

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility	<b>53847</b>	Service:	<b>DTV</b>	Call	<b>KXLN-DT</b>	Channel:	<b>30 (UHF)</b>
ID:				Sign:			
File	<b>0000028520</b>						
Number:							
FRN:	<b>0008192015</b>	Date	<b>12/21</b>				
		Submitted:	<b>/2017</b>				

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>KXLN LICENSE PARTNERSHIP, L.P.</b>	Christopher G. Wood	+1 (310) 348-	cwood@univision.net	Limited Partnership
Doing Business As: KXLN LICENSE PARTNERSHIP, L.P.	5999 CENTER DRIVE LOS ANGELES, CA 90045 United States	3600		

## 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>Karl D Lahm , P.E. .</b> <i>Director RF Systems Engineering Univision Management Company</i>	Karl D. Lahm 358 Pines Blvd. Lake Villa, IL 60046 United States	+1 (847) 245-8699	klahm@univision.net

**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		Replacement of existing antenna, mask filter, and transmitter at main facility and replacement of channel combiner module, mask filter, and transmitter at auxiliary facility. Latter to be while main antenna is replaced. See attached Implementation Plan.

**Transmitters**

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

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

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	During maintenance /failure of main unit or when reduced power required for RFE protection on tower
	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	DHD-45P2
	Year	2002
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	10 kW

**Auxiliary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	THU9-8evo
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	13 kW
	Justification for New Transmitter	Amplifiers of existing are incapable of operation below channel 40, have been discontinued by the manufacturer, and replacements are not otherwise available.

**Auxiliary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A

	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
<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

**Auxiliary  
Transmitter**

**Other Transmitter Cost Not Listed**

Information not provided.

**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?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	CD3200P2
	Year	2001
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	42 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	THU9-24evo
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	33.7 kW
	Justification for New Transmitter	See attached IOT Replacement Analysis document; existing transmitter incapable of operation below channel 40

**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	Yes
	Description	480:400V step-down transformer, primary AC wiring to transmitter cabinets, and power /control wiring to ancillary components
<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

**Auxiliary  
Antenna****Add Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	Antenna Use	Auxiliary (Backup)
	Description of Use	During maintenance /failure of main unit or when reduced power required for RFE protection on tower
	Ownership	Leased
	Owner	American Tower
	Site	N/A
	Is this antenna currently shared with any other stations?	Yes
	Is this antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Bottom
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	6

Number of Panels	80
Design power capacity in use	42.0 %
Lower Limit	470.00 MHz
Upper Limit	860.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	340.0 kW
Manufacturer	RFS
Model	PHO80U22211E
Year	2002

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

Facility ID	Call Sign
12895	KETH-TV
17746	KBPX-LD
24436	KLTJ
58835	KPXB-TV
60537	KFTH-DT

**Auxiliary  
Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	No

**Auxiliary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes

Type	Additional Module
Number of channels supported	1
Frequencies of channels supported	RF channel
Frequency	N/A

Enter a list of RF channel numbers.

RF Channel Number

30

Auxiliary Antenna

Other Antenna Cost Not Listed

Information not provided.

**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?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
<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) .....	1000.0 kW

Manufacturer	
Model	ATW27H4- ETCL-45H
Year	2000

Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	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) .....	745.0 kW
	Manufacturer	

Model	TFU-24JTT /VP-R S190
Year	2018
Justification for New Antenna	Existing antenna has single-channel bandwidth and is not usable on new channel.

## 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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	6 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<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
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**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	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	Andrew
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	2094 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Line Sweep Test	Determine if existing line is suitable for new channel

Auxiliary Transmission Line

Add Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Auxiliary (Backup)
	Description of Use	During maintenance /failure of main unit or when reduced power required for RFE protection on tower
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmission currently shared with any other stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Andrew
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A

Number of parallel runs	1
Length	150 feet per run

**Auxiliary 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?	Candelabra
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	Yes
	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	1059622
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	29° 33' 45.2" N-
	Longitude (NAD83)	095° 30' 35.9" W-
	Overall Structure Height	1974.06 feet
	Support Structure Height	1844.14 feet
	Ground Elevation Above Mean Sea Level (AMSL)	74.15 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	American Towers, LLC.
Date Constructed	08/30/2000

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
11971	KMJQ	FM
13200	KUVM-CD	DTV
22204	KRIV	DTV
28324	KTBU	DTV
31870	KYAZ	DTV
9625	KQBT	FM
69531	KZJL	DTV
51569	KTXH	DTV
11969	KBXX	FM

**Other Types of Users**

Users
K273CW
K227BD
K236AR
KCHV-LD

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KHLM-LD

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KUVM-LD

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**Primary  
Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for tower with candelabra
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	Candelabra
Helicopter Services Required	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
Grading	Cost of preparation and staging of hoists and equipment on the soft soil area around tower site. Due to the heavy weights of the equipment needed to perform the antenna gin pole removals/Installation, the equipment may sink in soft soil conditions.
Tower Permit Drawing Package	Basic drawing package for municipality permitting.
Access Road Repair	The cost associated damage to the access road, driveway caused by trenching (electrical and foundation installations) and equipment mobilization

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**Fencing**

The removal and installation of existing fencing in compound area where the construction and additional equipment is being installed, some of the fencing will require replacement and reconfiguration once all repack construction is completed.

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**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	520
	Explanation	Univision stations are only staffed for daily station operations and minor equipment changes, major projects are contracted out externally. The large volume of work associated with repack schedule requires using external project management resources.
<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	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	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	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	Yes
	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	No

RF exposure measurements	Yes
Additional Field Engineering Service	No
Number of Days	N/A
Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
American Tower PM Fee	Project management fee for the transition of broadcasters. Scheduling and management of the timelines and schedules occurring during the repack.
Migratory Bird Assesment	Assessment and permitting of impact to bird migration
Tower Construction PM Fee	Tower Modification Project Mgmt
Auxiliary Site RF PM	RF Project Management for reconfiguration of broadband antenna combiner modules

## 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	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	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?	No
	Does this relocation require MVPD Notification of a Channel Change?	No

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
Tower Lessor Administration Fee	Tower lessor's fee for administration of station's changes and lease modification

## 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 THU9-24evo</b>	<b>\$1,010,500.00</b>	<b>\$1,010,500.00</b>		<b>\$0.00</b>	
UHF - Liquid Cooled Solid State Transmitter 33.7 kW	<i>\$976,500.00</i>	\$976,500.00	N/A	N/A	N/A
Other Electrical Service: 480: 400V step-down transformer, primary AC wiring to transmitter cabinets, and power /control wiring to ancillary components	<i>\$34,000.00</i>	\$34,000.00	Please see the attached cost estimate for Electrical Distribution Cost.	N/A	N/A
<b>Auxiliary Transmitter THU9-8evo</b>	<b>\$494,500.00</b>	<b>\$447,000.00</b>		<b>\$0.00</b>	
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$447,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$1,505,000.00</b>	<b>\$1,457,500.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,766,944.00</b>	<b>\$2,566,554.00</b>	N/A	<b>\$4,150.00</b>	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
<b>Primary Antenna TFU-24JTT/VP-R S190</b>	<b>\$308,530.00</b>	<b>\$291,200.00</b>		<b>\$0.00</b>	
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$273,800.00	N/A	N/A	N/A
<b>Auxiliary Antenna PHO80U22211E</b>	<b>\$90,930.00</b>	<b>\$118,177.00</b>		<b>\$0.00</b>	
UHF - High Power Top Mount Six Station broadband panel antenna horizontally polarized	<i>\$0.00</i>	\$0.00	No modification required.	N/A	N/A

Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Adding a module to existing combiner (without antenna)	\$84,200.00	\$111,777.00	Per line(s)# 95 and 110 of American Tower Missouri City auxiliary site implementation proposal.	N/A	N/A
<b>Sub-total</b>	\$399,460.00	\$409,377.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,766,944.00	\$2,566,554.00	N/A	\$4,150.00	N/A

## Components

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
Primary Transmission Line	\$4,150.00	\$4,150.00		\$4,150.00	
Line Sweep Test	<i>\$4,150.00</i>	\$4,150.00	Test line to determine if replacement required. Quote attached.	\$4,150.00	N/A
Auxiliary Transmission Line	\$0.00	\$0.00		\$0.00	
Sub-total	\$4,150.00	\$4,150.00	N/A	\$4,150.00	N/A
Total for all systems	\$2,766,944.00	\$2,566,554.00	N/A	\$4,150.00	N/A

Components

Actual Information Description	File Name
Line Sweep Test	<div>Component Description:Line Sweep Test</div> <div>Amount:\$4,150.00</div>

## 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 GTOWER	\$613,775.00	\$485,863.00		\$0.00	
Grading	<i>\$1,000.00</i>	\$1,000.00	See attached American Tower cost estimate for KXLN primary site, ATC site# 30285, line(s) # 217.	N/A	N/A
Tower Permit Drawing Package	<i>\$9,400.00</i>	\$9,400.00	Engineering drawings for KXLN primary tower per line(s)# 167, 168 of attached American Tower cost estimate for ATC site# 30285.	N/A	N/A
Access Road Repair	<i>\$2,500.00</i>	\$2,500.00	See attached American Tower cost estimate for KXLN primary tower ATC site# 30285 line(s)# 221.	N/A	N/A

Structural engineering tower load study for a documented tower with candelabra	\$20,000.00	\$11,088.00	N/A	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$60,000.00	N/A	N/A	N/A
Fencing	<b>\$1,875.00</b>	\$1,875.00	See attached cost estimate for KXLN primary tower, American tower site# 30285 line (s) # 216.	N/A	N/A
<b>Sub-total</b>	\$613,775.00	\$485,863.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,766,944.00	\$2,566,554.00	N/A	\$4,150.00	N/A

## Components

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
<b>Outside Professional Services</b>	<b>\$176,604.00</b>	<b>\$143,309.00</b>		<b>\$0.00</b>	
Auxiliary Site RF PM	<i>\$16,791.00</i>	\$16,791.00	Pro-rata pass-thru share, per attached ATC Missouri City 282638 cost estimate spreadsheet, line 224.	N/A	N/A
Tower Construction PM Fee	<i>\$7,500.00</i>	\$7,500.00	See attached American Tower cost estimate for KXLN primary tower site, ATC site# 30285 line(s)# 170.	N/A	N/A
Migratory Bird Assessment	<i>\$438.00</i>	\$438.00	Migratory bird impact assessment for KXLN primary tower per line(s)# 193 of attached American Tower cost estimate for ATC site# 30285	N/A	N/A

American Tower PM Fee	<b>\$9,480.00</b>	\$9,480.00	See attached American Tower cost estimate for KXLN primary site, ATC site# 30285, line(s) #174.	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$3,750.00	RF Exposure measurements for KXLN primary tower per line(s)# 190 of attached American Tower cost estimate for ATC site# 30285	N/A	N/A
NEPA Section 106 environmental review, if needed	\$6,310.00	\$1,350.00	N/A	N/A	N/A
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$2,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$2,500.00	N/A	N/A	N/A

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$5,000.00	American Tower configuration planning fee, see attached ATC cost estimates for KXLN auxiliary site, ATC site #30285, line (s) #177.	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$3,750.00	ATC coordination meeting fees for KXLN primary tower per line(s)# 175, 192 of attached American Tower cost estimate for ATC site# 30285.	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	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
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Project management of the transition	\$82,160.00	\$78,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$176,604.00	\$143,309.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,766,944.00	\$2,566,554.00	N/A	\$4,150.00	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>\$67,955.00</b>	<b>\$66,355.00</b>		<b>\$0.00</b>	
Tower Lessor Administration Fee	<i>\$18,960.00</i>	\$18,960.00	Two sites, \$9,480 per site per attached ATC price list.	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$33,500.00</i>	\$33,500.00	AERC quote for removing an identical transmitter, under similar conditions, at KSTR-DT is attached.	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 - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A



Non-zoning permits	<b>\$2,500.00</b>	\$2,500.00	Building permit costs per attached cost estimate for KXLN auxiliary site #282638 line(s) # 202 and KXLN primary site #30285 line(s) 202, 203.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$10,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$67,955.00	\$66,355.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,766,944.00	\$2,566,554.00	N/A	\$4,150.00	N/A

## Components

Information not provided.

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$2,766,944.00	\$2,566,554.00	\$4,150.00

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

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <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.

<p>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.</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><b>Teresa Celia Vallejos</b>  <i>Senior Financial Analyst</i></p> <p>12/21/2017</p>

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"> <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.

<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><b>Teresa Celia Vallejos</b>  <i>Senior Financial Analyst</i></p> <p>12/21/2017</p>

## Attachments