



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **56526** | Service: **DTV** | Call **WTTK** | Channel: **15 (UHF)** |
ID: | Sign:
File **0000028172**
Number:
FRN: **0005047105** | Date **02/07**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|--|-----------------------------|--------------------------|---------------------------------|
| Tribune Media Company Doing Business As: TRIBUNE BROADCASTING INDIANAPOLIS, LLC | Steve Zanolini 6910 Network Place Indianapolis, IN 46221 United States | +1 (317) 632- 6566 | szanolini@nexstar. tv | 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 |
|---|--|-----------------------|-------------------------------|
| Bill Vanduyndhoven , Vanduyndhov . <i>Director of Engineering</i> <i>operations</i> <i>Nexstar Broadcasting</i> | Bill Vanduyndhoven 2211 Rabbit Hill Cir Dacula, GA 30019 United States | +1 (404) 312- 8693 | bvanduyndhoven@nexstar. tv |

**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 | WXIN and WTTV share antenna, re-tune antenna and replace Transmission line Replace transmitter |

Transmitters

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

**Auxiliary
Transmitter****Add Transmitter Information**

| Section | Question | Response |
|---|--|-----------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | Auxiliary |
| | 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 | Ranger |
| | Year | 2000 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 1 kW |

**Auxiliary
Transmitter****New Transmitter Costs**

| Section | Question | Response |
|------------------------|---|--|
| New Transmitter | Use | Auxiliary (Backup) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | Yes |
| | Manufacturer | |
| | Model | ULXTE-10 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 6 kW |
| | Justification for New Transmitter | WTTK will require at least a 6KW transmitter to provide adequate coverage during the conversion. A 6KW Interim transmitter was selected. |

**Auxiliary
Transmitter****Other Transmitter Costs**

| Section | Question | Response |
|---------------------------|---------------------------------------|----------|
| Electrical Service | 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 | 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 |

**Auxiliary
Transmitter**

Other Transmitter Cost Not Listed

Information not provided.

**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 | SigmaCD - P2 |
| | Year | 1995 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 60 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 | ULXTE-72 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 47 kW |
| | Justification for New Transmitter | Current transmitter is not re-tunable as stated by the Manufacturer |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|--------------------|---------------------------------------|------------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | Yes |
| | Switchgear (industrial 800 amp) | Yes |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | Yes |
| | Size | 2 inches |
| | Length | 200.0 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 |

**Primary
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? | Yes |
| | Is the existing antenna directional? | No |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Elliptical |
| | Type | Broadband Panel |
| | Number of Stations Supported | 2 |
| | Number of Panels | 12 |
| | Design power capacity in use | 80.0 % |
| | Lower Limit | 470.00 MHz |
| | Upper Limit | 670.00 MHz |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 1500.0 kW |
| | | |

| | | |
|--|--------------|-----------------------|
| | Manufacturer | |
| | Model | TUM20-O4-12/48H-1-R-T |
| | Year | 2008 |

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

| Facility ID | Call Sign |
|-------------|-----------|
| 56526 | WTTK |

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? | No |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | Yes |
| | Is antenna directional? | No |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Types | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Elliptical |
| | Type | Broadband Panel |
| | Number of Stations Supported | 2 |
| | Number of Panels/Bays | 20 |
| | Lower Limit | 470.00 MHz |
| | Upper Limit | 525.00 MHz |
| | Design power capacity in use | 80.0 % |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 1500.0 kW |
| | Manufacturer | |
| | | |

| | |
|-------------------------------|--|
| Model | TUM20-04-12/48H-1-R-T |
| Year | 2019 |
| Justification for New Antenna | Current antenna will not work on assigned channels |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---|-------------------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | Yes |
| | Type | New |
| | Number of channels supported | 2 |
| | Frequencies of channels supported | RF channel |
| | Frequency | N/A |
| | Do you need a combiner output splitter /switcher for dual feed lines? | No |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | Broadband |
| | Feed Line Size | 8 3/16 inches inches |
| 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? | No |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | Yes |

Enter a list of RF channel numbers.

RF Channel Number

22

15

**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 | Horizontal |
| | Type | Broadband Slot |
| | Number of Stations Supported | 2 |
| | Number of Panels/Bays | 16 |
| | Lower Limit | 470.00 MHz |
| | Upper Limit | 670.00 MHz |
| | Design power capacity in use | 80.0 % |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 900.0 kW |
| | Manufacturer | |
| | Model | TFU-WB16 |
| | Year | 2019 |
| | | |

| | | |
|--|-------------------------------|--|
| | Justification for New Antenna | Antenna to operate on during construction and transition for 2 stations. |
|--|-------------------------------|--|

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? | B |
| | Feed Line Size | 6 1/8 inches |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for an antenna? | No |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| 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 | 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? | Yes |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | Rigid |
| | Diameter | 8 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 19 3/4 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1100 feet per run |

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

| Facility ID | Call Sign |
|-------------|-----------|
| 146 | WXIN |

Primary
Transmission Line

New Transmission Line

| Section | Question | Response |
|-----------------------------|---|---|
| New Transmission Line Costs | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Rigid |
| | Diameter | 8 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1100 feet per run |
| | Justification for New Transmission Line | Current line section length is not compatible with assigned channels. |

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

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 | Broadband |
| | Other Segment Length | |
| | Number of parallel runs | 1 |
| | Length | 800 feet per run |
| | Justification for New Transmission Line | Transmission Line to feed 2 stations during transition |

Interim
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

| Section | Question | Response |
|---|---|-------------------|
| Existing Tower Description | Type of change | Modify Existing |
| | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | 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 | No |
| | Is tower documented for structural analysis? | Yes |
| | Is tower compliant with Rev G? | No |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1030684 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 39° 53' 20.0" N- |
| | Longitude (NAD83) | 086° 12' 07.0" W- |
| | Overall Structure Height | 1040.01 feet |
| | Support Structure Height | 979.97 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 810.03 feet |

| | | |
|--|------------------|--|
| | Structure Type | TOWER - Free Standing or Guyed Structure |
| | Tower Owner | Tribune Broadcasting Indianapolis, LLC |
| | Date Constructed | 01/01/1984 |

**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 |
|-------------|-----------|---------|
| 146 | WXIN | DTV |
| 56526 | WTTK | DTV |

Primary Tower

Tower Modification Costs

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

Primary Tower

Tower Rigging Costs

| Section | Question | Response |
|------------------------------|-----------------------------------|----------|
| Tower Rigging Costs | Complex Tower | N/A |
| Helicopter Services Required | Are helicopter services required? | Yes |

**Primary
Tower**

Other Tower Expenses Not Listed
Information not provided.

**Outside
Professional Services Costs**

| Section | Question | Response |
|---|--|----------|
| Outside Project Management Services | Do you require outside project management services? | No |
| | Number of Hours | N/A |
| | Explanation | N/A |
| Outside RF consulting Engineering Services | Perform engineering study for new channel assignment and antenna development | Yes |
| | Prepare engineering section of Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | Yes |
| | Quantity | 2 |
| | Do you have Distributed Transmission System engineering services? | N/A |
| | Critical Facility | N/A |
| | Terrain-Shielded Facility | N/A |
| Attorney and Other Outside Consulting Services | Prepare and file Form FCC Construction Permit Application | No |
| | For Auxiliary Facility | N/A |
| | For Main Facility | N/A |
| | Prepare and file Form FCC License to Cover Application | No |
| | For Auxiliary Facility | N/A |
| | For Main Facility | N/A |
| | | |

| | | |
|--------------------------------------|--|-----|
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | 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 | No |
| | Address transition timing and coordination issues w/ other stations and wireless providers | No |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | 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**

If wireless is not provided.

Other Expenses

| Section | Question | Response |
|-------------------------------------|--|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Facility Expenses | Name | N/A |
| | Other Distributed Transmission System Expenses Not listed | N/A |
| | Name | N/A |
| | Is Notification of a Medical Facility required as a result of DTV broadcasting? | Yes |
| Permit and Filing Costs | Local Zoning | Yes |
| | 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 | No |
| 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 |
|-------|---------------------|
| Taxes | Indiana State Taxes |

Cost Information

Transmitters

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|-----------------------|------------------------------|-----------------------|---------------------------|
| Primary Transmitter ULXTE-72 | \$1,530,800.00 | \$1,235,000.00 | | \$1,112,508.89 | |
| 2" Rigid Conduit and Wiring (Cost per foot) | \$5,200.00 | \$5,000.00 | N/A | N/A | N/A |
| Switchgear - industrial 800 amp | \$38,200.00 | \$36,300.00 | N/A | N/A | N/A |
| Service entrance 3 phase/800 amp/208 volt | \$14,400.00 | \$13,700.00 | N/A | N/A | N/A |
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | \$1,473,000.00 | \$1,180,000.00 | N/A | \$1,112,508.89 | N/A |
| Auxiliary Transmitter ULXTE-10 | \$399,500.00 | \$183,296.36 | | \$183,296.36 | |
| UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW | \$273,500.00 | \$128,633.82 | Reimbursable amount | \$128,633.82 | N/A |

| | | | | | |
|--|----------------|----------------|--|----------------|--------------------|
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$126,000.00 | \$54,662.54 | ***System Notice: Estimate adjusted and locked because line has been superseded. ***see attached quote | \$54,662.54 | See attached quote |
| Sub-total | \$1,930,300.00 | \$1,418,296.36 | N/A | \$1,295,805.25 | N/A |
| Total for all systems | \$4,817,805.00 | \$3,053,266.69 | N/A | \$2,167,658.09 | N/A |

Components

| Actual Information | |
|--|---------------------------|
| Description | File Name |
| 2" Rigid Conduit and Wiring (Cost per foot) | Information not provided. |
| Switchgear - industrial 800 amp | Information not provided. |
| Service entrance 3 phase /800 amp/208 volt | Information not provided. |

| | | |
|--|-------------------------------|----------------------------------|
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | Component Description: | Deposit ULXTE-72 |
| | Amount: | \$342,317.91 |
| | Component Description: | payment ULXTE-72 |
| | Amount: | \$112,089.75 |
| | Component Description: | ULXTE-72 Transmitter 2nd payment |
| UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW | Amount: | \$342,317.91 |
| | Component Description: | 2nd payment - ULXTE-72 |
| | Amount: | \$342,317.91 |
| | Component Description: | ULXTE-72 |
| | Amount: | \$315,783.32 |
| UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW | Component Description: | 3rd payment ULXTE-10 |
| | Amount: | \$32,564.12 |
| | Component Description: | payment ULXTE-10 |
| | Amount: | \$41,407.16 |
| | Component Description: | 2nd payment ULXTE-10 |
| | Amount: | \$54,662.54 |

UHF - Air Cooled Solid State
Transmitter 1 - 2.5 kW

Component Description: ULXTE - 10 3rd
payment
Amount: \$32,564.12

Component Description: Deposit ULXTE-10
Amount: \$54,662.54

Component Description: 2nd payment -
ULXTE10
Amount: \$54,662.54

Component Description: 3rd payment -
ULXTE-10
Amount: \$32,564.12

Component Description: ULXTE-10
Transmitter 2nd
payment
Amount: \$54,662.54

Component Description: ULXTE-10 2nd
payment
Amount: \$54,662.54

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-WB16 | \$20,430.00 | \$14,440.00 | | \$0.00 | |
| Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed) | \$13,700.00 | \$8,000.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,440.00 | N/A | N/A | N/A |
| UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 900 kW input, directional,, horizontally polarized | <i>\$0.00</i> | \$0.00 | N/A | N/A | N/A |
| Primary Antenna TUM20-04-12/48H-1-R-T | \$877,880.00 | \$570,030.33 | | \$301,921.73 | |

| | | | | | |
|---|-----------------------|-----------------------|------------|-----------------------|------------|
| Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed) | \$18,950.00 | \$12,160.61 | N/A | \$12,160.61 | N/A |
| UHF - High Power Top Mount (200-1000 kW), Two Station broadband panel antenna, elliptically or circularly polarized | \$768,000.00 | \$500,000.00 | N/A | \$235,451.40 | N/A |
| New combiner, cost per channel (without antenna) | \$84,200.00 | \$51,429.72 | N/A | \$51,429.72 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,440.00 | N/A | \$2,880.00 | N/A |
| Sub-total | \$898,310.00 | \$584,470.33 | N/A | \$301,921.73 | N/A |
| Total for all systems | \$4,817,805.00 | \$3,053,266.69 | N/A | \$2,167,658.09 | N/A |

Components

| Actual Information | |
|---|---------------------------|
| Description | File Name |
| Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed) | Information not provided. |
| Sweep test of existing antenna | Information not provided. |

| | | |
|---|---|---------------------------------|
| UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 900 kW input, directional,, horizontally polarized | Information not provided. | |
| Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed) | Component Description: Amount: | elbow complex \$4,668.11 |
| | Component Description: Amount: | 50% elbow complex \$3,746.25 |
| | Component Description: Amount: | 50% Elbow complex \$3,746.25 |

| | | |
|---|---|---|
| UHF - High Power Top Mount (200-1000 kW), Two Station broadband panel antenna, elliptically or circularly polarized | Component Description: Amount: | hanger kit - 50% of this invoice was paid by WXIN \$163.20 |
| | Component Description: Amount: | hanger kit - 50% of this invoice was paid by WXIN \$163.20 |
| | Component Description: Amount: | Antenna \$23,512.50 |
| | Component Description: Amount: | TUM20-O4-12 Antenna \$105,806.25 |
| | Component Description: Amount: | TUM20-O4-12 Antenna \$105,806.25 |
| New combiner, cost per channel (without antenna) | Component Description: Amount: | combiner \$10,284.87 |
| | Component Description: Amount: | combiner split with WXIN \$41,144.85 |
| Sweep test of existing antenna | Component Description: Amount: | 50% of Sweep Test \$1,440.00 |
| | Component Description: Amount: | 50% Sweep Test \$1,440.00 |

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 |
|--|-----------------------------|----------------|------------------------------|----------------|---------------------------|
| Interim Transmission Line | \$185,600.00 | \$0.00 | | \$0.00 | |
| Rigid Transmission Line - copper, 6 1/8" broadband | \$185,600.00 | \$0.00 | N/A | N/A | N/A |
| Primary Transmission Line | \$381,700.00 | \$250,000.00 | | \$118,955.50 | |
| Rigid Transmission Line - copper, 8 3/16" | \$381,700.00 | \$250,000.00 | N/A | \$118,955.50 | N/A |
| Sub-total | \$567,300.00 | \$250,000.00 | N/A | \$118,955.50 | N/A |
| Total for all systems | \$4,817,805.00 | \$3,053,266.69 | N/A | \$2,167,658.09 | N/A |

Components

| Actual Information | |
|--|---------------------------|
| Description | File Name |
| Rigid Transmission Line - copper, 6 1/8" broadband | Information not provided. |

Rigid Transmission Line -
copper, 8 3/16"

Component Description: cut pieces - 50%
of this invoice was
paid by WXIN
Amount: \$2,490.00

Component Description: 50% of RTLSCR8-
20
Amount: \$2,801.25

Component Description: 50% of RTLSCR8-
20
Amount: \$2,801.25

Component Description: about half of
transmission line
Amount: \$55,431.50

Component Description: about half of
transmission line
Amount: \$55,431.50

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 | \$1,275,100.00 | \$666,000.00 | | \$432,256.50 | |
| Serious tower reinforcement /modifications | \$1,052,000.00 | \$450,000.00 | Cost will be shared with WXIN | \$432,256.50 | N/A |
| Structural engineering tower load study for well documented tower | \$12,600.00 | \$12,000.00 | N/A | N/A | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$204,000.00 | Cost shared with WXIN | N/A | N/A |
| Tower Helicopter Lift | \$0.00 | \$0.00 | Included in Rigging costs | N/A | N/A |
| Sub-total | \$1,275,100.00 | \$666,000.00 | N/A | \$432,256.50 | N/A |
| Total for all systems | \$4,817,805.00 | \$3,053,266.69 | N/A | \$2,167,658.09 | N/A |

Components

| Actual Information |
|----------------------|
| DescriptionFile Name |

| | | |
|---|---|-------------------------------|
| Serious tower reinforcement /modifications | Component Description: Amount: | rigging costs \$125,771.10 |
| | Component Description: Amount: | rigging costs \$41,923.70 |
| | Component Description: Amount: | rigging costs \$13,019.50 |
| | Component Description: Amount: | rigging costs \$251,542.20 |
| Structural engineering tower load study for well documented tower | Information not provided. | |
| Tall Tower (greater than 500') | Information not provided. | |
| Tower Helicopter Lift | 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 | \$37,245.00 | \$25,500.00 | | \$0.00 | |
| Prepare request for Special Temporary Authorization | \$4,100.00 | \$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 |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |
| RF Exposure Measurements | \$21,050.00 | \$11,000.00 | 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 |
| Sub-total | \$37,245.00 | \$25,500.00 | N/A | \$0.00 | N/A |

| | | | | | |
|------------------------------|----------------|----------------|-----|----------------|-----|
| Total for all systems | \$4,817,805.00 | \$3,053,266.69 | N/A | \$2,167,658.09 | 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 | \$109,550.00 | \$109,000.00 | | \$18,719.11 | |
| Equipment Delivery and Handling Charges | <i>\$30,000.00</i> | \$30,000.00 | N/A | \$8,549.11 | N/A |
| Equipment Storage | <i>\$25,000.00</i> | \$25,000.00 | N/A | \$6,895.00 | N/A |
| Taxes | <i>\$30,000.00</i> | \$30,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$2,000.00</i> | \$2,000.00 | N/A | N/A | N/A |
| MVPD Notification of Channel Change | <i>\$11,000.00</i> | \$11,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$0.00</i> | \$0.00 | N/A | N/A | N/A |
| Local Zoning | <i>\$0.00</i> | \$0.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | \$3,275.00 | N/A |
| Sub-total | \$109,550.00 | \$109,000.00 | N/A | \$18,719.11 | N/A |
| Total for all systems | \$4,817,805.00 | \$3,053,266.69 | N/A | \$2,167,658.09 | N/A |

Components

| Actual Information | |
|---|---|
| Description | File Name |
| Equipment Delivery and Handling Charges | Component Description: Freight and Shipping - 50% of this invoice was paid by WXIN |
| | Amount: \$1,871.25 |
| | Component Description: Freight and Shipping - 50% of this invoice was paid by WXIN |
| | Amount: \$1,609.62 |
| | Component Description: Freight and Shipping - 50% of this invoice was paid by WXIN |
| | Amount: \$789.00 |
| | Component Description: Freight and Shipping - 50% of this invoice was paid by WXIN |
| | Amount: \$4,279.24 |

| | | | |
|--|-------------------------------|--|------------------|
| Equipment Storage | Component Description: | | Storage Fee - |
| | | | 50% of this |
| | | | invoice was paid |
| | | | by WXIN |
| | Amount: | | \$1,647.50 |
| | | | |
| | Component Description: | | Storage - 50% of |
| | | | this invoice was |
| | | | paid by WXIN |
| | Amount: | | \$5,247.50 |
| | | | |
| | | | |
| Taxes | Information not provided. | | |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. | | |
| MVPD Notification of Channel Change | Information not provided. | | |
| Develop and air announcement of upcoming channel change | Information not provided. | | |
| Local Zoning | Information not provided. | | |
| DTV Medical Facility Notification | Component Description: | | medical testing |
| | Amount: | | \$3,275.00 |

| | | | |
|-------------------------|------------------------------|------------------------------------|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$4,817,805.00 | \$3,053,266.69 |
| | | | \$2,167,658.09 |

| | | |
|-----------------------------|--|-----------------|
| 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.

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.

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

**Teri Ann
Guillory**
*Broadcasting
Operations*

02/07/2020

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | Submission of Actual Cost Documentation Statements | <p>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).</p> | |
| | | <ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

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

| | |
|--|---|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Teri Ann Guillory <i>Broadcasting Operations</i></p> <p>02/07/2020</p> |

Attachments