



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **17625** | Service: **DTV** | Call **KFXB-TV** | Channel: **14 (UHF)**  
ID: | Sign:  
File **0000027784**  
Number:  
FRN: **0013774344** | Date **07/10**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CHRISTIAN TELEVISION NETWORK OF IOWA, INC.</b> Doing Business As: Christian Television Network of Iowa, Inc.	Thomas Bond 744 Main Street Dubuque, IA 52001 United States	+1 (563) 690-1704	tbond@mchsi.com	Not-for-Profit

## 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
<b>Joseph C. Chautin III</b> <i>Hardy, Carey, Chautin &amp; Balkin, LLP</i>	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.com

**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	KFXB will install temp low power antenna & line. Then, existing xmtr will feed temp LP antenna thru mask filter. Removal of old antenna. Then, installation of new xmtr, mask filter and antenna to begin.

**Transmitters**

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Add Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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	Visionary
	Year	2004
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	29 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	Parallax
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	27.5 kW
	Justification for New Transmitter	Manufacturer (Axcera) no longer in business. Existing transmitter not supported.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	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	additional breakers in panel, EMT or flexible metal conduit, misc wiring
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<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	10

**Primary Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
transmission line	transmitter building interior transmission line components for transmitter interconnects
from Comark - 4 way motorized switch	required for transferring output into station load
from Comark - factory training	KFXB staff technical training
plumbing	plumbing for heat exchanger
from Comark - shipping	shipping costs
anti-freeze	coolant anti-freeze
heavy equipment rental	fork lift, scissors lift, etc.

**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?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top 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) .....	1000.0 kW

Manufacturer	
Model	ATW16H3- HTC4-43S
Year	2009

---



**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?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	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	Not in Stack
	Polarization	Horizontal
	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) .....	534.0 kW
Manufacturer		

Model	ATW11H4- HTC4-14H
Year	2017
Justification for New Antenna	Existing antenna cannot be re-channelled.

**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?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<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
temporary antenna	A temporary low power antenna & line will be needed during the re-channeling process to keep KFXB on the air.

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

**Primary Transmission Line** Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	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
Existing Transmission Line Manufacturer and Type	Manufacturer	ERI
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	900 feet per run

**Primary Transmission Line**      **Other Transmission Line Expenses Not Listed**  
 Information not provided.

**Interim Transmission Line**      **New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Air
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	750 feet per run
Justification for New Transmission Line	to feed interim antenna which will keep KFXB on the air during modification of facility	

**Interim Transmission Line**      **Other Transmission Line Expenses Not Listed**

Name	Description
misc hardware	connectors, hanging brackets, etc.

**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	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?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1055265
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	42° 31' 09.0" N-
	Longitude (NAD83)	090° 37' 11.0" W-
	Overall Structure Height	836.93 feet
	Support Structure Height	789.03 feet
	Ground Elevation Above Mean Sea Level (AMSL)	859.90 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Second Generation Realty of Iowa
Date Constructed	01/01/1976

**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 Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<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
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	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	2
	Justification	optimization of existing transmission line to operated on new channel

**Outside  
Professional  
Services  
Costs**

**Other Professional Services Expenses Not Listed**

Information not provided.

**Other Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<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	No
	FCC License to Cover Application	No
	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?	No
	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
<b>Primary Transmitter Parallax</b>	<b>\$1,251,418.00</b>	<b>\$1,191,558.00</b>		<b>\$0.00</b>	
heavy equipment rental	<i>\$7,000.00</i>	\$7,000.00	N/A	N/A	N/A
transmission line	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
plumbing	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
from Comark - 4 way motorized switch	<i>\$4,835.00</i>	\$4,835.00	N/A	N/A	N/A
from Comark - factory training	<i>\$4,500.00</i>	\$4,500.00	N/A	N/A	N/A
from Comark - shipping	<i>\$16,023.00</i>	\$16,023.00	N/A	N/A	N/A
Other Electrical Service: additional breakers in panel, EMT or flexible metal conduit, misc wiring	<i>\$7,000.00</i>	\$7,000.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$900,000.00	N/A	N/A	N/A
anti-freeze	<i>\$200.00</i>	\$200.00	N/A	N/A	N/A
RF Consulting Engineer	\$5,260.00	\$5,000.00	N/A	N/A	N/A

Channel 14 Mask Filter	\$189,500.00	\$180,000.00	N/A	N/A	N/A
Additional field engineering time, 10-30 days	\$63,100.00	\$60,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$1,251,418.00	\$1,191,558.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,836,098.00	\$1,745,773.00	N/A	\$0.00	N/A

## Components

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
<b>Primary Antenna ATW11H4-HTC4-14H</b>	<b>\$260,705.00</b>	<b>\$248,375.00</b>		<b>\$0.00</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
temporary antenna	<i>\$6,975.00</i>	\$6,975.00	to minimize "off air" time while main antenna and transmitter are replaced.	N/A	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$235,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$260,705.00</b>	<b>\$248,375.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,836,098.00</b>	<b>\$1,745,773.00</b>	N/A	<b>\$0.00</b>	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
<b>Interim Transmission Line</b>	<b>\$31,750.00</b>	<b>\$30,250.00</b>		<b>\$0.00</b>	
Flexible Air Transmission Line - dielectric, 1 5/8"	\$24,750.00	\$23,250.00	N/A	N/A	N/A
misc hardware	<i>\$7,000.00</i>	\$7,000.00	connectors, hanging brackets, etc. needed for installation of temporary transmission line which will feed the temporary antenna	N/A	N/A
<b>Primary Transmission Line</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	
<b>Sub-total</b>	<b>\$31,750.00</b>	<b>\$30,250.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,836,098.00</b>	<b>\$1,745,773.00</b>	N/A	<b>\$0.00</b>	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
<b>Primary Tower TOWER</b>	<b>\$210,500.00</b>	<b>\$200,000.00</b>		<b>\$0.00</b>	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$210,500.00</b>	<b>\$200,000.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,836,098.00</b>	<b>\$1,745,773.00</b>	N/A	<b>\$0.00</b>	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
<b>Outside Professional Services</b>	<b>\$32,080.00</b>	<b>\$26,500.00</b>		<b>\$0.00</b>	
Additional Field Engineering Service, 2 Days	<i>\$4,000.00</i>	\$4,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$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 and or review reimbursement form	\$2,630.00	\$2,500.00	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

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	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
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$750.00	N/A	N/A	N/A
<b>Sub-total</b>	\$32,080.00	\$26,500.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,836,098.00	\$1,745,773.00	N/A	\$0.00	N/A

### Components

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>\$49,645.00</b>	<b>\$49,090.00</b>		<b>\$0.00</b>	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$6,000.00</i>	\$6,000.00	disposal of old transmitter equipent	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$30,000.00</i>	\$30,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$400.00</i>	\$400.00	production time	N/A	N/A
MVPD Notification of Channel Change	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$49,645.00</b>	<b>\$49,090.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,836,098.00</b>	<b>\$1,745,773.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

**Components**

Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$1,836,098.00	\$1,745,773.00	\$0.00

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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
	<p><b>Submission of Estimated Expenses Statements</b></p>	<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>Robert D'Andrea</b> <i>President</i></p> <p>07/10/2017</p>

**Attachments**

Information not provided.