

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

| Facility 54414 ID: | Service: DCA | Call Sign: | WDEM-CD | Channel: 24 (UHF) |
|------------------------------|--------------------|----------------|---------|-------------------|
| File 00000 Number: | 28261 | e.g | | |
| FRN: 0026907345 | Date Submitted: | 11/03 /2020 | | |

Applicant Name, Type, and Contact Information

Applicant Information

| ו | Applicant | Address | Phone | Email | Applicant Type |
|---|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|-------------------|
| | HC2 STATION GROUP, INC. Doing Business As: HC2 STATION GROUP, INC. | RENEE ILHARDT PO Box 29TH FLOOR NEW YORK, NY 10022 United States | +1 (954) 606- 5486 | RILHARDT@HC2BROADCASTING. COM | Corporation |

Reimbursement Contact Name and Information Reimbursement Contact Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Preparer Contact Name and Information

| Contact Information | Applicant | Address | Phone | Email |
|------------------------|----------------------------------------------------|---------|-------|-------|
| | The Preparer is same as the reimbursement contact. | | | |

| Broadcaster | Question | Response |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Information and Transition Plan | 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 | Remove existing antenna & transmitter. Install new antenna & transmitter. Power back up a new frequency. |

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

| Primary | Existing Transmitter Information | | | |
|-------------|-------------------------------------|------------------------------------------------------------|-------------------|--|
| Fransmitter | 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 | | |
| | Manufacturer and Type | Model | DTX100U | |
| | | Year | 2008 | |
| | | Туре | Solid State | |
| | | Solid State Cooling | Air Cooled | |
| | | Solid State Power Capacity | .5 kW | |

Existing Transmitter Information

| Primary | New Transmitter Costs | | | |
|-------------|-----------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Transmitter | Section | Question | Response | |
| | New Transmitter | Use | Primary (Main) | |
| | | Change Type | Purchase New | |
| | | Is this a request for upgraded equipment? | Yes | |
| | | Manufacturer | | |
| | | Model | TRN-5X-U- 18-C | |
| | | Transmitter Type | Solid State | |
| | | Solid State Cooling | Air Cooled | |
| | | Solid State Power capacity | 3 kW | |
| | | Justification for New Transmitter | Transmitter manufacturer is out of business so parts needed to re-tune existing device are not available. | |

Primary Other Transmitter Costs

| Transmitter s | Section | Question | Response |
|---------------|--------------------|---------------------------------------|-----------|
| | Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | | Switchgear (industrial 800 amp) | Yes |
| | Transformer (480V) | Yes | |
| | | Power | 300 kVA |
| | | Rigid Conduit and Wiring | Yes |
| | | Size | 1 inches |
| | | Length | 50.0 feet |
| | | | |

| | Other Electrical Service | Yes |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | Description | Electrical circuit design, local permit filing and inspection for approval. |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Туре | 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 leashold 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 | Other Transmitter Cost Not Listed |
|-------------|-----------------------------------|
| Transmitter | Name |

| ransmitter | Name | Description |
|------------|-----------------------------------|-----------------------------------------------------------------|
| | Transport | Rig and hoist new transmitter to second floor install location. |
| | Additional field engineering time | Additional field engineering time |

| Antennas Section | | Question | Response |
|------------------|---------------|---------------------------------------|----------|
| Antenna Rela | ated Expenses | Do you have antenna related expenses? | Yes |

| Primary | Existing Antenna Information | | | |
|---------|---------------------------------|------------------------------------------------------------------|--------------------|--|
| Exist | 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 | Class | Class A | |
| | Manufacturer and Type | Mounting | Side Mount | |
| | | Antenna position in stack | Not in Stack | |
| | | Polarization | Horizontal | |
| | | Туре | 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) | 1.05 kW | |

| Manufacturer | |
|--------------|---|
| Model B8UG | ! |
| Year 2009 | |

| Primary | New Antenna Cost | New Antenna Costs | | | |
|------------------------------------------|------------------|----------------------------------------------------------------------|-----------------------|--|--|
| Antenna | Section | Question | Response | | |
| | New Antenna | Use | Primary (Main) | | |
| | Description | Description of Use | N/A | | |
| | | Change Type | Purchase New | | |
| | | Is this a request for upgraded equipment? | Yes | | |
| | | Ownership | Owned | | |
| | | Owner | N/A | | |
| | | Is antenna shared? | No | | |
| | | Is antenna directional? | No | | |
| New Antenna Manufacturer and Types | | Will antenna be located on or in close proximity to an antenna farm? | No | | |
| | Class | Class A | | | |
| | | Mounting | Side Mount | | |
| | | Antenna position in stack | Not in Stack | | |
| | | Polarization | Circular | | |
| | | Туре | 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) | 1.5 kW | | |
| | | Manufacturer | | | |
| | | Model | ATC-BCC4160- VO-24 | | |
| | | Year | 2017 | | |

| Justification for New Antenna | EXISTING |
|-------------------------------|---------------|
| | ANTENNA |
| | MANUFACTURE |
| | IS OUT OF |
| | BUSINESS SO |
| | CANNOT RE- |
| | TUNE. NEED TO |
| | PURCHASE NEV |
| | ANTENNA TO |
| | CHANGE TO |
| | ASSIGNED |
| | FREQUENCY. |

Other Antenna Costs

Primary Antenna

| Section | Question | Response |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | |
| | Туре | |
| | 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? | 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 |

Primary
AntennaOther Antenna Cost Not ListedInformation not provided.

| Transmission Seffien | Question | Response |
|---------------------------------------|-------------------------------------------------|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | No |

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

| Primary | Existing Tower | | | |
|-----------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------|----------------------|--|
| Tower | Section | Question | Response | |
| | Existing Tower Description | Type of change | Modify Existing | |
| | | Tower Use | Primary (Main) | |
| | | Description of Use | N/A | |
| | | Ownership | Leased | |
| | | Is this tower consider Complex? | No | |
| | | Is this tower currently shared with any other stations? | Yes | |
| | | One or more FM, AM or TV radio broadcaster(s) | Yes | |
| | | Others Types of Users | No | |
| | | Is tower documented for structural analysis? | Unknown | |
| | | Is tower compliant with Rev G? | Unknown | |
| | Existing Tower Structure | Do you have a tower registration number? | Yes | |
| Registration Coordinates (<u>NAD83</u> (North American Datum of 1983)) | Registration | ASR Number | 1040501 | |
| | North American Datum of | Latitude (NAD83) | 39° 58' 16.0" N- | |
| | 1983)) | Longitude (NAD83) | 083° 01' 40.0" W- | |

| Overall Structure Height | 1028.53 fee |
|----------------------------------------------|------------------------------------------------------|
| Support Structure Height | 910.09 feet |
| Ground Elevation Above Mean Sea Level (AMSL) | 720.14 feet |
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | WBNS-TV, INC. |
| Date Constructed | 06/30/1982 |

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 |
|-------------|-----------|---------|
| 71217 | WBNS-TV | DTV |
| 30244 | WCLL-CD | DTV |
| 25037 | WCOL-FM | FM |

Primary Tower Modification Costs

Tower

| Section | Question | Response |
|----------------------|------------------------------------------------------------|-----------------------------------------------------------------------|
| Engineering Study | Please what type of engineering study is required, if any: | Study needed for undocumented /poorly documented tower |
| Tower Reinforcements | Please select whether tower reinforcements are needed: | No reinforcements needed |

| Primary Tower | Tower Rigging Costs | | | | | |
|------------------|---------------------------------|-----------------------------------|----------|--|--|--|
| | Section | Question | Response | | | |
| | Tower Rigging Costs | Complex Tower | N/A | | | |
| | Helicopter Services Required | Are helicopter services required? | No | | | |
| | | | | | | |

Primary Other Tower Expenses Not Listed Name Description Installation Old Antenna Removal, New Antenna Mounting

| Outside | Section | Question | Response |
|--------------|----------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Professional | Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | | Number of Hours | 200 |
| | | Explanation | Outside consulting engineering, legal work, and accounting services, as well as project management for regional and comprehensive repack execution. |
| | 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 | No |
| | | Quantity | N/A |
| | | 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 | 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 | 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 | Yes |
| | Address transition timing and coordination issues w/ other stations and wireless providers | No |
| 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 Other Professional Services Expenses Not Listed

| Professional | Services Costs | Description | |
|--------------|------------------------|------------------------|--|
| | Internal Time Expenses | Internal Time Expenses | |

| Other | Section | Question | Response |
|----------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------|
| Expenses | 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? | 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 Not Listed

Expenses Information not provided.

Transmitters

Cost Information

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

| | | | Estimated | | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|-----------------------------------------------------|-------------|------------------------------|
| Description | Predetermined Cost Estimate | Estimated Cost | Cost Justification | Actual Cost | Actual Cost Justification |
| Primary Transmitter TRN-5X-U- 18-C | \$244,690.00 | \$94,871.80 | | \$49,121.80 | |
| UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW | \$155,600.00 | \$41,006.80 | See attached quote from Anywave and SWR | \$41,006.80 | N/A |
| Switchgear - industrial 800 amp | \$38,200.00 | \$4,775.00 | N/A | \$4,775.00 | N/A |
| Transformer 3 phase /480v - 300 KVA | \$36,800.00 | \$35,000.00 | N/A | N/A | N/A |
| 1" Rigid Conduit and Wiring | \$750.00 | \$750.00 | N/A | N/A | N/A |
| Other Electrical Service: Electrical circuit design, local permit filing and inspection for approval. | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |
| Transport | \$7,500.00 | \$7,500.00 | N/A | N/A | N/A |
| Additional field engineering time | \$3,340.00 | \$3,340.00 | N/A | \$3,340.00 | N/A |

| Sub-total | \$244,690.00 | \$94,871.80 | N/A | \$49,121.80 | N/A |
|-----------------------|--------------|--------------|-----|--------------|-----|
| Total for all systems | \$724,495.58 | \$354,700.26 | N/A | \$136,163.86 | N/A |

| Actual Information Description | File Name | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|
| UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW | Component Description: Amount: | Transmitter cost. #7272-01 \$36,750.00 |
| | Component Description: Amount: | Jumpers /connectors. #19163 \$4,256.80 |
| Switchgear - industrial 800 amp | Component Description: Amount: | Panel installation cost. #348417 \$4,775.00 |
| Transformer 3 phase/480v - 300 KVA | Information not provided. | |
| 1" Rigid Conduit and Wiring | Information not provided. | |
| Other Electrical Service: Electrical circuit design, local permit filing and inspection for approval. | Information not provided. | |
| Transport | Information not provided. | |
| Additional field engineering time | Component Description: Amount: | Site additional engineering. #1920 \$3,340.00 |

Antennas

Cost Information

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--------------------------------------------------------------------------------------|--------------------------------|-------------------|-------------------------------------------|--------------|------------------------------|
| Primary Antenna ATC- BCC4160- VO-24 | \$33,030.00 | \$57,157.88 | | \$50,757.88 | |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| UHF - Lower Power Side Mount, Class A One Station antenna basic | \$26,300.00 | \$50,757.88 | See attached quote from Kathrein | \$50,757.88 | N/A |
| Sub-total | \$33,030.00 | \$57,157.88 | N/A | \$50,757.88 | N/A |
| Total for all systems | \$724,495.58 | \$354,700.26 | N/A | \$136,163.86 | N/A |

| Actual Information Description | File Name |
|-----------------------------------|---------------------------|
| Sweep test of existing antenna | Information not provided. |

| UHF - Lower Power Side | | |
|---------------------------------------------|-------------------------------|---------------|
| Mount, Class A One Station antenna basic | Component Description: | Jumper cost. |
| antenna Dasic | | #185329 |
| | Amount: | \$1,932.88 |
| | Component Description: | Antenna cost |
| | | 50% down. #PO |
| | | 0000024-INV |
| | Amount: | \$24,412.50 |
| | Component Description: | Antenna cost |
| | | 50% balance. |
| | | #185414 |
| | Amount: | \$24,412.50 |

Cost Transmission Line

Information Information not provided.

Tower Equipment and Rigging Costs

Cost Information

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 Justification |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|------------------------------------|--------------|------------------------------|
| Primary Tower TOWER | \$256,800.00 | \$36,250.00 | | \$16,250.00 | |
| Installation | \$20,000.00 | \$20,000.00 | N/A | N/A | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$11,750.00 | N/A | \$11,750.00 | N/A |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | \$26,300.00 | \$4,500.00 | N/A | \$4,500.00 | N/A |
| Sub-total | \$256,800.00 | \$36,250.00 | N/A | \$16,250.00 | N/A |
| Total for all systems | \$724,495.58 | \$354,700.26 | N/A | \$136,163.86 | N/A |

| Actual Information Description | File Name |
|-----------------------------------|---------------------------|
| Installation | Information not provided. |

| Tall Tower (greater than 500') | Component Description: Amount: | Remove existing antenna and stall new. #2327 \$11,750.00 |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------|
| Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study | Component Description: Amount: | Tower structural evaluation 50% down. #E-186343 \$2,250.00 |
| | Component Description: | Tower structural evaluation 50% balance. #E- 186358 \$2,250.00 |

Outside Professional Services

Cost Information

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 | \$161,285.58 | \$138,335.58 | | \$16,846.41 | |
| Project management of the transition | \$31,600.00 | \$15,000.00 | N/A | \$14,760.83 | N/A |
| Internal Time Expenses | \$2,085.58 | \$2,085.58 | N/A | \$2,085.58 | N/A |
| RF Exposure Measurements | \$21,050.00 | \$20,000.00 | 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 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 |
|-----------------------------------------------------------------------------------------------------------|--------------|--------------|-----|--------------|-----|
| 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 |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$80,000.00 | N/A | N/A | N/A |
| Sub-total | \$161,285.58 | \$138,335.58 | N/A | \$16,846.41 | N/A |
| Total for all systems | \$724,495.58 | \$354,700.26 | N/A | \$136,163.86 | N/A |

| Actual Information Description | File Name | |
|--------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| Project management of the transition | Component Description: | Portion of general repack matter invoice attributable to this station - divided by 14 stations, #159 |
| | Amount: | \$443.75 |
| | Component Description: | Legal services cost. #481062 |
| | Amount: | \$50.00 |
| | | |

| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 10 stations. #187 \$540.25 |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 10 stations. #173 \$691.50 |
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 27 stations. #115 \$467.12 |
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #475439 \$268.86 |
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #475011 \$1,023.40 |
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #475948 \$419.80 |
| Component Description: Amount: | Legal services cost. #475977 \$50.00 |

| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 20 stations. #1144 \$796.10 |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #474243 \$1,304.02 |
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 27 stations. #119 \$271.70 |
| Component Description: Amount: | Legal services cost. #2020- WDEM \$481.00 |
| Component Description: Amount: | Legal services cost. #474794 \$784.00 |
| Component Description: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1146 |
| Amount: Component Description: | \$888.15 Portion of general repack |
| Amount: | matter invoice attributable to this station - divided by 20 stations. #473857 \$1,198.13 |

| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #473451 \$1,054.24 |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #474784 \$374.23 |
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1158 \$723.06 |
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1165 \$497.50 |
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 27 stations. #130 \$450.81 |
| Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1150 \$630.93 |

| | Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 20 stations. #145 \$745.25 |
|----------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| | Component Description: Amount: | Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1163 \$607.03 |
| Internal Time Expenses | Component Description: Amount: | TX installation. #FF2667C70F134107AB48 \$2,085.58 |
| RF Exposure Measurements | Information not provided. | |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. | |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Information not provided. | |
| Prepare and or review reimbursement form | Information not provided. | |
| Perform engineering study for new channel assignment and antenna development | Information not provided. | |

| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. |
|--------------------------------------------------------------------------------------------------|---------------------------|
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Comprehensive coverage verification via field study, if needed | Information not provided. |

Other Expenses

Cost Information

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 | \$28,690.00 | \$28,085.00 | | \$3,187.77 | |
| MVPD Notification of Channel Change | \$250.00 | \$250.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$250.00 | \$250.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | \$5,000.00 | \$5,000.00 | N/A | \$1,410.00 | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$10,000.00 | \$10,000.00 | N/A | N/A | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | \$1,777.77 | N/A |

| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | N/A | N/A | N/A |
|---------------------------------------------------------------------|--------------|--------------|-----|--------------|-----|
| Sub-total | \$28,690.00 | \$28,085.00 | N/A | \$3,187.77 | N/A |
| Total for all systems | \$724,495.58 | \$354,700.26 | N/A | \$136,163.86 | N/A |

| Actual Information Description | File Name | |
|--------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------|
| MVPD Notification of Channel Change | Information not provided. | |
| Develop and air announcement of upcoming channel change | Information not provided. | |
| Equipment Delivery and Handling Charges | Component Description: Amount: | Antenna shipping cost. #185421 \$1,410.00 |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. | |
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. | |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. | |
| DTV Medical Facility Notification | Component Description: Amount: | Medical notification service. #INV- 001856 \$1,777.77 |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. | |

| Cost Information | Grand Total | | | |
|---------------------|-----------------------|--------------------------------|----------------|--------------|
| | | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
| | Total for all systems | \$724,495.58 | \$354,700.26 | \$136,163.86 |

| Reimbursem | enrestanus | 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 | 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. | |
| | | 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. 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).
- 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. | Henry Turner COO 11/03/2020 |

| Certification | Section | Question | Response |
|---------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | Submission of Actual Cost Documentation Statements | WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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). | |
| | | 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).
- 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.

| 8. | The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 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. | |
| an au name | are, under penalty of perjury, that I am thorized representative of the above- d applicant for the Authorization(s) fied above. | Henry Turner COO 11/03/2020 |

Attachments