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.

SA1-2E Short Form

TATEM	ENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workboo by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.go
eneral instru	ems (Short Form) uctions are located of this workbook	08/18/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division a Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YYYY Period 1 = January 1 - June 30	// (Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional - se	e instructions)	
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the pare	of the cable system. If the owner is a subsidiant to corporation.	y of another corporation, give the full corp	porate title
Owner	List any other name or names under v	which the owner conducts the business of the ca	able system.	
		the accounting period, only the owner on the la ty fee payment covering the entire accounting		bmit a
	single statement of account and royal		period.	bmit a 63663
	single statement of account and royal	ty fee payment covering the entire accounting	period.	

Enterprise Fund of the City of Waverly, Iowa

		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1002 Adams Parkway
		(Number, street, rural route, apartment, or suite number)
		Waverly, IA 50677
		(City, town, state, zip)
		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	Waverly Utilities
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Accounting Period:	2020/1	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Waverly Communications Utility	63663
D	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	' is the same as a "community unit" as defined in FCC rules: "a nities within unincorporated areas and including single, discrete
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon identified city.	ne parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community		
Add Rows as Necessary		

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM:					SYS	
	Waverly Communicatio	ns Utility						6366
-	SECONDARY TRANSMISSION	I SERVICE: SU	BSCRIBERS	AND RATES				
E	In General: The information in s	•		•	•			
Secondary	system, that is, the retransmiss about other services (including							
Transmission	last day of the accounting period			•		those exis	sting on the	
Service: Sub-	Number of Subscribers: Bot					able syster	n, broken	
scribers and	down by categories of secondar	•	-		•			
Rates	each category by counting the r separately for the particular service	-		•••	•	-	s charged	
	Rate: Give the standard rate of						rge and the	
	unit in which it is generally billed	d. (Example: "\$2	20/mth"). Sum	marize any stand				
	category, but do not include dis				acondary transm	iccion con	ico that cable	
	Block 1: In the left-hand block systems most commonly provid			-	•			
	that applies to your system. Not							
	categories, that person or entity							
	subscriber who pays extra for ca					nder "Serv	ice to the	
	Block 2: If your cable system	•		• • •		e different	from those	
	printed in block 1 (for example,	-						
	with the number of subscribers	and rates, in the	e right-hand b	lock. A two- or th	ree-word descrip	tion of the	service is	
	sufficient.	OCK 1				BLOCK	(2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS RA	ATE CA	TEGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		,135	23.55				
	 Service to first set Service to additional set(s) 		,135	23.55				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential	2	2,259	4.95				
	Non-residential							
	SERVICES OTHER THAN SEC In General: Space F calls for ra				all your cable sy	etom's sor	vices that were	
F	not covered in space E, that is,		,	•				
	service for a single fee. There a	re two exceptio	ns: you do no	ot need to give rat	te information co	ncerning (1) services	
Services Other Than	furnished at cost or (2) services amount of the charge and the u							
Secondary	enter only the letters "PP" in the		usually blied	. If any fates are	charged on a var	lable per-	brogram basis,	
ransmissions:	Block 1: Give the standard ra	te charged by t	•					
Rates	Block 2: List any services that	• •						
	listed in block 1 and for which a brief (two- or three-word) descri				st these other se	rvices in tr	le form of a	
				00011				
	CATEGORY OF SERVICE	BLOC RATE		OF SERVICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			Non-residential	NATE	GATEG	SIT OF SERVICE	1741
	• Pay cable		• Motel, ho			Expand	ded	59.9
	• Pay cable—add'l channel		Commerce			Variety		6.9
	Fire protection		• Pay cable)		Choice		7.2
	•Burglar protection		• Pay cable	e-add'l channel		More S	ports	8.2
	Installation: Residential		 Fire prote 	ction		Cinema	ax	15.9
	• First set	100.00	• Burglar pi	rotection		Starz/E	ncore	11.9
	 Additional set(s) 		Other servic	es:		НВО		17.
	• FM radio (if separate rate)		 Reconnect 	ct	35.00	Showti		15.9
						INCL D		
	Converter		 Disconne 		-		ed Zone	49.9
	• Converter		Outlet rele		- 35.00 35.00	NFL RE	ed Zone	49.

-	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
Name	Waverly Communicat	ions Utility		6366
	PRIMARY TRANSMITTERS:	•		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	h during the accounting period, except n effect on June 24, 1981, permitting)(2) and (4), or 76.63 (referring to 76.15 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the he form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr	g translator stations and low power tel t (1) stations carried only on a part-tir the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub- the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instructi program services such as HBO, ESP ne-air designation. For example, repor- evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education state community to which the station	me basis under ams [sections ions carried on a pstitute program Log)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).
	FCC. For Mexican or Canad	lian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	the community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION
	KGAN	2	N	CEDAR RAPIDS, IA
	KFXA	28	N	CEDAR RAPIDS, IA
Add Rows as Necessary	KWWL	7	N	WATERLOO, IA
d Rows as Necessary	KCRG	9	N	CEDAR RAPIDS, IA
	KRIN - IPTV	32	E	WATERLOO, IA
	KRIN - IPTV KIDS	32-2	E-M	WATERLOO, IA
	KRIN - IPTV WORLD	32-3	E-M	WATERLOO, IA
	KRIN - IPTV CREATE	32-4	E-M	WATERLOO, IA
	KWWL - CW	7-2	N-M	WATERLOO, IA
	KWWL - ME TV	7-3	N-M	WATERLOO, IA
	KWWL - COURT TV	7-4	N-M	WATERLOO, IA
	KWWL - JUSTICE TV	7-5	N-M	WATERLOO, IA
	KFXA - CHARGE	28-2	N-M	CEDAR RAPIDS, IA
	KFXA - TBD	28-3	N-M	CEDAR RAPIDS, IA
	KPXR - ION	48-1	I	CEDAR RAPIDS, IA
	KPXR - ION QUBO	48-2	I-M	CEDAR RAPIDS, IA
	KPXR - ION LIFE	48-3	I-M	CEDAR RAPIDS, IA
	KGAN - GET TV	2-2	N-M	CEDAR RAPIDS, IA
		2-3	N-M	CEDAR RAPIDS, IA
	KGAN - COMET KCRG - MY TV		N-M	CEDAR RAPIDS. IA
	KCRG - MY TV	9-2	N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KCRG - MY TV KCRG - ANTENNA TV	9-2 9-3	N-M N-M N-M	CEDAR RAPIDS, IA
	KCRG - MY TV	9-2 9-3	N-M	

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

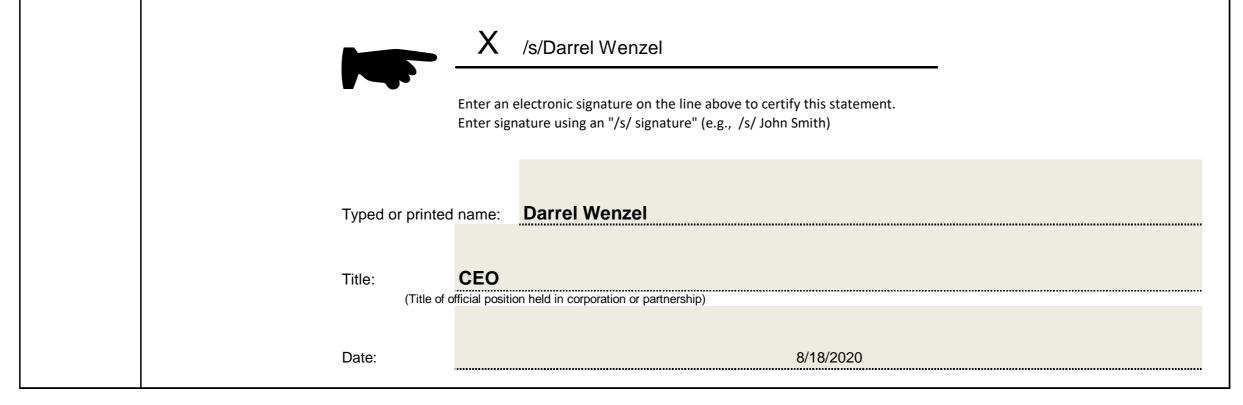
Naverly Cor	F OWNER OF							SYSTEM ID# 63663
	t every radio	station c	arried on a separate and disc nerally receivable by your cal					н
Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: 10 Column 2: S Column 3: 1f signal, indicate Column 4: G	ctions Conce) it is carried b monitoring, to ormation abou rm. dentify the cal State whether is f the radio state this by placing Give the statio	rning Al y the syst be rece ut the Co l sign of the station tion's sig g a checo n's locat	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. Inal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	Copyright Office at the system's h system's FM and this point, see pa sed by the cable he station is licer	regulations, a eadend, and (enna, during age (v) of the system as a s	n FM sig (2) it can certain s general	gnal is generally be expected, stated intervals. instructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
]
						·		
						-		
						·		

. 05-17)

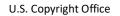
Accounting Perio	d: 2020/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Waverly Communicati	ons Utilit	у					63663
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
I	In General: In space I, ident substitute basis during the a	• •				•	•	
Substitute	explanation of the programm	ning that mus	st be included i	n this log, see page (v) of th	ne general inst	tructions in	the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," vou r	nust comp	lete the proc	aram
	log in block 2.	,		<u>.</u>	, ,		pc	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subs		•		s wherever p	ossible, if tl	heir meaning	g is
	clear. If you need more spa				o program") ti	hat during	the ecoupt	ina
	period, was broadcast by a	-		vision program ("substitute our cable system substitut		-		•
	under certain FCC rules, re		•		•	•		
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
		m was broa		er "Yes." Otherwise enter				
		•		asting the substitute prog the community to which th		censed by t	the ECC or	in
	the case of Mexican or Car		,					
			when your sy	stem carried the substitute	e program. Us	se numeral	s, with the n	nonth
	first. Example: for May 7 giv		o cubatituto pr	ogram was carried by you	r ophla aveta	m lict the	timos ocour	ataly
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."	•						
				n was substituted for prog				
	to delete under FCC rules a was substituted for program	0		0				ogram
	effect on October 19, 1976	•	your system w			, and regul		
					WHE	N SUBST	ITUTE	
				1	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то	
							_	
							_	
						_	_	
								"
					·- 			·
							_	
							_	
							_	
							_	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:				S	YSTEM I
	Waverly Communications Utility					636
K Bross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determi all amounts (gross receipts) paid to your cable system (as identified in space E) during the accounting period. page (vii) of the general instructions located in the pape Gross receipts from subscribers for secondary tran	by subscribers for t For a further expla er SA1-2 form.	he syster nation of	n's secondary tra	ansmission ser	vice
	during the accounting period				\$ 15 (Amount of g	3,864.23 ross receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K i Use block 2 if the amount of gross receipts in space K i Use block 3 if the amount of gross receipts in space K i See page (vi) of the general instructions located in the paper 	is more than \$137,1 is more than \$263,8	100 but le 300 but le	ess than \$527,60		
	BLOCK 1: GROSS	RECEIPTS OF \$13	37,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137 accounting period is \$52.00	7,100 or less, the rog	yalty fee tl	hat you must pay	for this six-mor	nth
	Line 1. Royalty fee for accounting period					
	Line 2. Interest charge. Enter the amount from line 4, spa	ace Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUN					
	BLOCK 2: GROSS RECEIPTS C					
	1. Base amount under statutory formula			263,800.00	-	
	2. Enter amount of gross receipts from space K		. \$	153,864.23	-	
	3. Subtract line 2 from line 1		\$	109,935.77	-	
	4. Enter the amount of gross receipts from space K			\$	153,864.23	
	5. Enter the amount from line 3			\$	109,935.77	
	6. Subtract line 5 from line 4			\$	43,928.46	
	7. Multiply line 6 by .005 (enter figure here)				\$	219.64
	8. Interest charge. Enter the amount from line 4, space Q), page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTIN	G PERIOD. Add line	es 7 and 8	3	. \$	219.64
	BLOCK 3: GROSS RECEIPTS OF	F MORE THAN \$26	63,800 (b	out less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K					
	2. Base amount under statutory formula				_	
	3. Subtract line 2 from line 1				-	
	4. Multiply line 3 by .01				_	
	5. Royalty due on the first \$263,800 of gross receipts (unc				1,319.00	
	 6. Interest charge. Enter the amount from line 4, space Q 				0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTIN			10 6	·	
	FILING FEE AND TOTAL	L REMITTANCE D	UE			
Filing Fee and stal Remittance	1. Royalty Fee Payable for Accounting Period (from Block	(1, 2, or 3, above)		\$	219.64	
Due	2. Filing Fee (See the instructions for more information on	filing fee calculation	ıs)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.	Add lines 2 and 3			\$	239.64
	EFT Trace # or TRANSACT	TION ID #	08	182020WCU]	

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: munications Utility	SYSTEM ID# 63663
	CHANNELS		
Μ	Instructions: Y	You must give (1) the number of channels on which the cable system carried televis	on broadcast stations
.	to its subscriber	rs, and (2) the cable system's total number of activated channels during the accour	ting period.
Channels	1 Enter the tota	al number of channels on which the cable	
		d television broadcast stations	24
	2. Enter the tota	al number of activated channels	
		cable system carried television broadcast stations	162
	and nonbroad	cast services	
NI		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individu	al to whom
Ν		about this statement of account.)	
Individual to			
Be Contacted		Derrel Wenzel	Telephone 240 550 2000
for Further Information	Name	Darrel Wenzel	Telephone 319-559-2000
	Address	1002 Adams Parkway (Number, street, rural route, apartment, or suite number)	
		Waverly, IA 50677	
		(City, town, state, zip)	
	Emoil	dwonzol@wovorbutilition.com	antional
	Email	dwenzel@waverlyutilities.com Fax	optional)
0	CERTIFICATION	I (This statement of account must be certified and signed in accordance with Copyr	ght Office regulations)
Certification	• I, the undersigned	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identi	ed in line 1 of space B; or
		It of owner other than corporation or partnership) I am the duly authorized agent of the line 1 of space B and that the owner is not a corporation or partnership; or	e owner of the cable system as identified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal line 1 of space B.	entity identified as owner of the cable system
		d the statement of account and hereby declare under penalty of law that all statements of te, and correct to the best of my knowledge, information, and belief, and are made in goo ion 1001(1986)]	



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Form SA1-2E Short Form (Rev. 05-17)

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
verly Communications Utility	63663
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 located in the paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT 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 located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
x	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	
x	

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