

CABLE TELEVISION REVENUES AND EXPENSES
12 Months Ending December 31, 2003

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 (<i>Attach Separate Schedule Showing Detail</i>)	
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.	Operating Lease Payments (Rents)—Real*	
11.	Operating Lease Payments (Rents)—Personal*	
12.	Operating Lease Payments (Rents)—Motor Vehicles*	
13.	Private Microwave Service (CARS)	
14.	Common Carrier Microwave Service	
15.	Total Tariff (Leaseback) Charges (Applies Only to Systems Receiving Telephone Company Channel Service)	
16.	All Other Service Expenses (<i>Attach Separate Schedule Showing Detail</i>)	
17.	Payments to Pay Cable Program Supplies	
Origination Expenses:		
18.	Salaries, Wages and Employee Benefits	
19.	All Other Origination Expenses (<i>Attach Separate Schedule Showing Detail</i>)	
Selling, General and Administrative Expenses:		
20.	Salaries, Wages and Employee Benefits	
21.	Franchise Fees	
22.	Copyright Fees	
23.	All Other Selling, General and Administrative Expenses (<i>Attach Separate Schedule Showing Detail</i>)	
24.	Total Operating Expense	
25.	Total Operating Income	
Depreciation and Amortization:		
26.	Depreciation	
27.	Amortization	
OTHER INCOME AND EXPENSES		
Other Income:		
28.	Total Other Income	
Other Expenses:		
29.	Interest	
30.	Miscellaneous	
INCOME TAXES		
31.	State and Local	
32.	Federal	
33.	Total Net Income	

*Must complete Schedules N1 and N2.

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
1. _____	_____	_____	_____ \$
2. _____	_____	_____	_____ \$
3. _____	_____	_____	_____ \$
4. _____	_____	_____	_____ \$
5. _____	_____	_____	_____ \$
6. _____	_____	_____	_____ \$
7. _____	_____	_____	_____ \$
8. _____	_____	_____	_____ \$
9. _____	_____	_____	_____ \$

TOWER

Year Installed	Height	Is it Guyed?	Installed Cost, New
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
7. _____	_____	_____	\$ _____
8. _____	_____	_____	\$ _____
9. _____	_____	_____	\$ _____

SATELLITE DISH(ES)

Year Installed	Size by Meters	Installed Cost, New
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Franchise

Franchise Life _____
Franchise Fee _____

Franchise Expiration Date _____
FCC CUID Number _____

INSTRUCTIONS FOR SCHEDULES P1, P2 AND P3

REPORTING FORMS FOR CABLE TELEVISION COMPANIES

SCHEDULES P1 AND P2

Report the system megahertz, the total number of channels the system is capable of distributing based on cable size, and the number of channels in place or use. If the equipment is in place, but not in use, add statement of explanation on attached supplemental page.

Plant and Electronics: List for each year the number of miles of underground cable and overhead cable installed and the total miles installed from the original time the system was built. If additional space is needed, attach an additional supplemental list similar to this form. The total underground and overhead miles of cable is required immediately below. State the number of trunk miles of cable that the system has and the number of feeder cable miles.

Tower: Report each and every tower in place, the year installed, its height in feet, and whether it is guyed. If the tower is unusual or the owner/taxpayer wishes to supply additional information, attach a supplemental page. The tower height is not to include the antenna.

Satellite Dish(es): Report each satellite dish present on the system in this taxing jurisdiction and system. The size should be stated by meters and the year installed.

Additions to Plant: This section calls for the number of miles of new plant and electronics added during the prior year, showing the breakdown between underground and overhead miles of cable added.

Plant Rebuilding or Upgrading: Report the number of miles of plant rebuilt during the prior year, showing also the number of miles of underground and overhead cable rebuilt or upgraded.

Other Information: All costs or values data to be current replacement cost or value new as of December 31 of the year for which the report is required or requested. The number of customer converters to two parts; one figure is to represent those converters in use by the subscribers which are owned, leased or managed by the cable company; the second figure is to represent those converters in stock and not currently distributed as of December 31. Enter the current replacement cost or value new for all monitoring, testing equipment, office furniture and equipment, studio, props and camera equipment on the appropriate lines.

Services Available: Describe basic service, the number of subscribers and the fee for this service. Describe expanded basic service, if offered, the number of subscribers and the fee for this service. List and furnish all information on each and every pay channel, the number of subscribers and the fee for each as well as any other type of service offered. Report the annual gross income for these channels for the prior year.

List Total Capital Expenditures or Major Improvement Cost for Year: The cost items should be listed and date project started and date completed should be stated, as well as installed cost reported as of December 31 for the year of this report.

SCHEDULE P3

Report the installed original cost for the items of the system listed. The cost is to be by year installed and unadjusted for any items removed or replaced.