



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **71508** | Service: **DTV** | Call **WENY-TV** | Channel: **35 (UHF)** |
ID:
File **0000028802** | Sign:
Number:
FRN: **0003761855** | Date **09/04**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
LILLY BROADCASTING, L.L.C. Doing Business As: LILLY BROADCASTING, L.L.C.	Kevin Lilly 2 EAST LEIGH LANE NATICK, MA 01760 United States	+1 (508) 651-4994	kevin@lillytv. com	Limited Liability Company

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

Broadcaster Information and Transition Plan

Question	Response
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Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	Pre-repack, WENY-TV operated on the same antenna as WSKA and WYDC. All 3 stations were repacked. Post-repack, WENY-TV will share an antenna with WYDC.

Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	HU5000 INNOVATOR HX
	Year	2007
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5 kW

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU9-8 EVO
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	13 kW
	Justification for New Transmitter	The existing transmitter cannot be retuned to operate on channel 35. The manufacturer is no longer supporting the equipment.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A

	Length	N/A
	Other Electrical Service	Yes
	Description	Installation of new transmitter
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	100.0 square feet
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Interconnect	Certain equipment necessary to interconnect the new transmitter to the mask filter.

Antennas

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

**Primary
Antenna**

Add Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	Yes
	Is this antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	Multi- Station Antenna
	ERP: (Effective Radiated Power)	100.0 kW

	Manufacturer	
	Model	TUA-C4SP- 8 28M-1-T
	Year	2006

**Facility ID's and Call Signs of
all stations with whom the
antenna is shared.**

Facility ID	Call Sign
62219	WYDC
78908	WSKA

Primary
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	Yes
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels/Bays	12
	Lower Limit	470.00 MHz
	Upper Limit	600.00 MHz
	Design power capacity in use	90.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	100.0 kW
	Manufacturer	

Model	TLP-BB-24B/VP-R
Year	2017
Justification for New Antenna	New antenna needed to support maximized facilities.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	No
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Broadband
	Feed Line Size	4 1/16 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Enter a list of RF channel numbers.

RF Channel Number

30

35

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

Transmission Line

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary
Transmission Line**

Add Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmission currently shared with any other stations?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	950 feet per run

Facility ID's and Call Signs of all stations with whom the transmission line is shared.

Facility ID	Call Sign
62219	WYDC

Primary
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	950 feet per run
	Justification for New Transmission Line	Existing transmission line is unavailable.

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

Primary Tower

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	42° 08' 31.2" N-
	Longitude (NAD83)	077° 04' 38.8" W-
	Overall Structure Height	800.52 feet
	Support Structure Height	800.52 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1679.77 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	GRI Telecom, Inc.
	Date Constructed	08/27/2006

**FM, AM or TV radio
broadcasters. Facility ID's,
Call Signs and Services of
other broadcast stations with
whom the tower is shared**

Facility ID	Call Sign	Service
78908	WSKA	DTV
62219	WYDC	DTV

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

Primary Tower

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

Primary Tower	Other Tower Expenses Not Listed
	Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	Tower mod, coordinate shared antenna issues, manage and advise on reimbursements and project management for accounting and legal issues.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No

	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**

If wireless is not provided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

Other Expenses	Other Expenses Not Listed
	Information not provided.

Cost Information

Transmitters

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter THU9-8 EVO	\$330,563.51	\$329,863.51		\$312,435.00	
Other -- Building Addition Size: 100.0	<i>\$9,840.00</i>	\$9,840.00	Invoice from vendor	\$9,840.00	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	\$0.00	N/A
UHF - Air Cooled Solid State Transmitter 13 kW	<i>\$297,795.00</i>	\$297,795.00	Estimate from manufacturer	\$297,795.00	N/A
Other Electrical Service: Installation of new transmitter	<i>\$4,800.00</i>	\$4,800.00	Quote from manufacturer	\$4,800.00	N/A
Interconnect	<i>\$3,728.51</i>	\$3,728.51	Invoice from vendor	\$0.00	N/A
Sub-total	\$330,563.51	\$329,863.51	N/A	\$312,435.00	N/A
Total for all systems	\$1,083,898.51	\$498,623.51	N/A	\$356,618.75	N/A

Components

Actual Information	
Description	File Name

Other -- Building Addition Size: 100.0	Component Description: Architectural Concrete Plus, LLC Invoice #2062 Amount: \$9,840.00
Service entrance 3 phase /800 amp/208 volt	Component Description: Bouille Electric Invoice #40395 Amount: \$11,518.16
UHF - Air Cooled Solid State Transmitter 13 kW	Component Description: R&S Invoice #9500107461 - 60% and 10% Payments Amount: \$208,456.50 Component Description: R&S Invoice #9500099195 - 30% Payment Amount: \$89,338.50
Other Electrical Service: Installation of new transmitter	Component Description: R&S Invoice #9500117142 -- Installation Amount: \$4,800.00
Interconnect	Component Description: RF Specialties of PA Invoice #21600 Amount: \$3,728.51

Cost
Information

Antennas

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TLP-BB-24B /VP-R	\$130,290.00	\$19,250.00		\$0.00	
Sweep test of existing antenna	\$6,730.00	\$0.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$0.00	N/A	N/A	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$0.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 4 1 /16. feedline (if needed)	\$10,950.00	\$0.00	N/A	N/A	N/A

UHF - High Power, Side Mount, broadband panel, 12 bay,, 100 kW input, elliptically or circularly polarized	\$0.00	\$0.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$19,250.00	N/A	N/A	N/A
Sub-total	\$130,290.00	\$19,250.00	N/A	\$0.00	N/A
Total for all systems	\$1,083,898.51	\$498,623.51	N/A	\$356,618.75	N/A

Components

Information not provided.

Cost
Information

Transmission Line

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$134,900.00	\$46,700.00		\$0.00	
Rigid Transmission Line - copper, 4 1 /16"	\$134,900.00	\$46,700.00	N/A	N/A	N/A
Sub-total	\$134,900.00	\$46,700.00	N/A	\$0.00	N/A
Total for all systems	\$1,083,898.51	\$498,623.51	N/A	\$356,618.75	N/A

Components

Information not provided.

Cost
Information

Tower Equipment and Rigging Costs

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$381,100.00	\$0.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$0.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$0.00	N/A	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$0.00	N/A	N/A	N/A
Sub-total	\$381,100.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$1,083,898.51	\$498,623.51	N/A	\$356,618.75	N/A

Components

Information not provided.

Cost Information

Outside Professional Services

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$66,520.00	\$62,880.00		\$31,648.75	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	\$0.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$1,021.25	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$1,520.75	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	\$1,177.50	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$0.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$150.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,630.00	N/A	\$2,225.00	N/A
Project management of the transition	\$31,600.00	\$30,000.00	N/A	\$25,554.25	N/A
Sub-total	\$66,520.00	\$62,880.00	N/A	\$31,648.75	N/A
Total for all systems	\$1,083,898.51	\$498,623.51	N/A	\$356,618.75	N/A

Components

Actual Information	
Description	File Name
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees - Negotiation of lease and other matters for shared locations	<p>Component Description: Lerman Senter - Nov 2018 - WENY Invoice #471739</p> <p>Amount: \$1,260.00</p>
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	<p>Component Description: Lerman Senter - Feb 2020 - WENY Invoice #479171 - License to Cover</p> <p>Amount: \$691.25</p> <p>Component Description: Lerman Senter - March 2020 - WENY Invoice #479655</p> <p>Amount: \$330.00</p>
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p>Component Description: Lerman Senter - Feb 2020 - WENY Invoice #479171 - CP Extension</p> <p>Amount: \$1,520.75</p>
Prepare request for Special Temporary Authorization	<p>Component Description: Lerman Senter - Sept 2019 - WENY Invoice #476745</p> <p>Amount: \$1,177.50</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p>Component Description: WENY - Mid-State Consultants, prepare WENY CP. Invoice #1707-5013.</p> <p>Amount: \$780.00</p>
Perform engineering study for new channel assignment and antenna development	<p>Component Description: Mid-State Invoice #1810-5011 - Nov 2018</p> <p>Amount: \$150.00</p> <p>Component Description: Mid-State Invoice #1907-5031 - August 2019</p> <p>Amount: \$450.00</p>
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.

Prepare and or review reimbursement form	<table> <tr> <td data-bbox="708 176 1015 208">Component Description:</td><td data-bbox="1150 176 1372 284">Lerman Senter -- Sept 2018 - WENY Invoice #470556</td></tr> <tr> <td data-bbox="708 297 815 329">Amount:</td><td data-bbox="1150 297 1246 329">\$210.00</td></tr> <tr> <td data-bbox="708 436 1015 468">Component Description:</td><td data-bbox="1150 436 1361 544">Lerman Senter - Jan 2019 - WENY Invoice #472830</td></tr> <tr> <td data-bbox="708 557 815 589">Amount:</td><td data-bbox="1150 557 1246 589">\$105.00</td></tr> <tr> <td data-bbox="708 696 1015 728">Component Description:</td><td data-bbox="1150 696 1372 804">Lerman Senter - June 2020 - WENY Invoice #481003</td></tr> <tr> <td data-bbox="708 817 815 848">Amount:</td><td data-bbox="1150 817 1246 848">\$880.00</td></tr> <tr> <td data-bbox="708 956 1015 987">Component Description:</td><td data-bbox="1150 956 1361 1064">Lerman Senter - Oct 2019 - WENY Invoice #477087</td></tr> <tr> <td data-bbox="708 1077 815 1108">Amount:</td><td data-bbox="1150 1077 1267 1108">\$1,210.00</td></tr> <tr> <td data-bbox="708 1216 1015 1247">Component Description:</td><td data-bbox="1150 1216 1366 1359">Assist with reimbursement requests - LS April 2018, #467309.</td></tr> <tr> <td data-bbox="708 1373 815 1404">Amount:</td><td data-bbox="1150 1373 1246 1404">\$135.00</td></tr> </table>	Component Description:	Lerman Senter -- Sept 2018 - WENY Invoice #470556	Amount:	\$210.00	Component Description:	Lerman Senter - Jan 2019 - WENY Invoice #472830	Amount:	\$105.00	Component Description:	Lerman Senter - June 2020 - WENY Invoice #481003	Amount:	\$880.00	Component Description:	Lerman Senter - Oct 2019 - WENY Invoice #477087	Amount:	\$1,210.00	Component Description:	Assist with reimbursement requests - LS April 2018, #467309.	Amount:	\$135.00
Component Description:	Lerman Senter -- Sept 2018 - WENY Invoice #470556																				
Amount:	\$210.00																				
Component Description:	Lerman Senter - Jan 2019 - WENY Invoice #472830																				
Amount:	\$105.00																				
Component Description:	Lerman Senter - June 2020 - WENY Invoice #481003																				
Amount:	\$880.00																				
Component Description:	Lerman Senter - Oct 2019 - WENY Invoice #477087																				
Amount:	\$1,210.00																				
Component Description:	Assist with reimbursement requests - LS April 2018, #467309.																				
Amount:	\$135.00																				
Project management of the transition	<table> <tr> <td data-bbox="708 1543 1015 1574">Component Description:</td><td data-bbox="1150 1543 1366 1852">Project management services with regard to engineering, accounting, and/or legal work - Feb 2018, #465104.</td></tr> <tr> <td data-bbox="708 1865 815 1897">Amount:</td><td data-bbox="1150 1865 1246 1897">\$302.50</td></tr> </table>	Component Description:	Project management services with regard to engineering, accounting, and/or legal work - Feb 2018, #465104.	Amount:	\$302.50																
Component Description:	Project management services with regard to engineering, accounting, and/or legal work - Feb 2018, #465104.																				
Amount:	\$302.50																				

Component Description:	Project management services with regard to engineering, accounting, and/or legal work - July 2018, #469169.
Amount:	\$671.25

Component Description:	Lerman Senter - April 2019 - WENY Invoice #474392
Amount:	\$312.50

Component Description:	Lerman Senter - May 2019 - WENY Invoice #474671
Amount:	\$630.00

Component Description:	Lerman Senter - July 2019 - WENY Invoice #475145
Amount:	\$1,210.00

Component Description:	Lerman Senter - Nov 2019 - WENY Invoice #477619
Amount:	\$330.00

Component Description:	Lerman Senter - Dec 2019- WENY Invoice #478101
Amount:	\$110.00

Component Description:	Lerman Senter - Aug 2018 - WENY Invoice #470013
Amount:	\$281.25

Component Description:	Lerman Senter - Dec 2018 - WENY Invoice #472554
Amount:	\$945.00

Component Description:	Lerman Senter - Oct 2018 - WENY Invoice #471150
Amount:	\$525.00

Component Description:	LS Invoice #476745 - Sept 2019
Amount:	\$990.00

Component Description:	Lerman Senter - May 2020 - WENY Invoice #480697
Amount:	\$3,520.00

Component Description:	Lerman Senter - Jan 2020 - WENY Invoice #478707
Amount:	\$440.00

Component Description:	Project management services with regard to engineering, accounting, and/or legal work - November 2017, #463385.
Amount:	\$200.00

Component Description:	Lerman Senter - Feb 2020 - WENY Invoice #479171 - Project Management
Amount:	\$553.00

Component Description:	Project management services with regard to engineering, accounting, and/or legal work - August 2017, #461545.
Amount:	\$5,328.75

Component Description:	Project management services with regard to engineering, accounting, and/or legal work - October 2017, #463130.
Amount:	\$200.00

Component Description:	Lerman Senter - Feb 2019 - WENY Invoice #473410
Amount:	\$420.00

Component Description:	Project management services with regard to engineering, accounting, and/or legal work - May 2018, #467739.
Amount:	\$67.50

Component Description:	Project management services with regard to engineering, accounting, and/or legal work - September 2017, #461699.
Amount:	\$558.75

Component Description:	Lerman Senter - Aug 2019 - WENY Invoice #476016
Amount:	\$330.00

Component Description:	Lerman Senter - July 2019 - WENY Invoice #475570
Amount:	\$770.00

Component Description:	Lerman Senter - March 2019 - WENY Invoice #473835
Amount:	\$210.00

Component Description:	Like Spectrum LLC Invoice #19101.pdf
Amount:	\$8,400.00

Cost Information

Other Expenses

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$40,525.00	\$39,930.00		\$12,535.00	
MVPD Notification of Channel Change	<i>\$5,000.00</i>	\$5,000.00	Estimate based on prior experience.	\$0.00	N/A
Develop and air announcement of upcoming channel change	<i>\$10,000.00</i>	\$10,000.00	Estimate based on prior experience.	N/A	N/A
Equipment Storage	<i>\$5,658.00</i>	\$5,658.00	Quote from manufacturer	\$5,658.00	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$200.00	FCC Filing Fee is \$200.00.	\$200.00	N/A
Equipment Delivery and Handling Charges	<i>\$6,677.00</i>	\$6,677.00	Quote from vendor.	\$6,677.00	N/A

DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$0.00	N/A
Sub-total	\$40,525.00	\$39,930.00	N/A	\$12,535.00	N/A
Total for all systems	\$1,083,898.51	\$498,623.51	N/A	\$356,618.75	N/A

Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	<p>Component Description: DTVNotification - MVPD Notifications - Invoice #002111</p> <p>Amount: \$1,562.00</p>
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	<p>Component Description: R&S Invoice #9500117142 -- Equipment Storage</p> <p>Amount: \$5,658.00</p>
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	<p>Component Description: LS Invoice #476745 - Sept 2019</p> <p>Amount: \$200.00</p>

Equipment Delivery and Handling Charges	<div> <div>Component Description:</div> <div>R&S Invoice #9500117142 -- Equipment Delivery</div> </div> <div> <div>Amount:</div> <div>\$6,677.00</div> </div>
DTV Medical Facility Notification	<div> <div>Component Description:</div> <div>DTVNotification - Medical Facility Notification - Invoice #002110</div> </div> <div> <div>Amount:</div> <div>\$2,590.00</div> </div>

**Cost
Information**

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,083,898.51	\$498,623.51	\$356,618.75

Reimbursement Status

Question	Response
The facility has ceased operating on its pre-auction channel.	Yes
Construction of final facilities or all necessary modifications are complete.	Yes
All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Kevin Lilly <i>Manager of Sole Member</i></p> <p>09/04/2020</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Kevin Lilly <i>Manager of Sole Member</i></p> <p>09/04/2020</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Kevin Lilly
*Manager of
Sole
Member*

09/04/2020

Attachments