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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
2/9/2023	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	20212 Barcode Data Filing Period (optional - see instructions)								
Accounting Period									
В	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.								
Owner	List any other name or 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.								
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Waverly Communications Utility								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	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)								
С	NSTRUCTIONS: 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.								
System	1 IDENTIFICATION OF CABLE SYSTEM: Waverly Utilities								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
	[A-13) 1-110) also 1-12.								

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

Accounting Period:	2022/2								
		FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	Waverly Communications Utility	63663							
	Instructions: List each separate community served by the cable system. A "community"								
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discre 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 "fir								
		as a form of system identification hereafter known as the "first							
	community." Please use it as the first community on all future filings.								
Area									
Served									
	CITY OR TOWN	STATE							
First	SIT SIT FOR	UTALL							
Community									
•									
Add Rows as Necessary									
Add Rows as Necessary									

Accounting Period: 2022/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: Waverly Communications Utility

SYSTEM ID# 63663

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1	BLOCK 2				
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	1,121	25.55				
Service to additional set(s)						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
Residential	2,239	4.95				
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel		Expanded	64.99
 Pay cable—add'l channel 		Commercial		Variety	6.95
 Fire protection 		• Pay cable		Choice	7.25
Burglar protection		Pay cable-add'l channel		More Sports	8.25
Installation: Residential		Fire protection		Cinemax	15.95
• First set	100.00	Burglar protection		Starz/Encore	11.95
 Additional set(s) 		Other services:		НВО	17.95
 FM radio (if separate rate) 		Reconnect	35.00	Showtime	15.95
 Converter 		Disconnect	-	NFL Red Zone	49.95
		Outlet relocation	35.00		
		Move to new address	35.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63663

Waverly Communications Utility

G

Primary Transmitters: Television

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.

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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

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 (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGAN	2	N	CEDAR RAPIDS, IA
KFXA	2-2	N-M	CEDAR RAPIDS, IA
KGAN - GET TV	2-3	N-M	CEDAR RAPIDS, IA
DABL	28-1	N-M	CEDAR RAPIDS, IA
KFXA - TBD	28-3	N-M	CEDAR RAPIDS, IA
KCRG - COMET	28-5	N-M	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
KPXR - ION	48-1	<u> </u>	CEDAR RAPIDS, IA
KPXR - GRIT	48-2	I-M	CEDAR RAPIDS, IA
KPXR - BOUNCE	48-3	I-M	CEDAR RAPIDS, IA
KPXR - LAFF	48-4	I-M	CEDAR RAPIDS, IA
KWWL	7	N	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
KCRG	9	N	CEDAR RAPIDS, IA
KCRG - MY TV	9-2	N-M	CEDAR RAPIDS, IA
KCRG - ANTENNA TV	9-3	N-M	CEDAR RAPIDS, IA
KCRG - HEROS & ICO	9-4	N-M	CEDAR RAPIDS, IA
KCRG - START	9-5	N-M	CEDAR RAPIDS, IA
KCRG - CIRCLE	9-6	N-M	CEDAR RAPIDS, IA

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63663 **Waverly Communications Utility** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Television 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. 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 multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC 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. 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 (iv) of the general instructions in the paper SA1-2 form. Column 4: 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Waverly Communications Utility

63663

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or EM	l e/D	LOCATION OF STATION	CALL SICN	AM or EM	8/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	ט/ט	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	9/0	LOCATION OF STATION
		 					
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ccounting Period: 2022/2 FORM SA1-2E. PAGE 5.								
Accounting Period	LEGAL NAME OF OWNER OF	CABLE SYST	ΓΕΜ·				1010	SYSTEM ID#
Name	Waverly Communication							63663
	Travoriy Communication							03003
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and								
Program Log								
	In General: List each subst			ate line. Use abbreviation	s wherever i	ossible. if th	neir meaning i	is
	clear. If you need more spa	ce, please	add additional	rows to the tables.			_	
	Column 1: Give the title							
	period, was broadcast by a under certain FCC rules, re-							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			(O.)	" "			
	Column 2: If the program Column 3: Give the calls							
	Column 4: Give the broa					icensed by t	he FCC or, in	
	the case of Mexican or Can	adian statio	ons, if any, the	community with which the	e station is id	lentified).		
	Column 5: Give the mon		when your sys	tem carried the substitute	e program. U	lse numeral:	s, with the mo	onth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	r cable syste	m List the t	imes accurate	alv
	to the nearest five minutes.							5.19
	stated as "6:00-6:30 p.m."	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Column 7: Enter the letter to delete under FCC rules a							
	was substituted for program							grain
	effect on October 19, 1976.		,,	F				
					11			<u> </u>
	s	UBSTITUT	E PROGRAM			IEN SUBST RIAGE OCC		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONT		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	/ FROM	<u>— то</u>	
							_	
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Accounting Period:	2022/2			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	Waverly Communications Utility				63663
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatior page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	stem's sec	condary transmi compute this a	ssion service mount, see	3,719.60 pss receipts)
_	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 is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 br Use block 3 if the amount of gross receipts in space K is more than \$263,800 br See page (vi) of the general instructions located in the paper SA1-2 form for more information.	ut less thar		63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	fee that you	ı must pay for thi	s six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	173,719.60		
	3. Subtract line 2 from line 1		90,080.40		
	Enter the amount of gross receipts from space K		,	73,719.60	
	5. Enter the amount from line 3			90,080.40	
	6. Subtract line 5 from line 4			83,639.20	
				•	418.20
	7. Multiply line 6 by .005 (enter figure here)			Ψ	
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8		\$	418.20
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but I	ess than \$527,	600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,				
					_
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	418.20	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	438.20
	EFT Trace # or TRANSACTION ID #	08252	2021WCU		
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2 form and the E				

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7		
Name		OWNER OF CABLE SYSTEM: nunications Utility				SYSTEM ID# 63663		
M Channels	to its subscriber 1. Enter the total system carrie 2. Enter the total on which the	rs, and (2) the cable system's to all number of channels on which and television broadcast stations all number of activated channels cable system carried television	total numb		st stations	161		
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an individual to whom				
for Further Information	Name	Darrel Wenzel			Telephone _.	319-559-2000		
	Address	1002 Adams Parkway (Number, street, rural route, apartm Waverly, IA 50677 (City, town, state, zip)		e number)				
	Email	dwenzel@waver	rlyutilities	.com Fax (optional				
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or							
	(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 X (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. • 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., Secti			/s/Darrel Wenzel electronic signature on the line above to certify this statement ature using an "/s/ signature" (e.g., /s/ John Smith)	nt.			
		Typed or printed to	CEO	Darrel Wenzel				
		Date:		08/25/2021				

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