

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (June 2009)	FOR FCC USE ONLY
<b>FCC 388</b>		<b>DTV Quarterly Activity Station Report</b>	
		FOR COMMISSION USE ONLY FILE NO. -	
Licensee WCWB LICENSEE, LLC			
Call Sign WPMY	Facility Id 73907	Previous Call Sign (if applicable) WCWB	
Community of License			
City PITTSBURGH	State PA	County ALLEGHENY	Zip Code 15214 -
Nielsen DMA PITTSBURGH	World Wide Web Home Page Address WWW.MYPITTSBURGHTV.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 08/01/2015
Channel Numbers: (Check the Channel Number(s) to which this form applies.)			
<input type="checkbox"/> Analog			
<input checked="" type="checkbox"/> Digital	42		
Report reflects information for quarter ending: 06/30/2009			
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input type="radio"/> Option One (A and D) <input checked="" type="radio"/> Option Two (B and D) <input type="radio"/> Option Three (C and D)			
Over the past quarter, if you have fully complied with the requirements of the selected option?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Comments: STATION CEASED CARRIAGE OF ITS ANALOG CHANNEL ON FEBRUARY 17, 2009.			
Were you required to air service loss notices (See 47 C.F.R. 73.§ 674(b)(5) for details)?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If YES, Complete Section E			
<b>Simulcasting:</b>			
Prior to termination of signal, did you simulcast on your Analog channel and your primary Digital stream stream?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
If YES, complete only one of the form for both. If NO, complete a form for your Analog Channel and a second for your primary Digital stream.			
<b>Application Purpose:</b>			
<input checked="" type="radio"/> DTV Education Report			
<input type="radio"/> Amendment		File Number -	
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.			

**Section B (For broadcasters electing Option Two)**

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one Countdown piece per day during the days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

**Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter**

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	0

Total 5:00 a.m. to 1:00 a.m. CSTs	0
For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?	
Total 6:00 a.m. to 9:00 a.m. PSAs	0
Total 6:00 a.m. to 9:00 a.m. CSTs	0
For stations located in the Atlantic, Eastern, or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	
Total 6:00 p.m. to 11:35 p.m. PSAs	0
Total 6:00 p.m. to 11:35 p.m. CSTs	0
For stations located in the Alaskan, Central, or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00 p.m. to 10:35 p.m. (must average at least 4 per week)?	
Total 5:00 p.m. to 10:35 p.m. PSAs	
Total 5:00 p.m. to 10:35 p.m. CSTs	
Comments: THE STATION CEASED CARRIAGE OF ITS ANALOG SIGNAL ON FEBRUARY 17, 2009. THIS REQUIREMENT WAS FULFILLED AND REPORTED IN THE FIRST QUARTER 2009 REPORT.	

**30 Minute Educational Programs - Last Quarter**

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., after April 1, 2009 and prior to your station's termination of analog service (See 47 C.F.R. § 73.674(d)(5) for additional details).	
Total number of 30 Minute Informational Programs	0
Comments: THE STATION CEASED CARRIAGE OF ITS ANALOG SIGNAL ON FEBRUARY 17, 2009. THIS REQUIREMENT WAS FULFILLED AND REPORTED IN THE FIRST QUARTER 2009 REPORT.	

**Countdown Eligible Pieces - Last Quarter**

Beginning on April 1, 2009 or 60 days prior to termination of their analog service, whichever is later, all stations participating in Option Two must engage in special "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown To DTV" on-air activity per day during the days leading up to their analog termination. During the last quarter, how many of each eligible "Countdown to DTV" pieces did your station run?	
0	Graphic Displays
0	Animated Graphics
0	Graphic and Audio Displays
0	Longer Form Reminders
Comments: THE STATION CEASED CARRIAGE OF ITS ANALOG SIGNAL ON FEBRUARY 17, 2009. THIS REQUIREMENT WAS FULFILLED AND REPORTED IN THE FIRST QUARTER 2009 REPORT.	

**Mandatory Daily Notices - Last Quarter**

Beginning April 1, 2009, Option Two stations must also provide information about antenna use, the need for rescanning, and walk-in DTV help centers. These notices must be aired for no fewer than 15 seconds each, at least once per day, between 8 a.m. and 11:35 p.m., and at least three times per week between 8 p.m. and 11 p.m. in the Atlantic, Eastern and Pacific time zones, and between 7 p.m. and 10 p.m. in the Mountain, Central, and Alaskan time zones, until the station terminates analog programming. Stations may choose alternative on-air methods to comply with these notice requirements, but if so they may not be counted toward the transition PSA/transition CST obligations. (See 47 C.F.R. § 73.674(b)(6)-(8) for additional details).	
Have you aired a sufficient number of antenna information notices this quarter (one per day and at least three per week during primetime)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you aired a sufficient number of rescanning notices this quarter (one per day and at least three per week during primetime)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you aired a sufficient number of help center notices this quarter (one per day and at least three per week during primetime)?	<input type="radio"/> Yes <input checked="" type="radio"/> No

during primetime)?	
Comments: STATION CEASED CARRIAGE OF ITS ANALOG CHANNEL ON FEBRUARY 17, 2009.	

**Section D (For all broadcasters)**

<b>Additional DTV On-air Initiatives - Last Quarter</b>	
Did your station run additional on-air initiatives (such as news reports, town hall meetings, and in particular, nightlight effort, etc.) during the quarter? The comment box may be used to describe these initiatives.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Comments:	
<b>Station Website Additional Activity Related to the DTV Transition - Last Quarter</b>	
Does your station have a Website?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments:	
<b>Additional DTV Outreach Efforts -- Last Quarter</b>	
Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.	
<input type="checkbox"/> Speaking Engagements Comments:	
<input type="checkbox"/> Community Events Comments:	
<input type="checkbox"/> Other (describe) Comments:	
<b>This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.</b>	
Comments:	

<b>Station Certification</b>	
I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.	
Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing PROGRAM COORDINATOR
Signature ROBERT DEPASCALE	Date (mm/dd/yyyy) 07/10/2009

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).

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

We have estimated that each response to this collection of information will take 3 hours. Our estimate includes

the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-1115), Washington, D.C. 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1115.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.**