



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **60384** | Service: **DTV** | Call **KYLE-TV** | Channel: **29 (UHF)**
ID: | Sign:
File **000028560**
Number:
FRN: **0009961889** | Date **09/19**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|-----------------------------------|---|-------------------|-------------------|----------------|
| NEXSTAR BROADCASTING, INC. | Elizabeth Ryder 545 E. JOHN CARPENTER FREEWAY SUITE 700 IRVING, TX 75062 United States | +1 (972) 373-8800 | eryder@nexstar.tv | 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 |
|---|---|-------------------|-------------------|
| Elizabeth Ryder <i>General Counsel</i> <i>Nexstar Broadcasting, Inc.</i> | Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States | +1 (972) 373-8800 | eryder@nexstar.tv |

| Broadcaster Information and Transition Plan | Question | Response |
|--|--|-----------------|
| | Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | No |
| Briefly describe transition plan | See attached Transition Plan document. | |

| 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 | Retune Existing | |
| | Use | Primary (Main) | |
| | Ownership | Owned | |
| | Owner | 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 | R & S | |
| | Model | NV8200E | |
| | Year | 2003 | |
| | Type | Solid State | |

| | |
|----------------------------|------------|
| Solid State Cooling | Air Cooled |
| Solid State Power capacity | 1 kW |

Primary Transmitter

Retuning Transmitter Costs

| Section | Question | Response |
|------------------------|--|----------|
| New IOT Tubes | Number of Tubes (including accessories) needed | N/A |
| New Mask Filter | Power | 3 kW |
| | Other Power | N/A |
| New Exciter | Is a new exciter needed? | No |

Primary Transmitter

Other Transmitter Costs

| Section | Question | Response |
|---------------------------|--|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | No |
| | Size | N/A |
| | Length | N/A |
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |
| | Other Size | N/A |

| | | |
|--|---|-----|
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

Primary Transmitter **Other Transmitter Cost Not Listed**
Information not provided.

Antennas

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

**Primary
Antenna**

Existing Antenna Information

| Section | Question | Response |
|---|--|--------------------|
| Existing Antenna Description | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Slotted Coaxial |
| | Number of Stations Supported | N/A |
| | Number of Panels | N/A |
| | Design power capacity in use | N/A |
| | Lower Limit | N/A |
| | Upper Limit | N/A |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 50.0 kW |

| | |
|--------------|--------------------|
| Manufacturer | |
| Model | ATW32G4- HSS-28 |
| Year | 1997 |

**Primary
Antenna**

New Antenna Costs

| Section | Question | Response |
|---|--|-----------------|
| New Antenna Description | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | Yes |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Types | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Elliptical |
| | Type | Slotted Coaxial |
| | Number of Stations Supported | N/A |
| | Number of Panels/Bays | N/A |
| | Lower Limit | N/A |
| | Upper Limit | N/A |
| | Design power capacity in use | N/A |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 56.7 kW |
| Manufacturer | | |

| | |
|-------------------------------|---|
| Model | TLP-24B /VP-R |
| Year | 2020 |
| Justification for New Antenna | Existing coaxial slot antenna is not designed to operate on repacked channel. |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---|------------------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | |
| | Type | |
| | Number of channels supported | N/A |
| | Frequencies of channels supported | N/A |
| | Frequency | N/A |
| | Do you need a combiner output splitter /switcher for dual feed lines? | N/A |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | Single Channel |
| | Feed Line Size | 3 1/8 inches inches |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | Yes |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |

| | | |
|-------------------|--|-----|
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | Yes |
|-------------------|--|-----|

**Primary
Antenna**

Other Antenna Cost Not Listed

| Name | Description |
|---|--|
| Standard Leg Mounting Brackets For Antenna | Standard Leg Mounting Brackets For Antenna |

**Interim
Antenna**

New Antenna Costs

| Section | Question | Response |
|--|--|-------------------|
| New Antenna Description | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Broadband Slot |
| | Number of Stations Supported | 1 |
| | Number of Panels/Bays | 16 |
| | Lower Limit | 470.00 MHz |
| | Upper Limit | 630.00 MHz |
| | Design power capacity in use | 50.0 % |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 100.0 kW |
| | Manufacturer | |
| | Model | TFU-16WB S230 |
| Year | 2019 | |

| | |
|-------------------------------|---|
| Justification for New Antenna | No backup antenna so this is needed to ensure there are no extended outages while the primary antenna is removed and replaced. New flex line will be easier to install than trying to connect to the existing line. |
|-------------------------------|---|

Interim Antenna

Other Antenna Costs

| Section | Question | Response |
|---------------------------------|---|----------|
| 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 an antenna? | No |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | Yes |

**Interim
Antenna**

Other Antenna Cost Not Listed

Information not provided.

| Transmission Line | Section | Question | Response |
|-------------------|------------------------------------|----------|---|
| | Transmission Line Related Expenses | | Do you have transmission line related expenses? |

Primary Transmission Line
Existing Transmission Line

| Section | Question | Response |
|--|--|------------------|
| Existing Transmission Line Description | Type of change | Utilize Existing |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | DIELECTRIC |
| | Type | Rigid |
| | Diameter | 6 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 800 feet per run |

**Primary
Transmission
Line** **Other Transmission Line Expenses Not Listed**

| Name | Description |
|------------------------------|------------------------------|
| Transmission line sweep test | Transmission line sweep test |

**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 | Rigid |
| | Diameter | 6 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 800 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 | Rigid |
| | Diameter | 3 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | 19 1/2 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 690 feet per run |
| | Justification for New Transmission Line | Jeremy Ruck's sweep report determined the existing line is not reusable. See attached file "Ruck sweep report and Dielectric quote DMS156-2.pdf" |

Primary **Other Transmission Line Expenses Not Listed**
Transmission information not provided.
Line

**Interim
Transmission
Line**

New Transmission Line

| Section | Question | Response |
|------------------------------------|---|--|
| New Transmission Line Costs | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Type | Rigid |
| | Diameter | 3 1/8 inches |
| | Segment Length | 20' |
| | Other Segment Length | |
| | Number of parallel runs | 1 |
| | Length | 470 feet per run |
| | Justification for New Transmission Line | this is line for interim antenna. No existing backup antenna or line so this allows the station to remain on-air while primary antenna is being removed. |

**Interim
Transmission
Line**

Other Transmission Line Expenses Not Listed

Information not provided.

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

| Section | Question | Response |
|--|---|-------------------|
| Existing Tower Description | Type of change | Modify Existing |
| | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | 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? | Unknown |
| | Is tower compliant with Rev G? | Unknown |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1047731 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 30° 41' 16.2" N- |
| | Longitude (NAD83) | 096° 25' 32.4" W- |
| | Overall Structure Height | 654.85 feet |
| | Support Structure Height | 650.91 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 367.12 feet |

| | |
|------------------|---|
| Structure Type | GTOWER - Guyed Structure Used for Communication Purposes |
| Tower Owner | American Towers, LLC |
| Date Constructed | 09/28/2009 |

**Primary
Tower**

Tower Modification Costs

| 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: | Minor 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
Tower**

Other Tower Expenses Not Listed

Information not provided.

Outside Professional Services Costs

| Section | Question | Response |
|---|--|---|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 80 |
| | Explanation | It will be necessary to schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects. |
| 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 |
| 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 | 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 |
|---|---|
| Minor Modification of CP Application | Minor Modification of CP Application to correct antenna height and increase the ERP to compensate for the height reduction. |

Other Expenses

| Section | Question | Response |
|-------------------------------------|--|-----------------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Facility Expenses | Name | N/A |
| | Other Distributed Transmission System Expenses Not listed | N/A |
| | Name | N/A |
| | Is Notification of a Medical Facility required as a result of DTV broadcasting? | Yes |
| Permit and Filing Costs | Local Zoning | Yes |
| | Non-zoning permits | No |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | No |
| | FCC License to Cover Application | 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? | No |
| | Does this relocation require Equipment Storage? | Yes |
| | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change? | Yes |
| | Does this relocation require MVPD Notification of a Channel Change? | Yes |

**Other
Expenses**

Other Expenses Not Listed

Information not provided.

**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 NV8200E | \$109,355.00 | \$103,950.00 | | \$0.00 | |
| 3 kW mask filter | \$4,155.00 | \$3,950.00 | N/A | N/A | N/A |
| UHF and VHF - minor banding issues | \$105,200.00 | \$100,000.00 | N/A | N/A | N/A |
| Sub-total | \$109,355.00 | \$103,950.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$997,993.00 | \$1,011,169.50 | N/A | \$180,233.26 | N/A |

Components

Information not provided.

Cost Information

Antennas

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|---------------------|----------------------------------|--------------------|---------------------------|
| Interim Antenna TFU-16WB S230 | \$96,130.00 | \$108,325.00 | | \$91,732.50 | |
| UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized | \$89,400.00 | \$101,925.00 | See Dielectric quote 700450CMZ-2 | \$91,732.50 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | \$0.00 | N/A |
| Primary Antenna TLP-24B /VP-R | \$145,368.00 | \$101,971.00 | | \$0.00 | |
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | \$7,600.00 | \$7,600.00 | N/A | N/A | N/A |

| | | | | | |
|--|--------------------------|----------------|--|--------------|-----|
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$23,150.00 | N/A | N/A | N/A |
| Standard Leg Mounting Brackets For Antenna | <i>\$4,788.00</i> | \$4,788.00 | See uploaded file titled "Ruck sweep report and Dielectric qte DMS156-3.pdf" | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized | \$103,100.00 | \$60,033.00 | N/A | N/A | N/A |
| Sub-total | \$241,498.00 | \$210,296.00 | N/A | \$91,732.50 | N/A |
| Total for all systems | \$997,993.00 | \$1,011,169.50 | N/A | \$180,233.26 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized | <p>Component Description: Aux antenna, installment #2, line 1 of invoice</p> <p>Amount: \$45,866.25</p> <p>Component Description: Aux antenna, installment #1, line 1 of invoice</p> <p>Amount: \$45,866.25</p> |
| Sweep test of existing antenna | Information not provided. |
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | Information not provided. |
| Side mount brackets for high power antennas (if not included in antenna base cost) | Information not provided. |
| Standard Leg Mounting Brackets For Antenna | Information not provided. |
| Sweep test of existing antenna | Information not provided. |
| UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized | Information not provided. |

Cost Information

Transmission Line

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|-----------------------|--|---------------------|---------------------------|
| Interim Transmission Line | \$48,880.00 | \$50,751.40 | | \$45,676.26 | |
| Rigid Transmission Line - copper, 3 1/8" | \$48,880.00 | \$50,751.40 | See Dielectric quote 700450CMZ-2 | \$45,676.26 | N/A |
| Primary Transmission Line | \$71,760.00 | \$65,207.10 | | \$0.00 | |
| Rigid Transmission Line - copper, 3 1/8" | \$71,760.00 | \$65,207.10 | N/A | N/A | N/A |
| Primary Transmission Line | \$6,400.00 | \$6,400.00 | | \$6,400.00 | |
| Transmission line sweep test | <i>\$6,400.00</i> | \$6,400.00 | ***System Notice: Estimate adjusted and locked because line has been superseded. ***Sweep test of existing line for repack feasibility | \$6,400.00 | N/A |
| Sub-total | \$127,040.00 | \$122,358.50 | N/A | \$52,076.26 | N/A |
| Total for all systems | \$997,993.00 | \$1,011,169.50 | N/A | \$180,233.26 | N/A |

Components

| Actual Information | | |
|--|-------------------------------|---|
| Description | File Name | |
| Rigid Transmission Line - copper, 3 1/8" | Component Description: | Transmission line, installment #2, lines 2 and 6 of invoice |
| | Amount: | \$22,838.13 |
| | Component Description: | Transmission line, installment #1, lines 2 and 6 of invoice |
| | Amount: | \$22,838.13 |
| Rigid Transmission Line - copper, 3 1/8" | Information not provided. | |
| Transmission line sweep test | Component Description: | Transmission line sweep test |
| | Amount: | \$6,400.00 |

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 | \$394,800.00 | \$458,300.00 | | \$26,820.00 | |
| G TOWER | | | | | |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | \$26,300.00 | \$36,300.00 | See ATC fees required. | \$26,820.00 | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$272,000.00 | SEE ATTACHED TOWER RIGGING ESTIMATE. TRANSMISSION LINE SWEEPS WERE REMOVED FROM THIS VALUE. | N/A | N/A |
| Minor tower reinforcement /modifications | \$158,000.00 | \$150,000.00 | N/A | N/A | N/A |
| Sub-total | \$394,800.00 | \$458,300.00 | N/A | \$26,820.00 | N/A |
| Total for all systems | \$997,993.00 | \$1,011,169.50 | N/A | \$180,233.26 | N/A |

Components

| Actual Information | |
|--------------------|-----------|
| Description | File Name |

| | | | | | |
|---|--|---|------------------------------------|---|------------------------------|
| Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study | <table> <tr> <td data-bbox="726 100 1157 224"> Component Description: Amount: </td> <td data-bbox="1165 100 1428 224"> Structural analysis \$10,475.00 </td> </tr> <tr> <td data-bbox="726 235 1157 358"> Component Description: Amount: </td> <td data-bbox="1165 235 1428 358"> Tower mapping \$16,345.00 </td> </tr> </table> | Component Description: Amount: | Structural analysis \$10,475.00 | Component Description: Amount: | Tower mapping \$16,345.00 |
| Component Description: Amount: | Structural analysis \$10,475.00 | | | | |
| Component Description: Amount: | Tower mapping \$16,345.00 | | | | |
| Tall Tower (greater than 500') | Information not provided. | | | | |
| Minor tower reinforcement /modifications | Information not provided. | | | | |

Cost Information

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|--------------------|---|-------------------|---------------------------|
| Outside Professional Services | \$43,220.00 | \$40,750.00 | | \$9,604.50 | |
| Minor Modification of CP Application | <i>\$2,500.00</i> | \$2,500.00 | See Osborn invoice 31245; needed to correct antenna height and increase the ERP to compensate for the height reduction. | \$2,500.00 | 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 |

| | | | | | |
|--|------------|------------|-----|--------|-----|
| 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 | 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 | \$0.00 | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |

| | | | | | |
|--------------------------------------|--------------|----------------|---|--------------|-----|
| Project management of the transition | \$12,640.00 | \$12,000.00 | It will be necessary to schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects. | \$7,104.50 | N/A |
| Sub-total | \$43,220.00 | \$40,750.00 | N/A | \$9,604.50 | N/A |
| Total for all systems | \$997,993.00 | \$1,011,169.50 | N/A | \$180,233.26 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| Minor Modification of CP Application | <p>Component Description: Prepare engineering portion of minor modification of CP application</p> <p>Amount: \$2,500.00</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. |
| Prepare request for Special Temporary Authorization | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. |
| Perform engineering study for new channel assignment and antenna development | <p>Component Description: Engineering services</p> <p>Amount: \$1,750.00</p> |
| Prepare and or review reimbursement form | Information not provided. |
| Project management of the transition | <p>Component Description: Project management services March 2019</p> <p>Amount: \$143.00</p> <p>Component Description: Project management services April 2019</p> <p>Amount: \$84.50</p> <p>Component Description: Project management services 10.27.18 through 12.31.18</p> <p>Amount: \$950.00</p> |

Component Description: Project management services 1.1.19 through 1.31.19
Amount: \$300.00

Component Description: Project management services 3.30.19 through 4.26.19
Amount: \$150.00

Component Description: Project management services January 2019
Amount: \$65.00

Component Description: Project management services February 2019
Amount: \$123.50

Component Description: Project management services
Amount: \$1,922.50

Component Description: Project management services 1/1/18 through 1/26/18
Amount: \$75.00

Component Description: Project management services 5/26/18 through 6/29/18
Amount: \$300.00

Component Description: Project management services 2.1.19 through 3.1.19
Amount: \$150.00

Component Description: Project management services 3.2.19 through 3.29.19
Amount: \$75.00

Component Description: Project management services 4.27.19 through 5.31.19
Amount: \$825.00

Component Description: Project management services 8/29/17 through 12/31/17 and 1/27/18 through 4/27/18.
Amount: \$1,491.00

Component Description: Project management services 7/28/18 through 9/28/18.
Amount: \$300.00

Component Description: Project management services, item 1 from invoice summary
Amount: \$150.00

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 | \$82,080.00 | \$75,515.00 | | \$0.00 | |
| MVPD Notification of Channel Change | <i>\$1,500.00</i> | \$1,500.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$3,500.00</i> | \$3,500.00 | Develop and produce crawls and spots for viewer notification. | N/A | N/A |
| Equipment Storage | <i>\$20,000.00</i> | \$20,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$25,000.00</i> | \$25,000.00 | Removal costs per USA Commercial quote #8 attached | \$0.00 | N/A |
| Local Zoning | <i>\$20,000.00</i> | \$20,000.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$5,000.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |

| | | | | | |
|---|--------------|----------------|-----|--------------|-----|
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | N/A |
| Sub-total | \$82,080.00 | \$75,515.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$997,993.00 | \$1,011,169.50 | N/A | \$180,233.26 | N/A |

Components

| 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 Storage | Information not provided. |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Component Description: Removal costs Amount: \$25,000.00 |
| Local Zoning | Information not provided. |
| DTV Medical Facility Notification | Information not provided. |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. |
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. |

Cost Information **Grand Total**

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|------------------------------------|-----------------------|--------------------|
| Total for all systems | \$997,993.00 | \$1,011,169.50 | \$180,233.26 |

Reimbursement Status

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

| Certification | Section | Question | Response |
|---------------|---|---|----------|
| | <p>Submission of Estimated Expenses Statements</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"> 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.

**Elizabeth
Ryder**
*General
Counsel*

09/19/2019

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | <p>Submission of Actual Cost Documentation Statements</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"> 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.

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.

**Elizabeth
Ryder**
*General
Counsel*

09/19/2019

Attachments