



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **25577** | Service: **DTV** | Call **KESQ-TV** | Channel: **28 (UHF)** |
ID: | Sign:
File **0000027107**
Number:
FRN: **0001590330** | Date **03/27**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------|----------------------|----------------|
| GULF-CALIFORNIA BROADCAST COMPANY Doing Business As: News-Press & Gazette Company | 825 Edmond St. Saint Joseph, MO 64501 United States | +1 (816) 271-8505 | tim.hannan@npgco.com | Corporation |

Reimbursement Contact Information

Reimbursement Contact Name and Information

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

Preparer Contact Information

Preparer Contact Name and Information

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

Broadcaster Information and Transition Plan

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | Yes |
| Briefly describe transition plan | PERFORM STRUCTURAL ON TOWER AND REINFORCE TOWER AS NEEDED TO MEET REV-G. INSTALL TEMPORARY ANTENNA AND CONNECT EXISTING TRANSMITTER. REMOVE TRANSMISSION SYSTEM AND REPLACE WITH NEW ONE. SWEEP AND TEST SYSTEM. REMOVE OLD TRANSMITTER AFTER CUT OVER. |

Transmitters

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

**Primary
Transmitter**

Existing Transmitter Information

| Section | Question | Response |
|-------------------------------------------------------|------------------------------------------------------------|-------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| Existing Transmitter Manufacturer and Type | Manufacturer | |
| | Model | LX2000 |
| | Year | 2005 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 2 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 | UAXTE-6R44 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 3.6 kW |
| | Justification for New Transmitter | UBS, WHICH OWNS THE IP FORMERLY HELD BY THE MANUFACTURER (AXCERA, WHICH NO LONGER EXISTS), HAS INDICATED THAT THE EXISTING TRANSMITTER CANNOT PRODUCE THE NECESSARY POWER TO MEET THE NEW LICENSE, AND IT MUST BE REPLACED. |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|---------------------------|---------------------------------------|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | Yes |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |

| | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----|
| | Power | N/A |
| | Rigid Conduit and Wiring | No |
| | Size | N/A |
| | Length | N/A |
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | 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? | Yes |
| Existing Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Top |
| | 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) | 42.0 kW |
| | | |

| | |
|--------------|---------------------|
| Manufacturer | |
| Model | SFN-2030-D-14 (E/P) |
| Year | 2005 |

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) | 31.7 kW |
| | Manufacturer | |
| | Model | SFN-2030-D-10 (E/P) |
| | Year | 2017 |

| | | |
|--|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| | Justification for New Antenna | EXISTING ANTENNA TUNED TO CHANNEL 42 AND CANNOT BE TUNED TO NEW FREQUENCY. MUST REPLACE WITH NEW ANTENNA ON ASSIGNED FREQUENCY. |
|--|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------|

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---------------------------------------------------------------------------------------|----------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | No |
| | Type | |
| | Number of channels supported | N/A |
| | Frequencies of channels supported | N/A |
| | Frequency | 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 |
| 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

Information not provided.

**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? | Yes |
| New Antenna Manufacturer and Type | Class | Class A |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels/Bays | 8 |
| | Lower Limit | 470.00 MHz |
| | Upper Limit | 872.00 MHz |
| | Design power capacity in use | 50.0 % |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | Manufacturer | |
| | Model | 4X2 K723147 |
| | Year | 2017 |
| | | |

| | | |
|--|-------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| | Justification for New Antenna | INTERIM ANTENNA IS REQUIRED TO FACILITATE ONGOING OPERATIONS AS TOWER WORK, NEW FEED LINE AND NEW ANTENNA IS INSTALLED. |
|--|-------------------------------|-------------------------------------------------------------------------------------------------------------------------|

**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? | 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 |

**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? | Yes |

Primary
Transmission Line

Existing Transmission Line

| Section | Question | Response |
|--------------------------------------------------|----------------------------------------------------------------------------|------------------|
| Existing Transmission Line Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | 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 | 8 |
| | Length | 160 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 | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 8 |
| | Length | 160 feet per run |
| | Justification for New Transmission Line | EXISTING RIGID LINE DOES NOT SUPPORT THE NEWLY ASSIGNED FREQUENCY. |

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

**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 | Flexible Air |
| | Diameter | 1 5/8 inches |
| | Segment Length | N/A |
| | Other Segment Length | |
| | Number of parallel runs | 1 |
| | Length | 200 feet per run |
| | Justification for New Transmission Line | NEED BACK UP LINE AS EXISTING LINES WILL BE REMOVED AND NEW RIGID LINE WILL BE INSTALLED. INTERIM ANTENNA NEEDS TO OPERATE WHILE NEW ANTENNA SYSTEM IS INSTALLED AND TESTED. |

| Interim | Other Transmission Line Expenses Not Listed |
|-------------------|---------------------------------------------|
| Transmission Line | 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 | Owned |
| | 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 | 1220472 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 33° 51' 58.1" N- |
| | Longitude (NAD83) | 116° 26' 05.0" W- |
| | Overall Structure Height | 88.91 feet |
| | Support Structure Height | 60.04 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 1555.10 feet |

| | | |
|--|------------------|------------------------------------------|
| | Structure Type | TOWER - Free Standing or Guyed Structure |
| | Tower Owner | Gulf-California Broadcast Co |
| | Date Constructed | 09/23/1968 |

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 | 180 |
| | Explanation | TO ENSURE TIMELINESS, SAFETY AND ADEQUATE EXPERTISE FOR A PROJECT OF THIS SCOPE AND SIGNIFICANCE, OUTSIDE PROJECT MANAGEMENT SERVICES ARE WARRANTED FOR A MODEST PERIOD OF TIME, PROJECTED AT 180 HOURS EST. |
| 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) | Yes |
| | 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 |
| 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**
Services not provided.

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? | Yes |
| | 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 UAXTE-6R44 | \$154,400.00 | \$153,000.00 | | \$6,500.00 | |
| UHF - Air Cooled Solid State Transmitter 3.6 kW | <i>\$140,000.00</i> | \$140,000.00 | UBS HAS ADVISED THAT THE EXISTING AXCERA LX2000 IS INSUFFICIENT TO MEET THE NEW FACILITY'S REQUIRED TPO OF 2.15 KW. UBS HAS RECOMMENDED THE PURCHASE OF A NEW TRANSMITTER FOR THIS INSTALLATION. | \$0.00 | N/A |
| Service entrance 3 phase/800 amp/208 volt | \$14,400.00 | \$13,000.00 | N/A | \$6,500.00 | N/A |
| Sub-total | \$154,400.00 | \$153,000.00 | N/A | \$6,500.00 | N/A |
| Total for all systems | \$1,034,295.00 | \$588,315.00 | N/A | \$143,099.70 | N/A |

Components

| Actual Information | |
|-------------------------------------------------|---------------------------|
| Description | File Name |
| UHF - Air Cooled Solid State Transmitter 3.6 kW | Information not provided. |

| | | | | | |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|----------------|------------|
| Service entrance 3 phase /800 amp/208 volt | <table><tr><td data-bbox="719 98 1149 224">Component Description:</td><td data-bbox="1149 98 1430 224">Electrical service entrance</td></tr><tr><td data-bbox="719 224 1149 349">Amount:</td><td data-bbox="1149 224 1430 349">\$6,500.00</td></tr></table> | Component Description: | Electrical service entrance | Amount: | \$6,500.00 |
| Component Description: | Electrical service entrance | | | | |
| Amount: | \$6,500.00 | | | | |

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 4X2 K723147 | \$53,110.00 | \$10,000.00 | | \$0.00 | |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | \$26,300.00 | \$0.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$0.00 | N/A | \$0.00 | N/A |
| UHF – Broadband Panel, Side Mount Auxiliary /Interim, 15 horizontally polarized | <i>\$10,000.00</i> | \$10,000.00 | N/A | N/A | N/A |
| UHF - Lower Power Side Mount, Class A broadband panel (cost per panel) | \$10,080.00 | \$0.00 | N/A | N/A | N/A |
| Primary Antenna SFN-2030-D-10 (E/P) | \$326,980.00 | \$83,400.00 | | \$3,000.00 | |

| | | | | | |
|------------------------------------------------------------------------------------------------------|----------------|--------------|-----|--------------|-----|
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | \$289,500.00 | \$70,000.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,000.00 | N/A | \$3,000.00 | N/A |
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | \$7,600.00 | \$7,400.00 | N/A | N/A | N/A |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$0.00 | N/A | N/A | N/A |
| Sub-total | \$380,090.00 | \$93,400.00 | N/A | \$3,000.00 | N/A |
| Total for all systems | \$1,034,295.00 | \$588,315.00 | N/A | \$143,099.70 | N/A |

Components

| Actual Information | |
|--------------------------------------------------------------------|---------------------------|
| Description | File Name |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | Information not provided. |
| Sweep test of existing antenna | Information not provided. |

| | |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| UHF – Broadband Panel, Side Mount Auxiliary /Interim, 15 horizontally polarized | Information not provided. |
| UHF - Lower Power Side Mount, Class A broadband panel (cost per panel) | Information not provided. |
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | Information not provided. |
| Sweep test of existing antenna | <div> <div> Component Description: Amount: </div> <div> Sweep transmission line and antenna \$3,000.00 </div> </div> |
| 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. |

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 | \$6,600.00 | \$6,200.00 | | \$0.00 | |
| Flexible Air Transmission Line - dielectric, 1 5 /8" | \$6,600.00 | \$6,200.00 | N/A | N/A | N/A |
| Primary Transmission Line | \$133,120.00 | \$13,500.00 | | \$0.00 | |
| Rigid Transmission Line - copper, 3 1/8" | \$133,120.00 | \$13,500.00 | N/A | N/A | N/A |
| Sub-total | \$139,720.00 | \$19,700.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,034,295.00 | \$588,315.00 | N/A | \$143,099.70 | N/A |

Components

Information not provided.

Cost
Information

Tower Equipment and Rigging Costs

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|-------------------------------------------|--------------|---------------------------|
| Primary Tower TOWER | \$268,500.00 | \$255,000.00 | | \$127,500.00 | |
| Short Tower (less than 500') | \$84,200.00 | \$80,000.00 | Antenna system installation (short tower) | \$40,000.00 | N/A |
| Minor tower reinforcement /modifications | \$158,000.00 | \$150,000.00 | N/A | \$75,000.00 | N/A |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | \$26,300.00 | \$25,000.00 | N/A | \$12,500.00 | N/A |
| Sub-total | \$268,500.00 | \$255,000.00 | N/A | \$127,500.00 | N/A |
| Total for all systems | \$1,034,295.00 | \$588,315.00 | N/A | \$143,099.70 | N/A |

Components

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

| | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Short Tower (less than 500') | <div> <div>Component Description:</div> <div>Antenna system installation (short tower)</div> </div> <div> <div>Amount:</div> <div>\$40,000.00</div> </div> |
| Minor tower reinforcement /modifications | <div> <div>Component Description:</div> <div>Minor tower reinforcements</div> </div> <div> <div>Amount:</div> <div>\$75,000.00</div> </div> |
| Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study | <div> <div>Component Description:</div> <div>Tower mapping for undocumented tower</div> </div> <div> <div>Amount:</div> <div>\$12,500.00</div> </div> |

Cost Information

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|------------------------------|-------------------|---------------------------|
| Outside Professional Services | \$61,255.00 | \$45,500.00 | | \$6,099.70 | |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00 | \$2,000.00 | N/A | N/A | 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 | \$3,662.20 | N/A |

| | | | | | |
|--------------------------------------------------------------------------------------|--------------------|--------------------|------------|-------------------|------------|
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$1,500.00 | N/A | N/A | N/A |
| Project management of the transition | \$28,440.00 | \$22,500.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,250.00 | N/A | N/A | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$2,000.00 | N/A | \$937.50 | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$1,500.00 | N/A | \$1,500.00 | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$500.00 | N/A | N/A | N/A |
| Sub-total | \$61,255.00 | \$45,500.00 | N/A | \$6,099.70 | N/A |

| | | | | | |
|------------------------------|----------------|--------------|-----|--------------|-----|
| Total for all systems | \$1,034,295.00 | \$588,315.00 | N/A | \$143,099.70 | N/A |
|------------------------------|----------------|--------------|-----|--------------|-----|

Components

| Actual Information | |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description | File Name |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | Information not provided. |
| 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 | <div> <div>Component Description:</div> <div>General repack services 2017. See "Repack Invoices Cover Memo"</div> <div>Amount:</div> <div>\$2,292.40</div> </div> <div> <div>Component Description:</div> <div>Repack filing and services 2017</div> <div>Amount:</div> <div>\$1,369.80</div> </div> |
| Prepare request for Special Temporary Authorization | Information not provided. |
| Project management of the transition | Information not provided. |
| Prepare and or review reimbursement form | Information not provided. |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. |

| | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Perform engineering study for new channel assignment and antenna development | <div data-bbox="715 174 1369 443"> <p>Component Description: Engineering study work for new channel assignment and antenna development.</p> <p>Amount: \$62.50</p> </div> <div data-bbox="715 555 1369 824"> <p>Component Description: Engineering study work for new channel assignment an antenna development.</p> <p>Amount: \$875.00</p> </div> |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | <div data-bbox="715 965 1369 1234"> <p>Component Description: Engineering study work for new channel assignment and antenna development.</p> <p>Amount: \$1,500.00</p> </div> |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | 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 |
|--------------------------------------------------------------------------|-----------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|
| Other Expenses | \$30,330.00 | \$21,715.00 | | \$0.00 | |
| MVPD Notification of Channel Change | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$750.00 | \$750.00 | N/A | N/A | N/A |
| Equipment Storage | \$3,500.00 | \$3,500.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$3,500.00 | \$3,500.00 | N/A | N/A | N/A |
| Local Zoning | \$5,500.00 | \$5,500.00 | COST FOR DRAFTING, SUBMISSION AND FILING FEES FOR NECESSARY BUILDING PERMITS ASSOCIATED WITH TOWER MODIFICATIONS. | N/A | N/A |

| | | | | | |
|-----------------------------------------------------------|----------------|--------------|-----|--------------|-----|
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$2,950.00 | N/A | N/A | N/A |
| Sub-total | \$30,330.00 | \$21,715.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,034,295.00 | \$588,315.00 | N/A | \$143,099.70 | N/A |

Components

Information not provided.

**Cost
Information**

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|----------------------------------------|-----------------------|--------------------|
| Total for all systems | \$1,034,295.00 | \$588,315.00 | \$143,099.70 |

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"> 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.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <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>James W DeChant <i>VP of Technology</i></p> <p>03/27/2018</p> |

| Certification | Section | Question | Response |
|---------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | Submission of Actual Cost Documentation Statements | WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR 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). | |
| | | <ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>James W DeChant <i>VP of Technology</i></p> <p>03/27/2018</p> |

Attachments