



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **37099** | Service: **DTV** | Call **KWHB** | Channel: **16 (UHF)**  
ID: | Sign:  
File **0000025207**  
Number:  
FRN: **0005935499** | Date **01/25**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>LeSEA Broadcasting of Tulsa, Inc.</b>	61300 Ironwood Road South Bend, IN 46614 United States	+1 (574) 291-8200	whylton@lesea.com	Not-for-Profit

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

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

## Broadcaster Information and Transition Plan

Question	Response
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<p>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.</p>	<p>No</p>
<p>Briefly describe transition plan</p>	<p>Install new transmitter, antenna, and transmission line.</p>

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	No
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	THU9
	Year	2018
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	6.5 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	TFU9 6.5kw
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	6.5 kW
	Justification for New Transmitter	We are upgrading power for future overhead and possible maximization.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No

	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	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
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	No
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	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) .....	18.0 kW

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Manufacturer	
Model	TFU 16GTH /VP-R 04
Year	2018

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	18.0 kW
Manufacturer		

Model	TFUGTH /VP-R 04
Year	2018
Justification for New Antenna	New Location, preparation for ATSC 3 etc.

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

Transmission Line	Section	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	No

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

Primary Tower	Existing Tower		
	Section	Question	Response
Existing Tower Description	Type of change	Move Equipment	
	Tower Use	Primary (Main)	
	Description of Use	N/A	
	Ownership	Leased	
	Is this tower consider Complex?	No	
	Is this tower currently shared with any other stations?	No	
	One or more FM, AM or TV radio broadcaster(s)	N/A	
	Others Types of Users	N/A	
	Is tower documented for structural analysis?	Yes	
	Is tower compliant with Rev G?	No	
Existing Tower Structure Registration	Do you have a tower registration number?	No	
	ASR Number		
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	36° 02' 35.3" N-	
	Longitude (NAD83)	095° 57' 12.0" W-	

Overall Structure Height	1838.89 feet
Support Structure Height	1838.89 feet
Ground Elevation Above Mean Sea Level (AMSL)	709.97 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	TULSA TOWER JOINT VENTURE
Date Constructed	09/01/1984

**Primary Tower**

**Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	N/A
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

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

	Prepare request for Special Temporary Authority	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	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	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
Antenna Replacement	Expenses to remove and replace antennas

**Other Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	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?	No



**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
Travel Expenses	Travel and lodging expenses for being on site

**Cost Information**

**Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter TFU9 6.5kw</b>	<b>\$299,050.00</b>	<b>\$266,291.86</b>		<b>\$266,291.86</b>	
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$0.00	Already included in transmitter invoice amount	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$266,291.86	This is an upgraded transmitter and we realize we may be paid the lesser approved amount	\$266,291.86	N/A
<b>Sub-total</b>	<b>\$299,050.00</b>	<b>\$266,291.86</b>	N/A	<b>\$266,291.86</b>	N/A
<b>Total for all systems</b>	<b>\$958,660.00</b>	<b>\$698,960.82</b>	N/A	<b>\$497,061.82</b>	N/A

**Components**

Actual Information	
Description	File Name
Transformer 3 phase/480v - 150 KVA	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	<p><b>Component Description:</b> This amount or the lesser approved amount.</p> <p><b>Amount:</b> \$266,291.86</p>



**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna TFUGTH/VP-R 04</b>	<b>\$319,380.00</b>	<b>\$213,344.96</b>		<b>\$206,944.96</b>	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$206,944.96	Upgraded antenna cost.	\$206,944.96	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$0.00	Side mounts are not needed however a base mount is required with costs at a later date	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$319,380.00</b>	<b>\$213,344.96</b>	N/A	<b>\$206,944.96</b>	N/A
<b>Total for all systems</b>	<b>\$958,660.00</b>	<b>\$698,960.82</b>	N/A	<b>\$497,061.82</b>	N/A

**Components**

Actual Information Description	File Name
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<p>UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized</p>	<p><b>Component Description:</b></p> <p>we agree to pay the difference for upgraded equipment. Requesting full amount is due once antenna is completed. also, quotes have been uploaded for like antenna and upgraded antenna.</p> <p><b>Amount:</b></p> <p>\$206,944.96</p>
<p>Side mount brackets for high power antennas (if not included in antenna base cost)</p>	<p>Information not provided.</p>
<p>Sweep test of existing antenna</p>	<p>Information not provided.</p>

**Cost Information** **Transmission Line**  
 Information not provided.

**Cost Information** **Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower TOWER</b>	<b>\$210,500.00</b>	<b>\$102,800.00</b>		<b>\$23,825.00</b>	
Tall Tower (greater than 500')	\$210,500.00	\$102,800.00	N/A	\$23,825.00	N/A
<b>Sub-total</b>	<b>\$210,500.00</b>	<b>\$102,800.00</b>	<b>N/A</b>	<b>\$23,825.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$958,660.00</b>	<b>\$698,960.82</b>	<b>N/A</b>	<b>\$497,061.82</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Tall Tower (greater than 500')	<p><b>Component Description:</b> deposit on needed tower services</p> <p><b>Amount:</b> \$23,825.00</p>

**Cost Information**

**Outside Professional Services**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$109,180.00</b>	<b>\$103,750.00</b>		<b>\$0.00</b>	
Antenna Replacement	<i>\$0.00</i>	\$0.00	0	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$109,180.00	\$103,750.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$958,660.00	\$698,960.82	N/A	\$497,061.82	N/A

### Components

Information not provided.



**Cost Information**

**Other Expenses**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$20,550.00</b>	<b>\$12,774.00</b>		<b>\$0.00</b>	
Travel Expenses	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,774.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$3,000.00</i>	\$3,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$20,550.00</b>	<b>\$12,774.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$958,660.00</b>	<b>\$698,960.82</b>	<b>N/A</b>	<b>\$497,061.82</b>	<b>N/A</b>

**Components**

Information not provided.

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$958,660.00	\$698,960.82	\$497,061.82

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
The facility has ceased operating on its pre-auction channel.	No
Construction of final facilities or all necessary modifications are complete.	No
All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	<p><b>Submission of Estimated Expenses Statements</b></p>	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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.

**Tony  
Agostino**  
*CFO*

01/25/2018

Certification	Section	Question	Response
	<p><b>Submission of Actual Cost Documentation Statements</b></p>	<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"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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.

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.

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

**Tony  
Agostino**  
*CFO*

01/25/2018

## Attachments