



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **58725** | Service: **DTV** | Call **WNYS-TV** | File
ID: | Sign: | Number:
0000028365
FRN: **0024892366** | Date **05/21**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|------------------------------------|----------------|----------|---------------------------|----------------|
| SYRACUSE BROADCASTING, INC. | John B. Tupper | +1 (203) | JTUPPER@KEPPER-TUPPER.COM | Corporation |
| Doing Business As: | 2 GALLEON | 431- | | |
| SYRACUSE BROADCASTING, INC. | HILTON HEAD | 3366 | | |
| | ISLAND, SC | | | |
| | 29928 | | | |
| | United States | | | |

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 |
|-----------------------|----------------------|---------------|-------------------|
| Gary C. Baker | 20118 East Crestwood | +1 (509) 290- | gary@audiocominc. |
| <i>Technical</i> | Lane | 0414 | net |
| <i>Representative</i> | Otis Orchards, WA | | |
| <i>Gary Baker,</i> | 99027 | | |
| <i>Consultant</i> | United States | | |

**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. | | Yes |
| Briefly describe transition plan | | Purchase of the transmitter, antenna system and transmission line. Current transmitter manufacturer does not support the re-tune to the new channel. Broadcasting of interim (CH15) antenna, while main antenna/combiner is prepared for CH15 operation. |

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 | QXD2-DTV |
| | Year | 2002 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 55 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-EVO |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 37 kW |
| | Justification for New Transmitter | The current TX and the RF output mask filter cannot be re-channelled to meet the new channel assignment. See attached document: "Syracuse Repack WNYS-SS-TX-Upgrade-SEPT2017-rev01". |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|---------|----------|----------|
|---------|----------|----------|

| | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | Yes |
| | Power | 500 kVA |
| | Rigid Conduit and Wiring | Yes |
| | Size | 2 inches |
| | Length | 100.0 feet |
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Type | Heating and Cooling |
| | Size | 15 tons |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | Yes |
| | Size | 1000.0 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**
Information not provided.

**Interim
Transmitter**

New Transmitter Costs

| Section | Question | Response |
|-----------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Transmitter | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase |
| | Manufacturer | |
| | Model | THU9-EVO |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 31 kW |
| | Justification for New Transmitter | The Interim TX will allow the station operation during the TX replacement period to meet the new channel assignment. See the attached sketch of the WNYS transition plan from CH44 to CH15:" Syracuse Repack WNYS-TransitionPlan-sketch-SEPT2017-rev01". |

**Interim
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|---------|----------|----------|
|---------|----------|----------|

| | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | Yes |
| | Power | 300 kVA |
| | Rigid Conduit and Wiring | Yes |
| | Size | 2 inches |
| | Length | 150.0 feet |
| | Other Electrical Service | No |
| | Description | N/A |
| 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? | No |
| | Size | N/A |
| 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 |
| Inside RF System | Is an additional interior RF system required to support this interim transmitter? | Yes |

**Interim
Transmitter**

Other Transmitter Cost Not Listed

Information not provided.

Antennas

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

**Primary
Antenna**

Existing 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 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 |
| Existing Antenna Manufacturer and Type | 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) | 680.0 kW |
| | | |

| | |
|--------------|-------------------------|
| Manufacturer | |
| Model | TFU- 16DSB-R C170 |
| Year | 2005 |

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? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Types | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Not in Stack |
| | 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) | 450.0 kW |
| | Manufacturer | |
| | Model | TFU-20DSC-R T140 DC |
| | | |

| | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| Year | 2018 |
| Justification for New Antenna | The existing slotted antenna is channel specific and must be replaced to accommodate the new channel assignment. |

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? | No |
| | Broadband or Single Channel? | N/A |
| | Feed Line Size | N/A |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | No |
| 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

15

14

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

**Interim
Antenna**

New Antenna Costs

| Section | Question | Response |
|----------------------------------------------|----------------------------------------------------------------------|--------------------|
| New Antenna Description | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | Yes |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | 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) | 450.0 kW |
| | Manufacturer | |
| | Model | TFU-17JSC /VP-R |
| | Year | 2018 |
| | | |

| | | |
|--|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Justification for New Antenna | Will allow operation on the new assigned channel until the new primary antenna and combiner are operationally. See attached the WNYS sketch of the transition plan from CH44 to CH15: "Syracuse Repack WNYS-TransitionPlan-sketch-SEPT2017-rev01". |
|--|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Interim Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|-----------------------------------------------------------------------|--------------|
| Combiner for Shared Antenna | 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 |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | S |
| | Feed Line Size | 6 1/8 inches |

| | | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------|-----|
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for an 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 |

Interim 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**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 | Dielectric |
| | Type | Rigid |
| | Diameter | 7 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1200 feet per run |

Primary Transmission Line

Other Transmission Line Expenses Not Listed

| Name | Description |
|------------|--------------------|
| Dehydrator | Pressurization EQ. |

Interim Transmission Line

New Transmission Line

| Section | Question | Response |
|-----------------------------|-----------------------------------------|--------------------------------------------------------|
| New Transmission Line Costs | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Type | Rigid |
| | Diameter | 6 1/8 inches |
| | Segment Length | 20' |
| | Other Segment Length | |
| | Number of parallel runs | 1 |
| | Length | 1090 feet per run |
| | Justification for New Transmission Line | The new TL is required for the Interim Antenna System. |

Interim Transmission Line

Other Transmission Line Expenses Not Listed

| Name | Description |
|------------|-----------------------------------|
| Dehydrator | Pressurization Equipment: 0-15PSI |

**Tower
Equipment
And
Rigging
Costs**

| Section | Question | Response |
|-------------------------------------------------|-------------------------------------------------------|----------|
| Tower Equipment or Rigging Costs Changes | Do you have tower equipment or rigging costs changes? | No |

**Outside
Professional**

| Section | Question | Response |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 100 |
| | Explanation | Syracuse Broadcasting, Inc., representative (s). |
| 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 | Yes |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | Yes |
| | 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 | Prepare and file Form FCC Construction Permit Application | Yes |

Services

| | | |
|--------------------------------------|--------------------------------------------------------------------------------------------|-----|
| | For Auxiliary Facility | Yes |
| | For Main Facility | Yes |
| | Prepare and file Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | Yes |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | Yes |
| | Quantity | 1 |
| | NEPA Section 106 environmental review | Yes |
| | 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 | Yes |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

**Outside
Professional Services Costs**

Other Professional Services Expenses Not Listed

Services 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)? | 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 |

**Other
Expenses**

Other Expenses Not Listed

| Name | Description |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Internal Project Management of Transition | 120 h for repack preparations, trips to manufacturers, RF systems engineering planning, schedule 2100, form 399 preparations, CP budgeting, etc. |

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 |
|--------------------------------------------------------|-----------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------|
| Interim Transmitter THU9-EVO | \$1,135,200.00 | \$539,375.00 | | \$0.00 | |
| UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW | \$947,000.00 | \$450,000.00 | The Interim TX cost is split with WSYT. See attachment for Interim TX: WSYT_WNYS_CH19_CH44 Interim_No RF System_THU9evo-20 AMPs 802-053081.1; See attached the WNYS transition sketch plan: Syracuse Repack WNYS-TransitionPlan-sketch-SEPT2017-Rev01. | N/A | N/A |
| UHF inside RF system including switching | \$147,500.00 | \$70,000.00 | The Interim TX cost is split with WSYT. | N/A | N/A |
| 2" Rigid Conduit and Wiring (Cost per foot) | \$3,900.00 | \$1,875.00 | The Interim TX cost is split with WSYT. | N/A | N/A |
| Transformer 3 phase /480v - 300 KVA | \$36,800.00 | \$17,500.00 | The Interim TX cost is split with WSYT. | N/A | N/A |
| Primary Transmitter THU9-EVO | \$1,627,400.00 | \$1,547,500.00 | | \$0.00 | |

| | | | | | |
|-----------------------------------------------------------------------|--------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----|
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | \$1,473,000.00 | \$1,400,000.00 | See attached SS-TX TPO notification: Syracuse Repack WNYS-SS-TX- Upgrade-SEPT2017- Rev01, along with:WNYS- CP-new 450K-Mar15- 2018, WNYS-CP-new 450K-Mar15-2018,WNYS CH15 THU9evo-20 - Quote_106474_20180421- 011556UTC, WNYS CH 15 24 Amps List Quotation 802-043815.0 | N/A | N/A |
| Other -- Building Addition Size: 1000.0 | \$15,000.00 | \$15,000.00 | Estimate for possible cost of building modifications. | N/A | N/A |
| 15 Ton system | \$88,400.00 | \$84,000.00 | N/A | N/A | N/A |
| 2" Rigid Conduit and Wiring (Cost per foot) | \$2,600.00 | \$2,500.00 | N/A | N/A | N/A |
| Transformer 3 phase /480v - 500 KVA | \$48,400.00 | \$46,000.00 | N/A | N/A | N/A |
| Sub-total | \$2,762,600.00 | \$2,086,875.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$3,955,075.00 | \$2,849,200.00 | 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 |
|-------------------------------------------------------------------------------------------------------|-----------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|
| Interim Antenna TFU-17JSC/VP-R | \$274,440.00 | \$127,250.00 | | \$0.00 | |
| UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized | \$227,000.00 | \$98,000.00 | The Interim Antenna cost is split with WSYT. Dielectric quote attached:CLE 153 RevA WSYT-AUG2017. See attached also, the transition plan: Syracuse Repack WNYS-TransitionPlan-sketch-SEPT2017-rev01. | N/A | N/A |

| | | | | | |
|------------------------------------------------------------------------------------|-------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed) | \$12,300.00 | \$5,850.00 | The Interim Antenna cost is split with WSYT. See attached quote for Interim Antenna:CLE 153 RevA WSYT-AUG2017. See attached transition plan: Syracuse Repack WNYS-TransitionPlan-sketch-SEPT2017-rev01. | N/A | N/A |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$12,000.00 | The Interim Antenna cost is split with WSYT. See attached quote for Interim Antenna:CLE 153 RevA WSYT-AUG2017;See attached transition plan: Syracuse Repack WNYS-TransitionPlan-sketch-SEPT2017-rev01. | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | 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 | \$5,000.00 | N/A | N/A | N/A |
| Primary Antenna TFU-20DSC-R T140 DC | \$385,690.00 | \$228,900.00 | | \$0.00 | |
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | \$289,500.00 | \$137,500.00 | The cost for the Master_Top Mount Antenna is split with WSYT. | N/A | N/A |
| New combiner, cost per channel (without antenna) | \$84,200.00 | \$80,000.00 | 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 | \$5,000.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$660,130.00 | \$356,150.00 | N/A | \$0.00 | N/A |

| | | | | | |
|------------------------------|----------------|----------------|-----|--------|-----|
| Total for all systems | \$3,955,075.00 | \$2,849,200.00 | N/A | \$0.00 | 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 |
|------------------------------------------|-----------------------------|-----------------------|------------------------------------------------------------------------------------------------------|---------------|---------------------------|
| Interim Transmission Line | \$222,180.00 | \$106,640.00 | | \$0.00 | |
| Dehydrator | <i>\$2,000.00</i> | \$2,000.00 | The cost is split with WSYT. See the quote attached: 08302017 Order_Quotation M14026 WSYT. | N/A | N/A |
| Rigid Transmission Line - copper, 6 1/8" | \$220,180.00 | \$104,640.00 | The cost for the Interim TL is split with WSYT | N/A | N/A |
| Primary Transmission Line | \$4,000.00 | \$4,000.00 | | \$0.00 | |
| Dehydrator | <i>\$4,000.00</i> | \$4,000.00 | See attached quote for dehydrator: 08302017 Order_Quotation M14026 WSYT. The cost is split with WSYT | N/A | N/A |
| Sub-total | \$226,180.00 | \$110,640.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$3,955,075.00 | \$2,849,200.00 | N/A | \$0.00 | N/A |

Components

Information not provided.

Cost Information

Tower Equipment and Rigging Costs

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 | \$170,175.00 | \$161,250.00 | | \$0.00 | |
| RF Exposure Measurements | \$21,050.00 | \$20,000.00 | 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 |
| NEPA Section 106 environmental review, if needed | \$6,310.00 | \$6,000.00 | 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 - Negotiation of lease and other matters for shared locations | \$4,210.00 | \$4,000.00 | 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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application | \$4,210.00 | \$4,000.00 | 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 |
| RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application | \$1,580.00 | \$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 |
| RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application | \$2,105.00 | \$2,000.00 | 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 |
| 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 | N/A | N/A |
| Project management of the transition | \$15,800.00 | \$15,000.00 | N/A | N/A | N/A |
| Sub-total | \$170,175.00 | \$161,250.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$3,955,075.00 | \$2,849,200.00 | 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 |
|--------------------------------------------------------------------------|-----------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------|
| Other Expenses | \$88,140.00 | \$87,535.00 | | \$0.00 | |
| Internal Project Management of Transition | <i>\$18,000.00</i> | \$18,000.00 | 120h @ \$150/h estimate. | N/A | N/A |
| MVPD Notification of Channel Change | <i>\$10,000.00</i> | \$10,000.00 | See attached FCC Catalog of Potential Expenses and Estimated Costs | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$230.00</i> | \$230.00 | See attached supporting quote: Develop-On_Air_Announcement-cost-2017 | N/A | N/A |
| Equipment Storage | <i>\$19,720.00</i> | \$19,720.00 | See the attached storage fee calculation for 8 months (32 weeks): Syracuse Repack WNYS-Storage calculation-SEPT2017 and the Dielectric Storage fees: Storage Instructions and Rates-Dielectric | N/A | N/A |
| Equipment Delivery and Handling Charges | <i>\$25,000.00</i> | \$25,000.00 | See attached FCC Catalog of Potential Expenses and Estimated Costs | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$2,000.00</i> | \$2,000.00 | See attached supporting quote: WNYS EWASTE-quote-Sept2017 | 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 minor change CP application | \$1,110.00 | \$1,070.00 | 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 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| Sub-total | \$88,140.00 | \$87,535.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$3,955,075.00 | \$2,849,200.00 | N/A | \$0.00 | N/A |

Components

Information not provided.

| | | | |
|-----------------------------|------------------------------|----------------------------------------|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$3,955,075.00 | \$2,849,200.00 |
| | | | \$0.00 |

| | | |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 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"> 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>Gary C Baker <i>Tehcnical Representative, Consultant</i></p> <p>05/21/2018</p> |

Attachments