharge	245,145	\$6.99-\$9.99
	• FM radio (if separate rate)					
	Motel, hotel					
	Commercial	1,363	\$ 20.00			
	Converter					
	• Residential					
	• Non-residential					

F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</p> <p>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.</p> <p>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services:		Installation: Non-residential		Video on Demand	\$0-\$100
	• Pay cable		• Motel, hotel		Service Activation Fee	\$0-\$35
	• Pay cable—add'l channel	\$5-\$199	• Commercial		Credit Management Fee	\$0-\$449
	• Fire protection		• Pay cable		Dispatch on Demand	\$99
	• Burglar protection		• Pay cable-add'l channel		Wireless Receiver	\$0-\$49
	Installation: Residential		• Fire protection		HD Premium Tier	\$10
	• First set	\$0-\$199	• Burglar protection		DVR Upgrade Fee	\$15
	• Additional set(s)		Other services:		Vacation Hold	\$7
	• FM radio (if separate rate)		• Reconnect	\$0-\$35		
	• Converter		• Disconnect			
			• Outlet relocation	\$0-\$55		
			• Move to new address			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

G

Primary Transmitters: Television

CHANNEL LINE-UP AA

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBBM/WBBMHD	2/1002	N	No		Chicago, IL
WCIU/WCIUHD	26/1026	I			Chicago, IL
WCPX/WCPXHD	38/1038	I	No		Chicago, IL
WESV-LD/WESVL	40/1040	I	No		Chicago,, IL
WFLD/WFLDHD	32/1032	I	No		Chicago, IL
WGB0/WGB0HD	66/1066	I	No		Joliet, IL
WGN9/WGN9HD	9/1009	I	No		Chicago, IL
WJYS	62	I	No		Hammond, IN
WLS/WLSHD	7/1007	N	No		Chicago, IL
WMAQ/WMAQHD	5/1005	N	No		Chicago, IL
WMEU	48	I	No		Chicago, IL
WMEU-CD	48	I	No		Chicago, IL
WOCK-CD/WODK	13/1013	I	No		Chicago, IL
WPVN-LD	24	I	No		Aurora, IL
WPWR/WPWRHD	50/1050	I	No		Gary, IN
WSNS/WSNSHD	44/1044	I	No		Chicago, IL
WTTW/WTTWHD	11/1011	E	No		Chicago, IL

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985	Name <div style="text-align: center; font-size: 2em; font-weight: bold;">G</div> Primary Transmitters: Television
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CHANNEL LINE-UP AC

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985	Name																		
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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.		K Gross Receipts																		
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">90,448,172.19</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">(Amount of gross receipts)</td> </tr> </table>	\$	90,448,172.19	(Amount of gross receipts)															
\$	90,448,172.19																			
(Amount of gross receipts)																				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. <p>▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</p> <p>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.</p> <p>▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.</p>		L Copyright Royalty Fee																		
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the 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.	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">90,448,172.19</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px; margin-top: 10px;"></td> </tr> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">962,368.55</td> </tr> </table>	\$	90,448,172.19			\$	962,368.55												
\$	90,448,172.19																			
\$	962,368.55																			
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4. 																			
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: 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	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">82,057.40</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px; margin-top: 10px;"></td> </tr> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">82,057.40</td> </tr> </table>	\$	82,057.40			\$	82,057.40												
\$	82,057.40																			
\$	82,057.40																			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. 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 Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">962,368.55</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px; margin-top: 10px;"></td> </tr> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px; margin-top: 10px;"></td> </tr> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px; margin-top: 10px;"></td> </tr> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">725.00</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px; margin-top: 10px;"></td> </tr> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">963,093.55</td> </tr> </table>	\$	962,368.55			\$	0.00			\$	0.00			\$	725.00			\$	963,093.55
\$	962,368.55																			
\$	0.00																			
\$	0.00																			
\$	725.00																			
\$	963,093.55																			
		Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.																		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985
M Channels	<p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 37</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 758</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name <u>Myriam Nassif</u> Telephone <u>310-964-1930</u></p> <p>Address <u>2260 E Imperial Hwy Room 839</u> (Number, street, rural route, apartment, or suite number)</p> <p><u>El Segundo, CA 90245</u> (City, town, state, zip)</p> <p>Email <u>mn112s@att.com</u> Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (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 <input checked="" type="checkbox"/> (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. <ul style="list-style-type: none"> • 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)] <div style="margin-top: 20px;"> X /s/ Michael Santogrossi </div> <p style="font-size: small; margin-top: 10px;">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.</p> <p>Typed or printed name: Michael Santogrossi</p> <hr style="border-top: 1px dotted black;"/> <p>Title: <u>Vice President – Finance</u> (Title of official position held in corporation or partnership)</p> <p>Date: <u>February 26, 2020</u></p>	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985	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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p>* 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.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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.</p> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____		Q Interest Assessment

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

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 filing 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 76.63 (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 SCHEDULE

- 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, 1981, 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.

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

SCHEDULE

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

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

First DSE	1.064% of gross receipts
Each of the second, third, and fourth DSEs	0.701% of gross receipts
The fifth and each additional DSE	0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- If any of the stations were partially distant:
 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 2. Identify the communities/areas represented by each subscriber group.
 3. For each subscriber group, calculate the total number of DSEs of that group’s complement of stations.
 - If your system is located wholly outside all major and smaller television markets, give each station’s DSEs as you gave them in parts 2, 3, and 4 of the schedule; or
 - If any portion of your system is located in a major or smaller television market, give each station’s DSE as you gave it in block B, part 6 of this schedule.
 4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group’s complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system’s total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

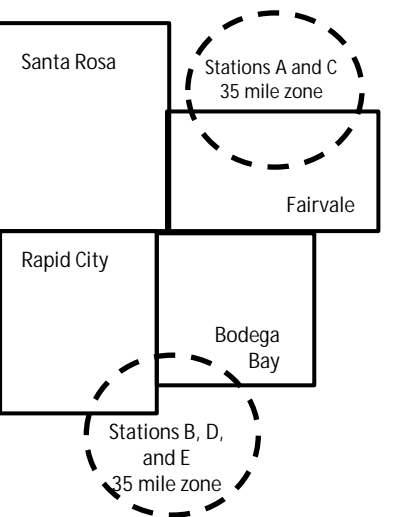
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



Distant Stations Carried		Identification of Subscriber Groups		GROSS RECEIPTS FROM SUBSCRIBERS
STATION	DSE	CITY	OUTSIDE LOCAL SERVICE AREA OF	
A (independent)	1.0		Stations A, B, C, D, E	\$310,000.00
B (independent)	1.0	Santa Rosa	Stations A and C	100,000.00
C (part-time)	0.083	Rapid City	Stations A and C	70,000.00
D (part-time)	0.139	Bodega Bay	Stations B, D, and E	120,000.00
E (network)	0.25	Fairvale		
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 (Santa Rosa)		Second Subscriber Group (Rapid City and Bodega Bay)		Third Subscriber Group (Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94
 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985
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SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.	0.25	
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2
Computation of DSEs for Category "O" Stations

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

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WYIN/WYINHD	0.250				

Add rows as necessary. Remember to copy all formula into new rows.

--	--	--	--	--	--

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985
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3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	<p>Instructions: CAPACITY</p> <p>Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).</p> <p>Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.</p> <p>Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.</p> <p>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.</p> <p>Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."</p> <p>Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.)</p>					
CATEGORY LAC STATIONS: COMPUTATION OF DSEs						
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE
		÷	=	=	x	=
		÷	=	=	x	=
		÷	=	=	x	=
		÷	=	=	x	=
		÷	=	=	x	=
		÷	=	=	x	=
		÷	=	=	x	=
		÷	=	=	x	=
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,					0.00	

4 Computation of DSEs for Substitute-Basis Stations	<p>Instructions:</p> <p>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:</p> <ul style="list-style-type: none"> Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). <p>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</p> <p>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</p> <p>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).</p>							
SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs								
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=	=		÷	=	=
		÷	=	=		÷	=	=
		÷	=	=		÷	=	=
		÷	=	=		÷	=	=
		÷	=	=		÷	=	=
		÷	=	=		÷	=	=
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,					0.00			

5 Total Number of DSEs	<p>TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.</p>			
	1. Number of DSEs from part 2= _____	u		0.25
	2. Number of DSEs from part 3= _____	u		0.00
	3. Number of DSEs from part 4= _____	u		0.00
	TOTAL NUMBER OF DSEs _____			0.25

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company						SYSTEM ID# 62985		Name	
<p>Instructions: Block A must be completed. In block A:</p> <ul style="list-style-type: none"> • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below. 						6		Computation of 3.75 Fee	
BLOCK A: TELEVISION MARKETS									
<p>Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?</p> <p><input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.</p> <p><input checked="" type="checkbox"/> No—Complete blocks B and C below.</p>									
BLOCK B: CARRIAGE OF PERMITTED DSEs									
<p>Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)</p> <p>Column 2: BASIS OF PERMITTED CARRIAGE Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]</p> <p>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)</p> <p>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</p> <p>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</p> <p>E Carried pursuant to individual waiver of FCC rules (76.7)</p> <p>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</p> <p>G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]</p> <p>M Retransmission of a distant multicast stream.</p> <p>Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)</p>									
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WYIN/WYIN	C	0.25							
						0.25			
BLOCK C: COMPUTATION OF 3.75 FEE									
Line 1: Enter the total number of DSEs from part 5 of this schedule									
Line 2: Enter the sum of permitted DSEs from block B above									
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)									
Line 4: Enter gross receipts from space K (page 7)									
						x 0.0375			
Line 5: Multiply line 4 by 0.0375 and enter sum here									
						x			
Line 6: Enter total number of DSEs from line 3									
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)						0.00			

Do any of the DSEs represent partially permitted/partially nonpermitted carriage? If yes, see part 9 instructions.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Illinois Bell Telephone Company	62985

**Worksheet for
Computating
the DSE
Schedule for
Permitted
Part-Time and
Substitute
Carriage**

Instructions: You must complete this worksheet for those stations identified by the letter “F” in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)
 Column 1: List the call sign for each distant station identified 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 file in the Licensing Division.

PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS

1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE

**7
Computation
of the
Syndicated
Exclusivity
Surcharge**

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.

BLOCK A: MAJOR TELEVISION MARKET

• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?
 Yes—Complete blocks B and C. No—Proceed to part 8

BLOCK B: Carriage of VHF/Grade B Contour Stations

Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?
 Yes—List each station below with its appropriate permitted DSE
 No—Enter zero and proceed to part 8.

CALL SIGN	DSE	CALL SIGN	DSE
TOTAL DSEs			0.00

BLOCK C: Computation of Exempt DSEs

Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)
 Yes—List each station below with its appropriate permitted DSE
 No—Enter zero and proceed to part 8.

CALL SIGN	DSE	CALL SIGN	DSE
TOTAL DSEs			0.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company		SYSTEM ID# 62985	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7)	\$ 90,448,172.19	7 Computation of the Syndicated Exclusivity Surcharge
Section 2	A. Enter the total DSEs from block B of part 7	0.00	
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	
	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	
• Is any portion of the cable system within a top 50 television market as defined by the FCC? <input checked="" type="checkbox"/> Yes—Complete section 3 below. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)	\$ _____	
	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 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 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? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.		
	A. Enter 0.00300 of gross receipts (the amount in section 1)	\$ _____	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	\$ _____	
	C. Subtract 1.000 from total permitted DSEs (the 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	\$ _____	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985
7 Computation of the Syndicated Exclusivity Surcharge	<p>Section 4b If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). u \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). u \$ _____</p> <p>C. Multiply line B by 3.000 and enter here. u \$ _____</p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). u \$ _____</p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. u _____</p> <p>F. Multiply line D by line E and enter here u \$ _____</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p>Syndicated Exclusivity Surcharge. u \$ _____</p>	
8 Computation of Base Rate Fee	<p>Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. <p>What 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.</p>	
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the following sections.</p>	
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
Section 1	Enter the amount of gross receipts from space K (page 7). u \$ _____	
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) u _____	
Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). u \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). u _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. u _____ -</p> <p>D. Multiply line B by line C and enter here. u \$ _____</p> <p>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee. u \$ 0.00</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
A. Enter 0.01064 of gross receipts (the amount in section 1) _____ U \$ _____	8	
B. Enter 0.00701 of gross receipts (the amount in section 1) _____ U \$ _____	Computation of Base Rate Fee	
C. Multiply line B by 3.000 and enter here _____ U \$ _____		
D. Enter 0.00330 of gross receipts (the amount in section 1) _____ U \$ _____		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here _____ U _____		
F. Multiply line D by line E and enter here _____ U \$ _____		
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 _____ U \$ 0.00		

	<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p>Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. • If: <ol style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 	9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62985
	<p>Illinois Bell Telephone Company</p> <p>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.</p> <p>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.</p>

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company						SYSTEM ID# 62985		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					COMMUNITY/ AREA _____ 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WYIN/WYINHD	0.25								
Total DSEs _____ 0.25					Total DSEs _____ 0.00				
Gross Receipts First Group \$ 27,909,418.81					Gross Receipts Second Group \$ 59,599,525.91				
Base Rate Fee First Group \$ 74,239.05					Base Rate Fee Second Group \$ 0.00				
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					COMMUNITY/ AREA _____ 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WYIN/WYINHD	0.25								
Total DSEs _____ 0.25					Total DSEs _____ 0.00				
Gross Receipts Third Group \$ 2,939,227.47					Gross Receipts Fourth Group \$ 0.00				
Base Rate Fee Third Group \$ 7,818.35					Base Rate Fee Fourth Group \$ 0.00				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 82,057.40			

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Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company						SYSTEM ID# 62985		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					COMMUNITY/ AREA _____ 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs _____ 0.00					Total DSEs _____ 0.00				
Gross Receipts First Group \$ _____ 0.00					Gross Receipts Second Group \$ _____ 0.00				
Base Rate Fee First Group \$ _____ 0.00					Base Rate Fee Second Group \$ _____ 0.00				
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					COMMUNITY/ AREA _____ 0				
CALL SIGN	DSE	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					Gross Receipts Fourth Group \$ _____ 0.00				
Base Rate Fee Third Group \$ _____ 0.00					Base Rate Fee Fourth Group \$ _____ 0.00				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ _____			

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Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company						SYSTEM ID# 62985		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					COMMUNITY/ AREA _____ 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs _____ 0.00					Total DSEs _____ 0.00				
Gross Receipts First Group \$ 27,909,418.81					Gross Receipts Second Group \$ 59,599,525.91				
Base Rate Fee First Group \$ 0.00					Base Rate Fee Second Group \$ 0.00				
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					COMMUNITY/ AREA _____ 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs _____ 0.00					Total DSEs _____ 0.00				
Gross Receipts Third Group \$ 2,939,227.47					Gross Receipts Fourth Group \$ 0.00				
Base Rate Fee Third Group \$ 0.00					Base Rate Fee Fourth Group \$ 0.00				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 0.00			

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Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company						SYSTEM ID# 62985		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					COMMUNITY/ AREA _____ 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs _____ 0.00				Total DSEs _____ 0.00					
Gross Receipts First Group \$ _____ 0.00				Gross Receipts Second Group \$ _____ 0.00					
Base Rate Fee First Group \$ _____ 0.00				Base Rate Fee Second Group \$ _____ 0.00					
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA _____ 0					COMMUNITY/ AREA _____ 0				
CALL SIGN	DSE	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				Gross Receipts Fourth Group \$ _____ 0.00					
Base Rate Fee Third Group \$ _____ 0.00				Base Rate Fee Fourth Group \$ _____ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ _____	

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Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985
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9

Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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:

- 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.

FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/> 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 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/> 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 -
<p>SYNDICATED EXCLUSIVITY SURCHARGE</p> First Group \$ <input style="width: 100px;" type="text"/>	<p>SYNDICATED EXCLUSIVITY SURCHARGE</p> Second Group \$ <input style="width: 100px;" type="text"/>
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/> 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 1: Enter the VHF DSEs <input style="width: 100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width: 100px;" type="text"/> 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 -
<p>SYNDICATED EXCLUSIVITY SURCHARGE</p> Third Group \$ <input style="width: 100px;" type="text"/>	<p>SYNDICATED EXCLUSIVITY SURCHARGE</p> Fourth Group \$ <input style="width: 100px;" type="text"/>
<p>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) \$ <input style="width: 100px;" type="text"/></p>	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 62985	
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
	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:		
	<input type="checkbox"/> First 50 major television market <input type="checkbox"/> 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.		
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> 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 <input style="width:100px;" type="text"/> - SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ <input style="width:100px;" type="text"/>	Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> 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 <input style="width:100px;" type="text"/> - SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ <input style="width:100px;" type="text"/>	
SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> 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 <input style="width:100px;" type="text"/> - SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ <input style="width:100px;" type="text"/>	Line 1: Enter the VHF DSEs <input style="width:100px;" type="text"/> Line 2: Enter the Exempt DSEs <input style="width:100px;" type="text"/> 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 <input style="width:100px;" type="text"/> - SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ <input style="width:100px;" type="text"/>		
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)		\$ <input style="width:100px;" type="text"/>	

CONTROL #: 62828

REMITTANCE #: 120095



Cable Worksheet

\$13,723,288.14	69	Initial
Total amount of remittance	Number of SAs rec'd	

02/28/20

Date of remittance Check EFT FILING FEES

Cable ID #	62985		Amount
Examined by	Reviewed by	Date examination completed	Allocation number
EH		04/09/20	1020431
			\$963,093.55

Space A Accounting Period			
	<input type="checkbox"/> January 1 - June 30, 20__	<input checked="" type="checkbox"/> July 1 - December 31, 2019_	
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space B Owner			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space D Area Served			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space E Secondary Transission Service Subscribers: and Rates			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space G Primary Transmitters: Television			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space H Primary Transmitters: Radio			
	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space I
Substitute
Carriage

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space J
Part-time
Carriage Lo
(SA3 only)

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space K
Gross Recei

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space L
Copyright F
Royalty Fee

Royalty Fee should be

Refund request to fiscal

Letter sent

Information received

Accepted

Phoe call/Date/Contact

Space M
Channels

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space O
Certification

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space P
Statement o
Gross Recei

Letter sent

Information received

Accepted

Phone call/Date/Contact

Space Q
Interest
Assessment

Letter sent

Info/add'l fee received

Accepted

Phone call/Date/Contact