



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **10981** | Service: **DTV** | Call **WCPX-TV** | Channel: **34 (UHF)** |
ID:
File **0000028324**
Number:
FRN: **0001808468** | Date **03/03**
Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|--------------------------|---------------------------------|---------------------------------|
| ION TELEVISION LICENSE, LLC Doing Business As: ION TELEVISION LICENSE, LLC | 601 CLEARWATER PARK ROAD WEST PALM BEACH, FL 33401 United States | +1 (561) 682- 4110 | bianca. frye@scripps. com | Limited Liability Company |

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 | The east multiplex main antenna will continue to be utilized by WCPX with a reconfiguration of the combiner required due to the channel change. Replace non re-tuneable transmitter and RF system for post repack channel. |

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 | DCX |
| | Year | 1999 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 40 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 | THU9-12 EVO 19kW ATSC |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 19 kW |
| | Justification for New Transmitter | See attached Transmitter Exhibits. See attached Transmitter Upgrade Disclaimer. |

**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 | Electrical installation of replacement transmitter |
| 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? | Yes |
| | Size | 1925.0 square feet |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

Primary Transmitter **Other Transmitter Cost Not Listed**

| Name | Description |
|--------------------------------------|--|
| Removal of existing equipment | Removal of existing transmitters and equipment / site prep |
| RF Interconnect | Interconnect between the transmitter and combiner |

Antennas

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

**Primary
Antenna****Add Antenna Information**

| Section | Question | Response |
|---|---|-------------------------|
| Existing Antenna Description | Type of change | Retune Existing |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Leased |
| | Owner | 233 Broadcast LLC |
| | Site | N/A |
| | Is this antenna currently shared with any other stations? | Yes |
| | Is this 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 | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 2 |
| | Number of Panels | 24 |
| | Design power capacity in use | 50.0 % |

| | |
|--|------------|
| Lower Limit | 614.00 MHz |
| Upper Limit | 650.00 MHz |
| Other Antenna Type | N/A |
| ERP: (Effective Radiated Power) | 200.0 kW |
| Manufacturer | RFS |
| Model | PHP24C |
| Year | 1999 |

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

| Facility ID | Call Sign |
|-------------|-----------|
| 32334 | WJYS |

Primary Antenna

Adjustment to Existing Antenna

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

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|-----------------------------|--|-------------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | Yes |
| | Type | Additional Module |
| | Number of channels supported | 2 |
| | Frequencies of channels supported | RF channel |
| | Frequency | N/A |

Enter a list of RF channel numbers.

| RF Channel Number |
|-------------------|
| 34 |
| 21 |

Primary
Antenna

Other Antenna Cost Not Listed

| Name | Description |
|--------------------------------------|--------------------------------|
| Combiner Tuning and Commissioning | RFS - Todd Loney |
| Combiner Module Freight | Australia to US |
| Combiner Module Staging and Delivery | ISI to Willis Tower |
| Combiner Reconfiguration Labor | Combiner Reconfiguration Labor |

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 | Leased |
| | Owner | 233 Broadcasting LLC |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | Yes |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | RFS |
| | Type | Flexible Air |
| | Diameter | 4 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 4 |
| | Length | 500 feet per run |

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

| Facility ID | Call Sign |
|-------------|-----------|
| 32334 | WJYS |

**Primary
Transmission Line**

Other Transmission Line Expenses Not Listed

| Name | Description |
|--------------------------------|---|
| Transmission Line Installation | Combiner room work per engineering statement. |

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? | Located on Building |
| | 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 | No |
| | Is tower documented for structural analysis? | Unknown |
| | Is tower compliant with Rev G? | Yes |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1032960 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 41° 52' 44.0" N- |
| | Longitude (NAD83) | 087° 38' 08.0" W- |
| | Overall Structure Height | 1722.09 feet |
| | Support Structure Height | 1435.35 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 595.14 feet |

| | | |
|--|------------------|----------------------------|
| | Structure Type | BMAST - Building with Mast |
| | Tower Owner | 233 Broadcast, LLC |
| | Date Constructed | 09/30/2012 |

**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 |
|-------------|-----------|---------|
| 60539 | WXFT-DT | DTV |
| 74178 | WKSC-FM | FM |
| 10801 | WFMT | FM |
| 9613 | WBBM-FM | FM |
| 73228 | WLS-FM | FM |
| 43176 | WMAO-TV | DTV |
| 48772 | WPWR-TV | DTV |
| 51165 | WGCI-FM | FM |
| 32334 | WJYS | DTV |
| 28621 | WJMK | FM |
| 66978 | WEDE-CD | DTV |
| 71425 | WWME-CD | DTV |
| 9617 | WBBM-TV | DTV |
| 70119 | WSNS-TV | DTV |
| 6377 | WTMX | FM |
| 168662 | WMEU-CD | DTV |
| 53971 | WEBG | FM |

| | | |
|-------|---------|-----|
| 22211 | WFLD | DTV |
| 72115 | WGN-TV | DTV |
| 73226 | WLS-TV | DTV |
| 71428 | WCIU-TV | DTV |
| 10802 | WTTW | DTV |
| 70042 | WLIT-FM | FM |
| 12498 | WGBO-DT | DTV |

**Primary
Tower**

Tower Modification Costs

| Section | Question | Response |
|-----------------------------|--|--------------------------|
| Engineering Study | Please what type of engineering study is required, if any: | No study needed |
| Tower Reinforcements | Please select whether tower reinforcements are needed: | No reinforcements needed |

**Primary
Tower**

Tower Rigging Costs

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

**Primary
Tower**

Other Tower Expenses Not Listed

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 | Required by tower landlord. |
| 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 | Yes |
| | Environmental Assessment | Yes |
| | ASR Modification | Yes |
| | FAA Consultation (including preparation of FAA Form 7460) | Yes |
| | Negotiation of Lease and other Matter for Shared Locations | Yes |
| | 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 | Yes |
| | 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**

Services 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 | Yes |
| | 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 THU9-12 EVO 19kW ATSC | \$971,495.94 | \$733,432.51 | | \$733,195.00 | |
| Other -- Building Addition Size: 1925.0 | <i>\$58,081.00</i> | \$58,081.00 | Please see BRE 312 Owner Quote #WTB201230-01 | \$58,081.00 | N/A |
| RF Interconnect | <i>\$22,064.94</i> | \$22,064.94 | Please see Rohde Schwarz Quotes #162279. 5.WCPX(ION). RFS plus applicable tax | \$22,064.94 | N/A |
| Removal of existing equipment | <i>\$111,650.00</i> | \$111,650.00 | Please see attached Great Lakes Plumbing Heating Quote 98th floor decommissioning project, Chicago Electric Company Quote Suite Demo, and Installations Services Quote 82p | \$111,650.00 | N/A |
| Other Electrical Service: Electrical installation of replacement transmitter | <i>\$95,700.00</i> | \$95,700.00 | Please see attached quotes from Chicago Electric Company #JC-19-077 & Great Lakes Heating and Plumbing #100th Exchange Project | \$95,700.00 | N/A |

| | | | | | |
|---|----------------|----------------|--|--------------|-----|
| UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW | \$684,000.00 | \$445,936.57 | Please see attached Rohde & Schwarz Quote #SQ162279.2. Estimated cost includes tax not included on quote. Rohde Schwarz Quote #248838.0. WCPX | \$445,699.06 | N/A |
| Sub-total | \$971,495.94 | \$733,432.51 | N/A | \$733,195.00 | N/A |
| Total for all systems | \$1,798,857.60 | \$1,111,756.31 | N/A | \$842,029.63 | N/A |

Components

| Actual Information | | |
|--|---|--|
| Description | File Name | |
| Other -- Building Addition Size: 1925.0 | Component Description: Amount: | Cost to repair transmitter suite after removal of pre-repack equipment. Supporting documentation is attached. \$58,081.00 |
| RF Interconnect | Component Description: Amount: | Cost of additional RF interconnect equipment. Supporting documentation is attached. This invoice has been paid. \$1,329.19 |

| | |
|-------------------------------|---|
| | <p>Component Description:</p> <p>Engineering cost for RF Filter. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$20,735.75</p> |
| Removal of existing equipment | <p>Component Description:</p> <p>Balance payment for removal of pre-repack transmitter and related equipment. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$3,625.00</p> <p>Component Description:</p> <p>Cost for removal of old transmitter equipment. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$72,500.00</p> <p>Component Description:</p> <p>1st progress payment for removal of pre-repack transmitter and related equipment. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$21,375.00</p> |

| | |
|---|---|
| | <p>Component Description:</p> <p>Cost of disconnect old electric equipment. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$14,150.00</p> |
| Other Electrical Service: Electrical installation of replacement transmitter | <p>Component Description:</p> <p>Cost for installation of heat exchangers and related equipment for new transmitter. Supporting documentation is attached.</p> <p>Amount:</p> <p>\$33,700.00</p> <p>Component Description:</p> <p>Cost for installation of electrical equipment related to new transmitter. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$62,000.00</p> |
| UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW | <p>Component Description:</p> <p>3rd milestone payment (35%) for primary transmitter. Supporting documentation is attached.</p> <p>Amount:</p> <p>\$155,705.42</p> |

| | |
|-------------------------------|--|
| Component Description: | 35% "upon proof of performance" payment for primary transmitter. Supporting documentation is attached. |
| Amount: | \$155,705.42 |

| | |
|-------------------------------|---|
| Component Description: | \$1,000 "deposit" on primary transmitter. Supporting documentation is attached. This invoice has been paid. |
| Amount: | \$1,062.50 |

| | |
|-------------------------------|--|
| Component Description: | 2nd milestone payment (30%) for primary transmitter. Supporting documentation is attached. This invoice has been paid. |
| Amount: | \$132,461.78 |

| | |
|-------------------------------|---|
| Component Description: | Cost of additional parts for transmitter plumbing system. Supporting documentation is attached. This invoice has been paid. |
| Amount: | \$763.94 |

Cost Information

Antennas

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|-----------------------|--|---------------------|---------------------------|
| Primary Antenna PHP24C | \$108,572.86 | \$105,666.67 | | \$56,473.57 | |
| Combiner Reconfiguration Labor | <i>\$7,142.86</i> | \$7,142.86 | See attached Willis Tower Facility Repack Engineering Statement Exhibit. | N/A | N/A |
| Combiner Module Staging and Delivery | <i>\$3,333.33</i> | \$3,333.33 | See attached Willis Tower Facility Repack Engineering Statement Exhibit. | N/A | N/A |
| Combiner Module Freight | <i>\$3,000.00</i> | \$3,000.00 | See attached Willis Tower Facility Repack Engineering Statement Exhibit. | N/A | N/A |
| Combiner Tuning and Commissioning | <i>\$4,166.67</i> | \$4,166.67 | See attached Willis Tower Facility Repack Engineering Statement Exhibit. | N/A | N/A |
| Adding a module to existing combiner (without antenna) | \$84,200.00 | \$81,623.81 | Please see attached quotes from BRE 312 #001-WCPX-TV_IJ and #EQO001837Q_6-6 WCPX | \$56,473.57 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$108,572.86 | \$105,666.67 | N/A | \$56,473.57 | N/A |
| Total for all systems | \$1,798,857.60 | \$1,111,756.31 | N/A | \$842,029.63 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| Combiner Reconfiguration Labor | Information not provided. |
| Combiner Module Staging and Delivery | Information not provided. |
| Combiner Module Freight | Information not provided. |
| Combiner Tuning and Commissioning | Information not provided. |
| Adding a module to existing combiner (without antenna) | <p>Component Description: Sales tax for adding a module to existing combiner. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount: \$2,387.20</p> <p>Component Description: Cost for adding a module to existing combiner. Supporting documentation is attached.</p> <p>Amount: \$50,852.90</p> <p>Component Description: Cost of additional equipment for shared combiner. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount: \$1,766.80</p> |

| | |
|--------------------------------|---|
| | <p>Component Description:</p> <p>Additional cost for combiner module. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$1,466.67</p> |
| | <p>Component Description:</p> <p>Additional costs for combiner module. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$11,735.49</p> |
| | <p>Component Description:</p> <p>Additional cost of adding module to existing combiner. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$13,414.75</p> |
| Sweep test of existing antenna | 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 | \$20,833.33 | \$20,833.33 | | \$3,867.06 | |
| Transmission Line Installation | \$20,833.33 | \$20,833.33 | See attached Willis Tower Facility Repack Engineering Statement Exhibit. | \$3,867.06 | N/A |
| Sub-total | \$20,833.33 | \$20,833.33 | N/A | \$3,867.06 | N/A |
| Total for all systems | \$1,798,857.60 | \$1,111,756.31 | N/A | \$842,029.63 | N/A |

Components

| Actual Information Description | File Name |
|--------------------------------|---|
| Transmission Line Installation | <div><div>Component Description:</div><div>Cost related to transmission line installation. Supporting documentation is attached. This invoice has been paid.</div><div>Amount:</div><div>\$150.00</div></div> |

Component Description:

Cost related to
transmission line
installation.
Supporting
documentation is
attached. This
invoice has been
paid.
\$3,717.06

Amount:

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 BMAST | \$421,000.00 | \$0.00 | | \$0.00 | |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | \$421,000.00 | \$0.00 | N/A | N/A | N/A |
| Sub-total | \$421,000.00 | \$0.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,798,857.60 | \$1,111,756.31 | N/A | \$842,029.63 | 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 |
|--|-----------------------------|---------------------|--|-------------------|---------------------------|
| Outside Professional Services | \$189,650.00 | \$168,583.33 | | \$8,513.86 | |
| Project management of the transition | \$28,440.00 | \$15,833.33 | See attached Willis Tower Facility Repack Engineering Statement Exhibit. | \$3,178.97 | N/A |
| RF Exposure Measurements | \$21,050.00 | \$20,000.00 | N/A | N/A | N/A |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$80,000.00 | N/A | N/A | N/A |
| 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 |
| ASR modification (prepare FCC Form 854) | \$2,105.00 | \$2,000.00 | N/A | N/A | N/A |
| Environmental Assessment, if triggered by | \$10,520.00 | \$10,000.00 | N/A | N/A | N/A |

NEPA Section
106 review or
for certain
structures over
450 feet

| | | | | | |
|--|------------|------------|-----|------------|--|
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$3,500.00 | N/A | \$529.40 | N/A |
| Attorney Fees - Negotiation of lease and other matters for shared locations | \$4,210.00 | \$4,000.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,250.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | \$4,742.99 | Duplicate line item. ION is only requesting reimbursemen for Invoice Dated 5/1 /2018. |
| 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 | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |

engineering
section of FCC
Form 2100
(main),
Construction
Permit
Application

| | | | | | |
|--|----------------|----------------|-----|--------------|-----|
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | \$62.50 | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| NEPA Section 106 environmental review, if needed | \$6,310.00 | \$6,000.00 | N/A | N/A | N/A |
| Sub-total | \$189,650.00 | \$168,583.33 | N/A | \$8,513.86 | N/A |
| Total for all systems | \$1,798,857.60 | \$1,111,756.31 | N/A | \$842,029.63 | N/A |

Components

| Actual Information | |
|--------------------------------------|-----------|
| Description | File Name |
| Project management of the transition | |

| | |
|-------------------------------|---|
| Component Description: | Cost of project management for repack transition charged by project landlord. Supporting documentation is attached. This invoice has been paid. |
| Amount: | \$150.00 |

| | |
|-------------------------------|---|
| Component Description: | Cost of project management for repack transition charged by project landlord. Supporting documentation is attached. This invoice has been paid. |
| Amount: | \$1,634.46 |

| | |
|-------------------------------|--|
| Component Description: | Project management cost for repack transition. Supporting documentation is attached. This invoice has been paid. |
| Amount: | \$1,181.11 |

| | |
|--|--|
| | <p>Component Description: Project management cost for repack transition. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount: \$58.50</p> <p>Component Description: Project management cost for repack transition. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount: \$154.90</p> |
| RF Exposure Measurements | Information not provided. |
| Comprehensive coverage verification via field study, if needed | Information not provided. |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | Information not provided. |
| ASR modification (prepare FCC Form 854) | Information not provided. |
| Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet | Information not provided. |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | |

| | |
|--|---|
| | <p>Component Description:</p> <p>Cost of legal fees related to phase waiver. Supporting documentation and explanation of variance are attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$529.40</p> |
| Attorney Fees - Negotiation of lease and other matters for shared locations | 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 | <p>Component Description:</p> <p>Invoice for WCPX's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff. Hourly supporting documentation and invoice attached.</p> <p>Amount:</p> <p>\$4,742.99</p> |

| | |
|--|---|
| | <p>Component Description:</p> <p>Invoice for WCPX's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff. Cover letter, hourly supporting documentation and invoice attached.</p> <p>Amount:</p> <p>\$4,742.99</p> |
| | <p>Component Description:</p> <p>Invoice for station's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff and has provided corrected supporting documentation.</p> <p>Amount:</p> <p>\$4,837.97</p> |
| 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:</p> <p>Cost of engineering consultant work for new channel assignment and antenna development. Hourly supporting documentation attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$62.50</p> |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. |
| Prepare and or review reimbursement form | Information not provided. |
| NEPA Section 106 environmental review, if needed | 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 | \$87,305.47 | \$83,240.47 | | \$39,980.14 | |
| MVPD Notification of Channel Change | <i>\$6,000.00</i> | \$6,000.00 | A second notification was needed because of WCPX's change from phase 8 to phase 6 | \$6,000.00 | N/A |
| Develop and air announcement of upcoming channel change | <i>\$0.00</i> | \$0.00 | The amount is yet to be determined (TBD) and ION will submit on-air announcement costs when finalized. | N/A | N/A |
| Equipment Storage | <i>\$4,225.47</i> | \$4,225.47 | See attached Willis Tower Facility Repack Engineering Statement Exhibit. | \$3,892.14 | N/A |
| Equipment Delivery and Handling Charges | <i>\$10,000.00</i> | \$10,000.00 | N/A | \$9,388.00 | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$15,000.00</i> | \$15,000.00 | N/A | \$13,200.00 | N/A |

| | | | | | |
|---|-----------------------|-----------------------|------------|---------------------|------------|
| Non-zoning permits | \$15,000.00 | \$15,000.00 | N/A | N/A | N/A |
| Local Zoning | \$25,000.00 | \$25,000.00 | N/A | 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 | \$7,500.00 | N/A | \$7,500.00 | N/A |
| Sub-total | \$87,305.47 | \$83,240.47 | N/A | \$39,980.14 | N/A |
| Total for all systems | \$1,798,857.60 | \$1,111,756.31 | N/A | \$842,029.63 | N/A |

Components

| Actual Information | | |
|-------------------------------------|---|--|
| Description | File Name | |
| MVPD Notification of Channel Change | Component Description: Amount: | Cost of MVPD notifications for channel change. Supporting documentation is attached. This invoice has been paid. \$3,000.00 |

| | |
|---|---|
| | <p>Component Description:</p> <p>Cost of MVPD notifications for channel change. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$3,000.00</p> |
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Storage | <p>Component Description:</p> <p>Cost of storage for transmitter equipment before space was ready for install. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$3,892.14</p> |
| Equipment Delivery and Handling Charges | <p>Component Description:</p> <p>Cost to move transmitter equipment from loading dock up to transmitter suite. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$1,480.00</p> |

| | |
|--|--|
| | <p>Component Description:</p> <p>Cost of freight for transmitter equipment. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$7,908.00</p> |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <p>Component Description:</p> <p>Cost for disposal of concrete from transmitter suite. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$13,200.00</p> |
| Non-zoning permits | Information not provided. |
| Local Zoning | Information not provided. |
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. |
| DTV Medical Facility Notification | <p>Component Description:</p> <p>Cost of medical notifications for channel change. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$7,500.00</p> |

| Cost Information | Grand Total | | |
|-----------------------|-----------------------------|----------------|--------------|
| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
| Total for all systems | \$1,798,857.60 | \$1,111,756.31 | \$842,029.63 |

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

Mario Vasquez
Vice
President -
Finance,
Operations

| Certification | Section | Question | Response |
|---------------|--|---|----------|
| | Submission of Actual Cost Documentation Statements | <p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p> | |
| | | <ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 4. The above-named entity acknowledges the submission of the information herein | |

creates no obligation on the part of the government to pay any amount.

5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.
8. The above-named entity acknowledges that overpayments or payments in error

| | | |
|--|--|--|
| | <p>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>Mario Vasquez <i>Vice President - Finance, Operations</i></p> <p>03/03/2021</p> |

Attachments