

REPORT OF KENTUCKY OPERATIONS



OPERATING AND NONCARRIER PROPERTY

As of December 31, 2000

Name of Taxpayer _____

INSTRUCTIONS: Complete the following summary of Kentucky plant investment for your operation. Indicate the original cost, adjustments and net book values. The total property reported below must equal the total property values reported for all counties on Schedule K. Also, for interstate companies, the totals must agree with the totals found on Schedule L, Section A.

NOTE: Operating leased property and CWIP (construction work in progress) must be separated into real and tangible personal property subclasses. Property classified as a pollution control facility must have received certification under KRS 224.01-300 prior to the January 1 assessment date. For a list of property which qualifies as commercial radio, television and telephonic equipment, contact the Department of Property Valuation.

KENTUCKY PROPERTY INVESTMENT						
	Gross Book Value, Beginning Balance	Additions	Retirements	Gross Book Value, Ending Balance	Accumulated Depreciation	Net Book Value
Land						
Buildings & Leasehold Improvements ..						
CWIP-Real Estate						
Stored Oil, Gas, Coal, etc.-Noncurrent ..						
Operating Leased Property-Real						
Noncarrier Property-Real						
Plant Equipment						
Property Held for Future Use						
Plant Acquisition Adjustment						
Completed Construction not Classified ..						
CWIP-Personal						
Leasehold Improvements-Personal						
Operating Leased Property-Personal						
Spare Parts						
Furniture & Fixtures & Computers						
Materials & Supplies						
Business Inventory for Resale						
Manufacturers Business Inventory						
Manufacturing Machinery						
Radio, Television & Telephonic Equip. .						
Certified Pollution Control Facility Equip.						
Certified Foreign Trade Zone						
Recycling Equipment						
Miscellaneous Personal Property						
Motor Vehicles-AppORTioned & Regular						
Railroad Car Lines						
Noncarrier Property-Personal						
Other _____						
TOTAL						

Did you file a 2001 Public Service Company Property Tax Return for Railroad Car Lines, Revenue Form 61A202? Yes No

If yes, what was the Kentucky Taxable Value from page 1? _____

Did you file a 2001 Kentucky Apportioned Vehicle Return, Revenue Form 61A203? Yes No

What is your KYU number? _____ If yes, what was the Kentucky Taxable Value from page 1, line 29? _____

BALANCE SHEET INFORMATION*As of December 31, 2000***P2**

Please submit internal financial statement (preferably audited) if available. Otherwise, prepare this schedule. Financial statements required should represent the entire unit, not just Kentucky portion.

Line No.	Item	Amount for Current Year (Omit Cents)
	ASSETS	
	Current Assets:	
1.	Cash	
2.	Temporary Investments	
3.	Accounts Receivable (<i>Attach Separate Schedule Showing Detail</i>)	
4.	Intercompany Accounts Receivable (<i>Attach Separate Schedule Showing Detail</i>)	
5.	Inventory	
6.	Other Current Assets (<i>Attach Separate Schedule Showing Detail</i>)	
7.	Total Current Assets	
	Fixed Assets:	
8.	Land	
9.	Building	
10.	Plant Equipment	
11.	Unallocated Items	
12.	Materials and Supplies	
13.	Construction Work in Progress	
14.	Other Fixed Assets	
15.	Plant Adjustment	
16.	Less: Accumulated Depreciation	
17.	Total Fixed Assets	
	Other Assets:	
18.	Other Assets (<i>Attach Separate Schedule Showing Detail</i>)	
19.	Less: Accumulated Amortization	
20.	Goodwill Less: Accumulated Amortization	
21.	Total Other Assets	
22.	Total Assets	
	LIABILITIES	
	Current Liabilities:	
23.	Loans Payable	
24.	Accounts Payable	
25.	Other Current Liabilities	
26.	Total Current Liabilities	
	Deferred Credits:	
27.	Total Deferred Credits	
	Long-Term Debt:	
28.	Total Long-Term Debt	
	Owner's Equity:	
29.	Total Stock Issued	
30.	Proprietor's Equity	
31.	Retained Earnings	
32.	Other Owner's Equity	
33.	Total Owner's Equity	
34.	Total Liabilities and Owner's Equity	

RESULTS OF OPERATIONS
12 Months Ending December 31, 2000

Please submit internal financial statement (preferably audited) if available. Otherwise, prepare this schedule. Financial statements required should represent the entire unit, not just Kentucky portion.

Line No.	Item	Amount for Current Year (Omit Cents)
	Operating Income:	
1.	Operating Revenue	
2.	Cost of Goods Sold <i>(Attach Separate Schedule Showing Detail)</i>	
3.	Operating Gross Profit	
4.	Owner's Compensation	
5.	Employees' Wages and Benefits	
6.	Operating Lease Payments	
7.	Depreciation	
8.	Amortization	
9.	Taxes, Other Than Income	
10.	All Other Deductions <i>(Attach Separate Schedule Showing Detail)</i>	
11.	Operating Net Income	
	Other Income and Expenses:	
12.	Other Income, Net <i>(Attach Separate Schedule Showing Detail)</i>	
13.	Net Income Before Interest and Taxes	
14.	Interest Income	
15.	Interest Expense	
16.	Net Income Before Taxes	
17.	Income Taxes	
18.	Deferred Income Taxes	
19.	Net Income	

Total Number of Employees: Full-time _____ Part-time _____ Total _____

Date of Organization or Purchase _____

Present Owner Purchased Operation, Give Name of Prior Owner

Purchase Price (Including all considerations) _____

Date Service Began _____

Subscribers/Customers _____

Average Regular Subscriber/Customer Monthly Fee _____

Revenue and Expense for Five Previous Years

Year Ending December 31,	1999	1998	1997	1996	1995
Gross Revenue	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Operating Expenses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Depreciation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Amortization	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Operating Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Income Net	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interest Expense Federal and State Income Taxes	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
NET INCOME	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Part F	Fixed Asset Classification	Amount	Useful Life (Years)	Fixed Asset Classification	Amount	Useful Life (Years)
12. Estimated Useful Lives of Fixed Assets		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	

Part G	Amount	Number of Persons
13. Salaries to Owners	\$	
14. Other Direct Payment Included in Total	Total Amount	Type
	\$	
15. Expense Payments to Spouse or Relatives	Total Amount	Type
	\$	

- | | |
|---|--|
| Type
(1) Rent
(2) Payments for Services
(3) Payment for Equipment | (4) Payments for Supplies
(5) Travel and Entertainment
(6) Other |
|---|--|

CABLE TELEVISION REVENUES AND EXPENSES

12 Months Ending December 31, 2000

Line No.	Item	Amount for Current Year (Omit Cents)
	Operating Revenues:	
1.	Installation Revenue \$ Less Installation Expenses \$	
2.	Regular Subscriber Revenue	
3.	Per Program or Per Channel Gross Revenue (Pay Television)	
4.	Advertising Revenue	
5.	Special Service Revenue	
6.	Other Revenue <i>(Attach Separate Schedule Showing Detail)</i>	
7.	Total Operating Revenues	
	Operating Expenses; Service Expenses:	
8.	Salaries, Wages and Employee Benefits	
9.	Pole Rentals	
10.	Other Rentals	
11.	Private Microwave Service (CARS)	
12.	Common Carrier Microwave Service	
13.	Total Tariff (Leaseback) Charges <i>(Applies Only to Systems Receiving Telephone Company Channel Service)</i>	
14.	All Other Service Expenses <i>(Attach Separate Schedule Showing Detail)</i>	
15.	Payments to Pay Cable Program Supplies	
	Origination Expenses:	
16.	Salaries, Wages and Employee Benefits	
17.	All Other Origination Expenses <i>(Attach Separate Schedule Showing Detail)</i>	
	Selling, General and Administrative Expenses:	
18.	Salaries, Wages and Employee Benefits	
19.	Franchise Fees	
20.	Copyright Fees	
21.	All Other Selling, General and Administrative Expenses <i>(Attach Separate Schedule Showing Detail)</i>	
22.	Total Operating Expense	
23.	Total Operating Income	
	Depreciation and Amortization:	
24.	Depreciation	
25.	Amortization	
	OTHER INCOME AND EXPENSES	
	Other Income:	
26.	Total Other Income	
	Other Expenses:	
27.	Interest	
28.	Miscellaneous	
	INCOME TAXES	
29.	State and Local	
30.	Federal	
31.	Total Net Income	

CABLE TELEVISION REPORTING FORM

As of December 31, 20_____

SYSTEM AND HEAD-END INFORMATION

Total Number of Head-Ends for System _____ . Total Number of Head-Ends in Kentucky _____ .

Location of Head-End (State/County/City)	System HMZ	Channel Capacity	Miles of Cable	Miles of Fiber Optic Cables	Subscribers
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____

Total Underground Cables _____ Miles Homes in Franchise Area _____
 Total Overhead Cables _____ Miles Homes Passed by Cable _____
 Total All Miles of Cables _____ Miles Subscriber Penetration _____

Total Miles of Fiber Optic Cables _____ Miles (includes in above totals)
 Total Miles of Fiber Optic Cables in Kentucky _____ Miles (included in above totals)

ADDITIONS TO PLANT

Miles Added During Prior Year: Underground Miles _____ Overhead Miles _____
 Head-end Equipment Added _____ Total Miles Added _____
 Fiber Optic Miles Added During Prior Year (included in above totals) _____

PLANT REBUILDING OR UPGRADING

Rebuilt Miles During Prior Year: Underground Miles _____ Overhead Miles _____
 Head-end Equipment Rebuilt/Upgraded _____ Total Miles Rebuilt _____
 Fiber Optic Miles Added During Prior Year (included in above totals) _____

OTHER INFORMATION (To be current replacement cost or value new as of December 31.)

Number of Customer's Converters: In Use _____ In Stock (warehouse) _____
 Cost or Value of Monitoring and Testing Equipment \$ _____
 Cost or Value of Any Office Furniture/Equipment \$ _____
 Cost or Value of Any Studio/Camera Equipment \$ _____

Total Customers Served by System _____

SERVICES AVAILABLE

	Number of Subscribers	Fee for Service	Number of Channels/Name of Service
Basic Service	_____	_____	Basic: No. of Channels _____
Expanded Basic	_____	_____	Expanded: No. of Channels _____
1st Pay Channel (name)	_____	_____	_____
2nd Pay Channel (name)	_____	_____	_____
3rd Pay Channel (name)	_____	_____	_____
4th Pay Channel (name)	_____	_____	_____
Others (list)	_____	_____	_____
	_____	_____	_____

Report the Annual Gross Income for These Channels for the Prior Year \$ _____

LIST TOTAL CAPITAL EXPENDITURES OR MAJOR IMPROVEMENT COST FOR YEAR

Item	Date Started	Date Completed	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CABLE TELEVISION INVESTMENT REPORT FORM
 This report is to cover all years of the system since it was originally built.

PLANT DISTRIBUTION SYSTEM

Year Installed	Number of Miles		Total Miles	Installed Cost, New
	UG	OH		
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____
7. _____	_____	_____	_____	\$ _____
8. _____	_____	_____	_____	\$ _____
9. _____	_____	_____	_____	\$ _____
10. _____	_____	_____	_____	\$ _____
11. _____	_____	_____	_____	\$ _____
12. _____	_____	_____	_____	\$ _____

ELECTRONICS/HEAD-END EQUIPMENT

Year Installed	Number Channels	Items Installed	Installed Cost, New
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____

TOWER

Year Installed	Height	Is it Guyed?	Installed Cost, New
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____
19 _____	_____	_____	\$ _____

SATELLITE DISH(ES)

Year Installed	Size by Meters	Installed Cost, New
19 _____	_____	\$ _____
19 _____	_____	\$ _____
19 _____	_____	\$ _____
19 _____	_____	\$ _____
19 _____	_____	\$ _____

Franchise

Franchise Life _____
 Franchise Fee _____

Franchise Expiration Date _____
 FCC CUID Number _____