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				
7/30/2024	\$				
	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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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		UCTIONS: 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	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)

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

	T	FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II					
Name	Waverly Communications Utility	6366					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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 knowns the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or moidentified city.	bile home parks should be reported in parentneses below the					
	CITY OR TOWN	STATE					
First	Waverly	lowa					
First Community	Vaverry	ΙΟΨα					
Community							
dd Rows as Necessary							

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Waverly Communications Utility

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.

BLO	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,044	\$35.54			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential	2,237	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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RA
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Expanded	79.
 Pay cable—add'l channel 		Commercial		Variety	6
 Fire protection 		• Pay cable		Choice	7
Burglar protection		Pay cable-add'l channel		More Sports	8
Installation: Residential		Fire protection		Cinemax	15
First set	100.00	Burglar protection		Starz/Encore	11
 Additional set(s) 		Other services:		НВО	19
 FM radio (if separate rate) 		• Reconnect	35.00	Showtime	15
 Converter 		Disconnect	-	NFL Red Zone	49
		Outlet relocation	35.00		
		Move to new address	35.00		

Accounting Period: 2024/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Waverly Communications Utility

63663

G

Name

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
KGAN	2-2	N	CEDAR RAPIDS, IA
KGAN - Get TV	2-3	N-M	CEDAR RAPIDS, IA
KWWL	7	N	WATERLOO, IA
KWWL - H&I	7-2	N-M	WATERLOO, IA
KWWL-Me TV	7-3	N-M	WATERLOO, IA
KWWL - Court	7-4	N-M	WATERLOO, IA
KWWL - Crime	7-5	N-M	WATERLOO, IA
KCRG	9	N	WATERLOO, IA
KCRG - My TV	9-2	N-M	CEDAR RAPIDS, IA
KCRG -CW	9-3	N-M	CEDAR RAPIDS, IA
KFXA - DABL	28-1	N-M	CEDAR RAPIDS, IA
KFXA - TBD	28-3	N-M	CEDAR RAPIDS, IA
KFXA - Comet	28-5	N-M	CEDAR RAPIDS, IA
KRIN	32	N	WATERLOO, IA
KRIN-Kids	32-1	N-M	WATERLOO, IA
KRIN-World	32-2	N-M	WATERLOO, IA
KRIN-Create	32-3	N-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

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63663

Waverly Communications Utility

PRIMARY TRANSMITTERS: RADIO

paper SA1-2 form.

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

Primary Transmitters: Radio

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.

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 FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
5, LEE 51514	7 OI T IVI	3,5	233,111311 31 317(11311	3, 122 31314	, OI I W	5,5	
		-					
		 					
						_	
							
							
		<u> </u>					
						_	
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		-					
		 -					
							
		 					
				_ _			

Accounting Perio	ng Period: 2024/1 FORM SA1-2E. PAGE 5.								
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	Waverly Communication	ons Utilit	у					63663	
F	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	substitute basis during the a	• .	•	-	_				
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of the	ne general ins	tructions in	the paper S	A1-2 form.	
Carriage:	1. SPECIAL STATEMENT	CONCER	RNING SUBST	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	iod, did you	ır cable systen	n carry, on a substitute ba	sis, any nonn	etwork tel	evision prog	r <u>am</u>	
Program Log	proadcast by a distant station?								
r rogram 20g	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.								
	2. LOG OF SUBSTITUTE	PROGR/	AMS						
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviations	s wherever po	ossible, if t	their meanin	g is	
	clear. If you need more spa	•							
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re		•	,	•	•	_		
	Do not use general categor								
	"NBA Basketball: 76ers vs.					, , , , , , , , , , , , , , , , , , ,			
	Column 2: If the prograr	n was broa		er "Yes." Otherwise enter					
		•		asting the substitute prog					
			,	he community to which the		•	the FCC or,	in	
	the case of Mexican or Can		•	stem carried the substitute		,	als with the r	month	
	first. Example: for May 7 give	-	Which your sy.		program. O	se numera	iis, with the i	Honar	
	. , , ,		e substitute pro	ogram was carried by you	r cable syster	m. List the	times accur	ately	
	to the nearest five minutes.	Example:	a program carı	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.n	n. should be		
	stated as "6:00–6:30 p.m."	"D" :f tl	linted a management	b-atitt-al f				in a	
	to delete under FCC rules a			n was substituted for prog	•				
	was substituted for progran	-						ogram	
	effect on October 19, 1976.	•	, ,			3			
					П				
	SI	JBSTITUT	E PROGRAM			N SUBST AGE OCC		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>		
							_		
							_		
			-						
							_		
							_		

Accounting Period:	2024/1		FORM SA	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Waverly Communications Utility		S'	YSTEM ID# 63663			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to opage (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.	ondary transn compute this	nission servic amount, see	e 2,500.95			
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 is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00 Line 1. Royalty fee for accounting period			0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more	than \$137,1	00)				
	1. Base amount under statutory formula	3,800.00					
	2. Enter amount of gross receipts from space K	32,500.95					
	3. Subtract line 2 from line 1	31,299.05					
	4. Enter the amount of gross receipts from space K	 18	32,500.95				
	5. Enter the amount from line 3		31,299.05				
	6. Subtract line 5 from line 4		1,201.90	500.04			
	7. Multiply line 6 by .005 (enter figure here)	_		506.01			
	8. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · · · · · · <u> </u>		0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	· · · · · · · · · <u> </u>	\$	506.01			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less	s than \$527,	600)				
	Enter the amount of gross receipts from space K						
		3,800.00					
	3. Subtract line 2 from line 1						
	4. Multiply line 3 by .01						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u> </u>	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, 5, and 6						
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	;	506.01				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	5	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	[\$	526.01			
	EFT Trace # or TRANSACTION ID #						
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form and the Excel instruction	•					

U.S. Copyright Office

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Waverly Communication				SYSTEM ID#
M Channels	to its subscribers, and (2) and 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's total number of channels on which the cabbroadcast stations of activated channels on carried television broadcast		ccounting period.	22 161
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		ORMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name Curt A	atkins		Telephone 3	19-559-2000
	(Number, Waver	Adams Parkway street, rural route, apartment, or s ly, IA 50677 n, state, zip)	uite number)		
	Email	catkins@waverlyutilitie	s.com	Fax (optional)	
	CERTIFICATION (This state	ement of account must be co	ertified and signed in accordance with 0	Copyright Office regulations)	
O Certification		certify that (Check one, but o	only one , of the boxes.) hip) I am the owner of the cable system a	as identified in line 1 of space B:	or
	(Agent of owner	other than corporation or	partnership) I am the duly authorized agnot a corporation or partnership; or	·	
	X (Officer or part in line 1 of sp		oration) or a partner (if a partnership) of t	he legal entity identified as owne	er of the cable system
		rect to the best of my knowled	leclare under penalty of law that all staten dge, information, and belief, and are made		
		X	/s/ Curt Atkins		
			n electronic signature on the line above to gnature using an "/s/ signature" (e.g., /s/ signature)	-	
		Typed or printed name:	Curt Atkins		
			eral Manager ition held in corporation or partnership)		
		Date:		July 30,2024	

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U.S. Copyright Office

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

Accounting Period: 2024/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Waverly 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."	P Special Statement Concerning Gross Receipts Exclusion
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.	
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? X NO YES. Enter the total here and list the satellite carrier(s) below	
TES. Effet the total field and list the satellite carrier(s) below.	-
Name Mailing Address 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	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	4
x days	·
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 (interest charge)	
* 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@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
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, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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U.S. Copyright Office

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