



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **64548** | Service: **DTV** | Call **KITV** | Channel: **20 (UHF)** |
ID: | Sign:
File **0000028913**
Number:
FRN: **0024593717** | Date **12/10**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------|---------------------|----------------|
| KITV, INC. Doing Business As: KITV, INC. | Wade O'Hagan 999 MONTEREY STREET SUITE 350 SAN LUIS OBISPO, CA 93401 United States | +1 (805) 548-0602 | sjlwade@aol. com | Corporation |

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 |
|----------------------------------------------------|---------|-------|-------|
| The Preparer is same as the reimbursement contact. | | | |

Broadcaster Information and Transition Plan

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | No |
| Briefly describe transition plan | To relocate from channel 40 to channel 20, KITV will retune its existing primary antenna and install a new transmitter and transmission line at the station's existing tower location. |

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 | DHD30P1 Diamond CD |
| | Year | 2004 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 7.5 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 | THU9-6 EVO |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 9.8 kW |
| | Justification for New Transmitter | The existing transmitter cannot be retuned to operate on channel 20. |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|--------------------|---------------------------------------|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | Yes |
| | 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? | Yes |
| | Type | Cooling Only |
| | 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? | 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

| Name | Description |
|-------------------------------------|-----------------------------------------------------------|
| Installation | Move new transmitter to transmitter room on 40th floor |
| Transmitter Room Ventilation | Transmitter room ventilation services for new transmitter |

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 | Retune Existing |
| | 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 | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels | 6 |
| | Design power capacity in use | 100.0 % |
| | Lower Limit | 470.00 MHz |

| | |
|------------------------------------------|------------|
| Upper Limit | 600.00 MHz |
| Other Antenna Type | N/A |
| ERP: (Effective Radiated Power) | 85.0 kW |
| Manufacturer | RFS |
| Model | PHP6U313 |
| Year | 2004 |

**Primary
Antenna**

Adjustment to Existing Antenna

| Section | Question | Response |
|---------------------------------------|-----------------------------------------------|----------|
| Sweep Test of Existing Antenna | Do you need a sweep test of existing antenna? | Yes |

**Primary
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 | |

**Primary
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? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | Flexible Air |
| | Diameter | 3 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 250 feet per run |

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 | Flexible Air |
| | Diameter | 3 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 250 feet per run |
| | Justification for New Transmission Line | A new transmission line is recommended by antenna manufacturer due to age. |

Primary
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 | Move Equipment |
| | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Is this tower consider Complex? | Located on Building |
| | Is this tower currently shared with any other stations? | No |
| | One or more FM, AM or TV radio broadcaster(s) | N/A |
| | Others Types of Users | N/A |
| | Is tower documented for structural analysis? | Yes |
| | Is tower compliant with Rev G? | No |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1019034 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 21° 17' 25.0" N- |
| | Longitude (NAD83) | 157° 50' 24.0" W- |
| | Overall Structure Height | 495.07 feet |
| | Support Structure Height | 399.93 feet |
| | | |

| | | |
|--|----------------------------------------------|---------------------------------|
| | Ground Elevation Above Mean Sea Level (AMSL) | 4.92 feet |
| | Structure Type | BANT - Building with an Antenna |
| | Tower Owner | KITV, Inc. |
| | Date Constructed | 01/01/1976 |

**Primary
Tower**

Tower Rigging Costs

| Section | Question | Response |
|------------------------------|-----------------------------------|---------------------|
| Tower Rigging Costs | Complex Tower | Located on Building |
| Helicopter Services Required | Are helicopter services required? | No |

**Primary
Tower**

Other Tower Expenses Not Listed

| Name | Description |
|----------------------|----------------------------------|
| Other Tower Expenses | Demolition and disposal services |

**Outside
Professional Services Costs**

| Section | Question | Response |
|---------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 200 |
| | Explanation | The station's attorney will manage the reimbursement filings, review engineering applications, and engage in any additional coordination that is needed for KITV to accomplish its repack transition over the three year period. |
| 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 | 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 Services | Prepare and file Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare and file Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | Yes |
| | Quantity | 1 |
| | NEPA Section 106 environmental review | No |
| | Environmental Assessment | No |
| | ASR Modification | No |
| | FAA Consultation (including preparation of FAA Form 7460) | No |
| | Negotiation of Lease and other Matter for Shared Locations | No |
| RF Field Engineering Services | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Address transition timing and coordination issues w/ other stations and wireless providers | No |
| | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

| Name | Description |
|----------------|--------------------------|
| Other Expenses | Engineer Travel Expenses |

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 | No |
| | 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**

Other Expenses Not Listed

| Name | Description |
|----------------|--------------------------|
| Other Expenses | Engineer Travel Expenses |

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 THU9-6 EVO | \$393,338.69 | \$389,838.69 | | \$327,262.12 | |
| Transmitter Room Ventilation | <i>\$4,083.69</i> | \$4,083.69 | N/A | \$4,083.69 | N/A |
| Installation | <i>\$5,500.00</i> | \$5,500.00 | N/A | \$5,500.00 | N/A |
| 15 Ton system | \$55,800.00 | \$53,000.00 | N/A | N/A | N/A |
| Service entrance 3 phase/800 amp/208 volt | \$14,400.00 | \$13,700.00 | N/A | \$4,123.43 | N/A |
| UHF - Air Cooled Solid State Transmitter 9.8 kW | <i>\$313,555.00</i> | \$313,555.00 | N/A | \$313,555.00 | N/A |
| Sub-total | \$393,338.69 | \$389,838.69 | N/A | \$327,262.12 | N/A |
| Total for all systems | \$971,578.69 | \$556,879.69 | N/A | \$374,481.85 | N/A |

Components

| Actual Information | |
|------------------------------|--------------------------------------------------------------------------------------------------------|
| Description | File Name |
| Transmitter Room Ventilation | <div>Component Description:Blue Chip Builders - Invoice #190501</div> <div>Amount:\$4,083.69</div> |

| | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Installation | <div> <div>Component Description:</div> <div>Putnam Installation Company Invoice #040219-01</div> </div> <div> <div>Amount:</div> <div>\$5,500.00</div> </div> |
| 15 Ton system | Information not provided. |
| Service entrance 3 phase /800 amp/208 volt | <div> <div>Component Description:</div> <div>Richardson Electric, LLC Invoice #31519</div> </div> <div> <div>Amount:</div> <div>\$4,123.43</div> </div> |
| UHF - Air Cooled Solid State Transmitter 9.8 kW | <div> <div>Component Description:</div> <div>Rohde Schwarz 9500097466 - 10% Payment - with Explanatory Statement</div> </div> <div> <div>Amount:</div> <div>\$31,355.50</div> </div> <div> <div>Component Description:</div> <div>Rohde Schwarz 9500097465 - 60% Payment - with Explanatory Statement</div> </div> <div> <div>Amount:</div> <div>\$188,133.00</div> </div> <div> <div>Component Description:</div> <div>Rohde Schwarz 9500086827 - 30% Payment - with Explanatory Statement</div> </div> <div> <div>Amount:</div> <div>\$94,066.50</div> </div> |

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 |
|--------------------------------|-----------------------------|----------------|-----------------------------------------------------------------|--------------|---------------------------|
| Primary Antenna PHP6U313 | \$6,730.00 | \$8,266.00 | | \$8,266.00 | |
| Sweep test of existing antenna | \$6,730.00 | \$8,266.00 | The invoice from the vendor for the antenna sweep is \$8266.00. | \$8,266.00 | N/A |
| Sub-total | \$6,730.00 | \$8,266.00 | N/A | \$8,266.00 | N/A |
| Total for all systems | \$971,578.69 | \$556,879.69 | N/A | \$374,481.85 | N/A |

Components

| Actual Information Description | File Name |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sweep test of existing antenna | <div><div>Component Description:</div><div>RFS Broadcast Systems Invoice #512852</div><div>Amount:</div><div>\$8,266.00</div></div> <div><div>Component Description:</div><div>RFS Broadcast Systems Invoice #512852</div><div>Amount:</div><div>\$8,266.00</div></div> |

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 |
|----------------------------------------------------------|--------------------------------|-------------------|------------------------------------|--------------|------------------------------|
| Primary Transmission Line | \$14,750.00 | \$14,000.00 | | \$0.00 | |
| Flexible Air Transmission Line - dielectric, 3" | \$14,750.00 | \$14,000.00 | N/A | N/A | N/A |
| Sub-total | \$14,750.00 | \$14,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$971,578.69 | \$556,879.69 | N/A | \$374,481.85 | N/A |

Components

Information not provided.

Cost
Information

Tower Equipment and Rigging Costs

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---------------------------------------------------------------------------------------|-----------------------------|----------------|--------------------------------------------------|--------------|---------------------------|
| Primary Tower BANT | \$425,000.00 | \$14,000.00 | | \$3,678.62 | |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | \$421,000.00 | \$10,000.00 | N/A | N/A | N/A |
| Other Tower Expenses | <i>\$4,000.00</i> | \$4,000.00 | No predetermined cost associated with this item. | \$3,678.62 | N/A |
| Sub-total | \$425,000.00 | \$14,000.00 | N/A | \$3,678.62 | N/A |
| Total for all systems | \$971,578.69 | \$556,879.69 | N/A | \$374,481.85 | N/A |

Components

| Actual Information | |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Description | File Name |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | Information not provided. |
| Other Tower Expenses | <div>Component Description: Koko Head Plaza - Invoice 312</div> <div>Amount: \$3,678.62</div> |

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 | \$59,680.00 | \$59,250.00 | | \$22,035.15 | |
| Other Expenses | <i>\$0.00</i> | \$0.00 | N/A | \$0.00 | 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 - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,250.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | N/A | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | N/A | N/A |

| | | | | | |
|--------------------------------------------------------------------------------------|--------------|--------------|-----------------------------------------------------------------------------------------------|--------------|-----|
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$1,500.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | N/A | \$75.00 | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | \$1,080.00 | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$5,500.00 | The actual costs were greater than the estimated costs. Estimated costs increased to reflect. | \$5,351.25 | N/A |
| Project management of the transition | \$31,600.00 | \$30,000.00 | N/A | \$15,528.90 | N/A |
| Sub-total | \$59,680.00 | \$59,250.00 | N/A | \$22,035.15 | N/A |
| Total for all systems | \$971,578.69 | \$556,879.69 | N/A | \$374,481.85 | N/A |

Components

Actual Information
Description

File Name

| | |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Other Expenses | <p>Component Description: Hilton Hawaiian Village Invoice #7068954 A</p> <p>Amount: N/A</p> |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | Information not provided. |
| Attorney Fees -Prepare and File 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. |
| Perform engineering study for new channel assignment and antenna development | Information not provided. |
| Prepare request for Special Temporary Authorization | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | <p>Component Description: Mid-State Consultants - Invoice 1903-5005 - April 2019</p> <p>Amount: \$75.00</p> |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | <p>Component Description: Mid-State 8-17 Invoice for KITV CP.</p> <p>Amount: \$1,080.00</p> <p>Component Description: Mid-State Consultants - Invoice 1707-5012 - Aug 2017</p> <p>Amount: \$1,080.00</p> |
| Prepare and or review | |

| | |
|-------------------------------|---------------------------------------------------------|
| Component Description: | LS Invoice #483111 - October 2020 |
| Amount: | \$1,210.00 |
| Component Description: | LS Invoice #482077 - August 2020 |
| Amount: | \$550.00 |
| Component Description: | Lerman Senter - April 2019 Invoice # 474391 |
| Amount: | \$363.75 |
| Component Description: | LS Invoice #481595 - July 2020 |
| Amount: | \$220.00 |
| Component Description: | LS Invoice #484245 - December 2020 |
| Amount: | \$440.00 |
| Component Description: | LS Invoice #483716 -- November 2020 |
| Amount: | \$660.00 |
| Component Description: | Lerman Senter -- November 2019 -- Invoice #478100 |
| Amount: | \$220.00 |
| Component Description: | LS Invoice - Feb 2018 |
| Amount: | \$235.00 |

| | | |
|--------------------------------------|-------------------------------|---------------------------------------------------------|
| | Component Description: | LS Invoice - March 2018 |
| | Amount: | \$335.00 |
| | Component Description: | LS Invoice #482610 - Sept 2020 |
| | Amount: | \$330.00 |
| | Component Description: | LS Invoice - July 2018 |
| | Amount: | \$247.50 |
| | Component Description: | LS Invoice - April 2018 |
| | Amount: | \$540.00 |
| Project management of the transition | Component Description: | Lerman Senter - Feb 2019 Invoice # 473409 |
| | Amount: | \$1,260.00 |
| | Component Description: | Lerman Senter -- October 2019 -- Invoice #477618 |
| | Amount: | \$110.00 |
| | Component Description: | LS -- Jan 2019 -- Invoice #472829 |
| | Amount: | \$525.00 |
| | Component Description: | Repack legal project management services - August 2017. |
| | Amount: | \$3,022.80 |

| | |
|-------------------------------|------------------------------------|
| Component Description: | LS - Nov 2018 - Invoice #471738 |
| Amount: | \$105.00 |

| | |
|-------------------------------|------------------------------------------------------------------|
| Component Description: | Repack legal project management services - May 2017. |
| Amount: | \$727.50 |

| | |
|-------------------------------|--------------------------------------|
| Component Description: | LS Invoice #481002 - June 2020 |
| Amount: | \$770.00 |

| | |
|-------------------------------|---------------------------------------|
| Component Description: | LS Invoice #480287 - April 2020 |
| Amount: | \$330.00 |

| | |
|-------------------------------|---------------------------------------------------|
| Component Description: | Lerman Senter - March 2019 Invoice # 473834 |
| Amount: | \$420.00 |

| | |
|-------------------------------|---------------------------------------------------|
| Component Description: | Lerman Senter - August 2019 Invoice #476019 |
| Amount: | \$330.00 |

| | |
|-------------------------------|-------------------------------------------------------------------------|
| Component Description: | Lerman Senter - June 2019 Invoice #475144 - Project Management |
| Amount: | \$1,282.50 |

| | |
|-------------------------------|------------------------------------------------|
| Component Description: | Lerman Senter - May 2019 Invoice #474670 |
| Amount: | \$1,442.50 |

| | |
|-------------------------------|--------------------------------------------------------------------|
| Component Description: | Repack legal project management services - March 2017. |
| Amount: | \$342.50 |

| | |
|-------------------------------|-------------------------------------------------------------------|
| Component Description: | Repack legal project management services - July 2017. |
| Amount: | \$1,158.75 |

| | |
|-------------------------------|-----------------------------------------------------------------------|
| Component Description: | Repack legal project management services - November 2017. |
| Amount: | \$105.40 |

| | |
|-------------------------------|-------------------------------------------------|
| Component Description: | Lerman Senter - July 2019 Invoice #475569 |
| Amount: | \$440.00 |

| | |
|-------------------------------|-----------------------------------------------------------------------|
| Component Description: | Repack legal project management services - December 2017. |
| Amount: | \$100.00 |

| | |
|-------------------------------|------------------------------------------------------------|
| Component Description: | Repack legal project management services - September 2017. |
| Amount: | \$113.20 |

| | |
|-------------------------------|----------------------------------|
| Component Description: | LS - Sept 2018 - Invoice #470555 |
| Amount: | \$315.00 |

| | |
|-------------------------------|---------------------------------|
| Component Description: | LS - Oct 2018 - Invoice #471149 |
| Amount: | \$735.00 |

| | |
|-------------------------------|---------------------------------------------|
| Component Description: | Lerman Senter - Sept 2019 - Invoice #477086 |
| Amount: | \$1,650.00 |

| | |
|-------------------------------|-----------------------|
| Component Description: | LS Invoice - May 2018 |
| Amount: | \$67.50 |

| | |
|-------------------------------|-----------------------|
| Component Description: | LS Invoice - Aug 2018 |
| Amount: | \$71.25 |

| | |
|-------------------------------|---------------------------------|
| Component Description: | LS - Dec 2018 - Invoice #472553 |
| Amount: | \$105.00 |

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 | \$72,080.00 | \$71,525.00 | | \$13,239.96 | |
| Other Expenses | <i>\$10,000.00</i> | \$10,000.00 | No predetermined cost associated with this item. | \$8,024.96 | N/A |
| MVPD Notification of Channel Change | <i>\$5,000.00</i> | \$5,000.00 | Estimate based on prior experience and site's remote location. | \$1,635.00 | N/A |
| Develop and air announcement of upcoming channel change | <i>\$10,000.00</i> | \$10,000.00 | Estimate based on prior experience. | N/A | N/A |
| Equipment Delivery and Handling Charges | <i>\$25,000.00</i> | \$25,000.00 | Estimate based on prior experience. | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$10,000.00</i> | \$10,000.00 | Estimate based on prior experience. | 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 | \$335.00 | N/A | \$335.00 | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | \$3,245.00 | N/A |
| Sub-total | \$72,080.00 | \$71,525.00 | N/A | \$13,239.96 | N/A |
| Total for all systems | \$971,578.69 | \$556,879.69 | N/A | \$374,481.85 | N/A |

Components

| Actual Information Description | File Name |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Other Expenses | <p>Component Description: Hilton Hawaiian Village Invoice #7068954 A</p> <p>Amount: \$8,024.96</p> |
| MVPD Notification of Channel Change | <p>Component Description: DTVNotification.com Invoice #INV-001987 - MVPD Notifications</p> <p>Amount: \$1,635.00</p> |
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Delivery and Handling Charges | Information not provided. |
| 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 | <div> <div> Component Description: </div> <div> Lerman Senter - June 2019 Invoice #475144 - License to Cover </div> </div> <div> <div> Amount: </div> <div> \$335.00 </div> </div> |
| DTV Medical Facility Notification | <div> <div> Component Description: </div> <div> DTVNotification. com Invoice #INV- 001988 - Medical Notifications </div> </div> <div> <div> Amount: </div> <div> \$3,245.00 </div> </div> |

**Cost
Information**

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|--------------|
| Total for all systems | \$971,578.69 | \$556,879.69 | \$374,481.85 |

Reimbursement Status

| Question | Response |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| The facility has ceased operating on its pre-auction channel. | Yes |
| Construction of final facilities or all necessary modifications are complete. | Yes |
| 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.

**Wade
O'Hagan**
*Vice
President*

12/10/2020

| 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>Wade O'Hagan <i>Vice President</i></p> <p>12/10/2020</p> |

| Certification | Section | Question | Response |
|---------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | Submission of Final Allocation or Accounting Information 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 and represents 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. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Wade
O'Hagan**
*Vice
President*

12/10/2020

Attachments