



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **49711** | Service: **DTV** | Call **WSEE-TV** | Channel: **21 (UHF)** |  
ID: | Sign:  
File **0000028704**  
Number:  
FRN: **0019913755** | Date **10/03**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
LILLY BROADCASTING OF PENNSYLVANIA LICENSE SUBSIDIARY, LLC Doing Business As: LILLY BROADCASTING OF PENNSYLVANIA LICENSE SUBSIDIARY, LLC	Kevin T. Lilly 3514 STATE STREET ERIE, PA 16508 United States	+1 (814) 454-5201	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
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.	No
Briefly describe transition plan	Relocate from ASR #1221626 to ASR #1055828. Construct post-repack facilities at alternate location. No interim facilities required. Install new transmitter, RF system, transmission line and antenna on post-repack channel 21 pursuant to CP authorization.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	HU3750AD Innovator HX
	Year	2007
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	3.75 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	THU9-10 EVO
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	12.5 kW
	Justification for New Transmitter	The existing transmitter cannot be retuned to operate on channel 16. The manufacturer is no longer supporting the equipment. The power increase is required due to antenna gain.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	Yes

	Power	300 kVA
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	1200.0 square feet
<b>Channel 14 Costs</b>	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
<b>RF Interconnect</b>	Interconnect between RF System and transmission line
<b>Removal of Existing Equipment</b>	Removal of existing transmitters and equipment / Site Prep

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	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	N/A
	ERP: (Effective Radiated Power) .....	75.0 kW

Manufacturer	
Model	TLP-24M (C)
Year	2007



**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	Yes
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	96.0 kW
	Manufacturer	

Model	ATC-BCE416O-V0-21
Year	2018
Justification for New Antenna	The existing antenna is a coaxial slot antenna that is channel-specific and not usable on channel 21.

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No

<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
<b>2 FT Antenna Mounting Wedding Cake Adapter</b>	2ft Antenna Mounting Wedding Cake Adapter

**Transmission Line**

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

**Primary**  
**Transmission Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	700 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	800 feet per run
	Justification for New Transmission Line	A new transmission line is recommended by the antenna manufacturer due to age.

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

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**

**Add Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	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	Yes
	Is tower documented for structural analysis?	No
	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° 02' 16.0" N-
	Longitude (NAD83)	080° 03' 43.0" W-
	Overall Structure Height	749.33 feet
	Support Structure Height	699.79 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1346.11 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	Lilly Broadcasting of Pennsylvania, LLC
Date Constructed	09/01/1981

**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
28774	WCTL	FM
24970	WICU-TV	DTV

#### Other Types of Users

Users
W254AJ
W32DH-D

#### Primary Tower

#### Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower



<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	Major Reinforcements needed
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**Primary  
Tower**

**Tower Rigging Costs**

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

## Primary Tower

### Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	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	Yes
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1221626
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	42° 03' 52.2" N-
	Longitude (NAD83)	080° 00' 18.2" W-
	Overall Structure Height	843.17 feet
	Support Structure Height	800.52 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1374.66 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

	Tower Owner	Vertical Bridge Towers, LLC
	Date Constructed	07/01/1966

**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
24970	WICU-TV	DTV

**Other Types of Users**

Users
Public safety
Cellular users

**Primary  
Tower**

**Tower Rigging Costs**

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	The station's attorney will manage the reimbursement filings, review engineering applications, and engage in any additional coordination that is needed for WSEE to accomplish its repack transition.
<b>Outside RF consulting Engineering Services</b>	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

<b>Attorney and Other Outside Consulting Services</b>	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	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Other Professional Services Expenses Not Listed**  
**Professional Services Costs** Services not provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	Yes
	Is Remediation needed?	Yes
<b>Facility Expenses</b>	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
<b>Permit and Filing Costs</b>	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
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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## 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
<b>Primary Transmitter THU9-10 EVO</b>	<b>\$675,950.00</b>	<b>\$553,306.00</b>		<b>\$0.00</b>	
Removal of Existing Equipment	<i>\$25,000.00</i>	\$25,000.00	Estimate based on prior experience.	N/A	N/A
RF Interconnect	<i>\$25,000.00</i>	\$25,000.00	Estimate based on prior experience.	N/A	N/A
Other -- Building Addition Size: 1200.0	<i>\$60,000.00</i>	\$60,000.00	Building modification required for post-repack build out. Estimate based on prior experience.	N/A	N/A
5 Ton system	\$20,250.00	\$19,700.00	N/A	N/A	N/A
Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$35,850.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$373,706.00	N/A	\$0.00	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$14,050.00	N/A	N/A	N/A

<b>Sub-total</b>	\$675,950.00	\$553,306.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,847,280.00	\$2,334,741.00	N/A	\$3,557.50	N/A

## Components

<b>Actual Information Description</b>	<b>File Name</b>
Removal of Existing Equipment	Information not provided.
RF Interconnect	Information not provided.
Other -- Building Addition Size: 1200.0	Information not provided.
5 Ton system	Information not provided.
Transformer 3 phase/480v - 300 KVA	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	<p><b>Component Description:</b> Rohde &amp; Schwarz - Transmitter - 30%</p> <p><b>Amount:</b> \$112,111.80</p>
Service entrance 3 phase /800 amp/208 volt	Information not provided.

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 ATC- BCE416O-V0- 21	\$327,830.00	\$205,700.00		\$0.00	
2 FT Antenna Mounting Wedding Cake Adapter	<i>\$24,000.00</i>	\$24,000.00	Estimate based on prior experience.	\$0.00	N/A
Elbow complex, single channel, at antenna input, per 3 1 /8. feedline (if needed)	\$7,600.00	\$7,200.00	N/A	\$0.00	N/A
UHF - High Power Top Mount (200- 1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$169,500.00	N/A	\$0.00	N/A
Sweep test of existing antenna	\$6,730.00	\$5,000.00	N/A	\$0.00	N/A
Sub-total	\$327,830.00	\$205,700.00	N/A	\$0.00	N/A
Total for all systems	\$2,847,280.00	\$2,334,741.00	N/A	\$3,557.50	N/A

Components

Actual Information		
Description	File Name	
2 FT Antenna Mounting Wedding Cake Adapter	<b>Component Description:</b>  <b>Amount:</b>	Alive Telecom - Antenna - Wedding Cake - 50% Invoice \$12,000.00
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	<b>Component Description:</b>  <b>Amount:</b>	Alive Telecom - Antenna - Elbow Complex - 50% Invoice \$3,600.00
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<b>Component Description:</b>  <b>Amount:</b>	Alive Telecom - Antenna - 50% Invoice \$84,750.00
Sweep test of existing antenna	<b>Component Description:</b>  <b>Amount:</b>	Alive Telecom - Antenna - Antenna Sweep - 50% Invoice \$2,500.00

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	\$124,500.00	\$112,100.00		\$0.00	
Rigid Transmission Line - copper, 3 1/8"	\$83,200.00	\$80,800.00	N/A	\$0.00	N/A
Flexible Air Transmission Line - dielectric, 3"	\$41,300.00	\$31,300.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$0.00	N/A
Sub-total	\$124,500.00	\$112,100.00	N/A	\$0.00	N/A
Total for all systems	\$2,847,280.00	\$2,334,741.00	N/A	\$3,557.50	N/A

Components

Actual Information	
Description	File Name
Rigid Transmission Line - copper, 3 1/8"	<div><div>Component Description:</div><div>Amount:</div><div>Alive - Transmission Line - 50% Invoice \$31,300.00</div></div>

Flexible Air Transmission Line - dielectric, 3"	<div data-bbox="715 174 1021 210"><b>Component Description:</b></div> <div data-bbox="1157 174 1366 286">Alive Telecom- Transmitter Line- August 2018-50%</div> <div data-bbox="715 297 823 327"><b>Amount:</b></div> <div data-bbox="1157 297 1287 327">\$31,300.00</div>
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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	\$210,500.00	\$205,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$205,000.00	N/A	\$0.00	N/A
Primary Tower GTOWER	\$657,800.00	\$640,100.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$205,000.00	N/A	\$0.00	N/A
Major tower reinforcement /modifications	\$421,000.00	\$409,500.00	N/A	\$0.00	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,600.00	N/A	\$0.00	N/A
Sub-total	\$868,300.00	\$845,100.00	N/A	\$0.00	N/A
Total for all systems	\$2,847,280.00	\$2,334,741.00	N/A	\$3,557.50	N/A

Components

Actual Information	
Description	File Name

Tall Tower (greater than 500')	Information not provided.	
Tall Tower (greater than 500')	<b>Component Description:</b>  <b>Amount:</b>	Worldwide - 50% Tower - 20% Downpayment \$47,000.00
	<b>Component Description:</b>  <b>Amount:</b>	Worldwide - 50% Tower - 3rd Deposit \$88,000.00
	<b>Component Description:</b>  <b>Amount:</b>	Worldwide - Tower 50% - 2nd Deposit \$50,000.00
Major tower reinforcement /modifications	<b>Component Description:</b>  <b>Amount:</b>	Worldwide - Tower 50% - 20% Downpayment \$47,000.00
	<b>Component Description:</b>  <b>Amount:</b>	Worldwide -- Tower 50% - 3rd Deposit \$88,000.00
	<b>Component Description:</b>  <b>Amount:</b>	Worldwide - Tower 50% - 2nd Deposit \$50,000.00



Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<b>Component Description:</b>		Worldwide - Tower Mapping - 65% Invoice
	<b>Amount:</b>		\$14,085.00
	<b>Component Description:</b>		Worldwide - Tower Mapping - Final Invoice
	<b>Amount:</b>		\$5,418.00
	<b>Component Description:</b>		Worldwide - Tower Mapping - 10% Invoice
	<b>Amount:</b>		\$2,167.00

## 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
<b>Outside Professional Services</b>	<b>\$171,770.00</b>	<b>\$162,850.00</b>		<b>\$3,557.50</b>	
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,050.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,050.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	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	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	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	\$2,500.00	N/A	\$337.50	N/A

Project management of the transition	\$31,600.00	\$30,000.00	N/A	\$3,220.00	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$171,770.00	\$162,850.00	N/A	\$3,557.50	N/A
<b>Total for all systems</b>	\$2,847,280.00	\$2,334,741.00	N/A	\$3,557.50	N/A

## Components

Actual Information	
Description	File Name
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
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	Information not provided.								
Perform engineering study for new channel assignment and antenna development	Information not provided.								
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.								
Prepare and or review reimbursement form	<table> <tr> <td><b>Component Description:</b></td><td>Assistance with reimbursement requests - Feb 2018, #465104.</td></tr> <tr> <td><b>Amount:</b></td><td>\$202.50</td></tr> <tr> <td><b>Component Description:</b></td><td>Assistance with reimbursement requests - April 2018, #467309.</td></tr> <tr> <td><b>Amount:</b></td><td>\$135.00</td></tr> </table>	<b>Component Description:</b>	Assistance with reimbursement requests - Feb 2018, #465104.	<b>Amount:</b>	\$202.50	<b>Component Description:</b>	Assistance with reimbursement requests - April 2018, #467309.	<b>Amount:</b>	\$135.00
<b>Component Description:</b>	Assistance with reimbursement requests - Feb 2018, #465104.								
<b>Amount:</b>	\$202.50								
<b>Component Description:</b>	Assistance with reimbursement requests - April 2018, #467309.								
<b>Amount:</b>	\$135.00								

Project management of the transition	<div data-bbox="708 174 1369 528"> <p><b>Component Description:</b> Project management services with regard to engineering, accounting, and/or legal work - May 2018, #467739.</p> <p><b>Amount:</b> \$67.50</p> </div> <div data-bbox="708 636 1369 990"> <p><b>Component Description:</b> Project management services with regard to engineering, accounting, and/or legal work - July 2018, #469169.</p> <p><b>Amount:</b> \$952.50</p> </div> <div data-bbox="708 1097 1369 1482"> <p><b>Component Description:</b> Project management services with regard to engineering, accounting, and/or legal work - September 2017, #461699 - revised.</p> <p><b>Amount:</b> \$100.00</p> </div> <div data-bbox="708 1590 1369 1944"> <p><b>Component Description:</b> Project management services with regard to engineering, accounting, and/or legal work - August 2017, #461545.</p> <p><b>Amount:</b> \$2,100.00</p> </div>
RF Exposure Measurements	Information not provided.



## 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
<b>Other Expenses</b>	<b>\$73,630.00</b>	<b>\$71,585.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$5,000.00</i>	\$5,000.00	Estimate based on prior experience.	N/A	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>\$1,500.00</i>	\$1,500.00	Estimate based on prior experience.	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	Estimate based on prior experience.	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	Estimate based on prior experience.	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	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
AM Pattern Disturbance -- Impact study	\$7,890.00	\$7,500.00	N/A	N/A	N/A
AM Pattern Disturbance -- Remedy	\$21,050.00	\$20,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
<b>Sub-total</b>	\$73,630.00	\$71,585.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,847,280.00	\$2,334,741.00	N/A	\$3,557.50	N/A

## Components

Information not provided.

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,847,280.00	\$2,334,741.00	\$3,557.50

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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><b>Kevin Lilly</b>  <i>Managing  Member of  Sole  Member</i></p> <p>10/03/2018</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"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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><b>Kevin Lilly</b>  <i>Managing  Member of  Sole  Member</i></p> <p>10/03/2018</p>

## Attachments