



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **35584** | Service: **DTV** | Call **KSAX** | Channel: **24 (UHF)** |  
ID: | Sign:  
File **0000025416**  
Number:  
FRN: **0002629566** | Date **09/15**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>KSAX-TV, INC.</b> Doing Business As: KSAX-TV, INC.	Ryan Vandewiele 3415 UNIVERSITY AVE., WEST ST. PAUL, MN 55114 United States	+1 (651) 642-4334	RVandewiele@hbi. 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
<b>Charles R. Naftalin</b> <i>LEGAL COUNSEL</i> <i>HOLLAND &amp; KNIGHT LLP</i>	Charles Naftalin Holland & Knight, 800 17th Street, NW Suite 1100 Washington, DC 20006 United States	+1 (202) 955- 3000	charles. naftalin@hklaw.com

**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	The station will replace its owned antenna on its existing tower with a new antenna on a top-mounted omni-directional pylon on a supporting pole. The station also expects to require an interim antenna to avoid notable service disruptions. See Exhibit 1.

**Transmitters**

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

**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	DHD-15P1
	Year	2002
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	15 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?	No
	Manufacturer	
	Model	THU9evo-4
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	6.5 kW
	Justification for New Transmitter	Current primary solid state transmitter has been classified by manufacturer as unable to be re-tuned to new UHF channel. Price includes new exciters and mask filter.

**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 service related to a transformer of a size not specified above.
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

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

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	80.0 kW

Manufacturer	
Model	TFU-25J
Year	1985



Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	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/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) .....	55.3 kW
	Manufacturer	

Model	ATW22H3-ETO-24L
Year	2017
Justification for New Antenna	Existing antenna is unable to be re-tuned to new repacked channel. See Exhibit 1.

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	
<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.

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/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) .....	80.0 kW
	Manufacturer	
	Model	ALP32L3- HSO-42
	Year	2017

	Justification for New Antenna	Interim antenna is necessary to avoid loss of broadcast service during transition to new (repacked) channel. See Exhibit 1.
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## Interim Antenna

### Other Antenna Costs

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	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
<b>Existing Transmission Line Description</b>	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
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Waveguide
	Diameter	N/A
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	11.95 feet
	Number of parallel runs	1
	Length	1250 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1200 feet per run
	Justification for New Transmission Line	Current transmission line could not be used due to frequency change. See Exhibit 1.

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

Information not provided.



**Interim**  
**Transmission Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Rigid
	Diameter	6 1/8 inches
	Segment Length	20'
	Other Segment Length	
	Number of parallel runs	1
	Length	1100 feet per run
	Justification for New Transmission Line	Additional transmission line needed for interim facility to facilitate smooth transition to new channel. See Exhibit 1.

**Interim**  
**Transmission Line**

**Other Transmission Line Expenses Not Listed**

Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	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?	No
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1025694
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	45° 41' 59.0" N-
	Longitude (NAD83)	095° 10' 36.0" W-
	Overall Structure Height	1191.91 feet
	Support Structure Height	1139.75 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1356.94 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	KSAX-TV, INC.
	Date Constructed	09/01/1987

**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?	Yes

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	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	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<b>RF Field Engineering Services</b>	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**

<b>Name</b>	<b>Description</b>
<b>Coverage Verification, Interim Antenna</b>	Coverage verification (field study) for interim antenna operations. See Exhibit 1.
<b>Internal Staff Work</b>	See Exhibit 1.
<b>RF exposure measurements, interim antenna</b>	RF exposure measurements for interim antenna operations. See Exhibit 1.
<b>Outside Legal Analysis and Advice</b>	Analysis and guidance provided by outside legal counsel with respect to repacking deadlines and other FCC requirements. See Exhibit 2 (Jan 2018).



## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<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?	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**

Name	Description
Transmitter control	Remote control needed to comply with FCC requirements for main studio control of transmitters.
Sales Tax	Minnesota state and local taxes



## 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 THU9evo-4</b>	<b>\$286,170.00</b>	<b>\$286,170.00</b>		<b>\$278,504.95</b>	
Other Electrical Service: Electrical service related to a transformer of a size not specified above.	<i>\$12,670.00</i>	\$12,670.00	N/A	\$12,670.00	N/A
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$273,500.00	N/A	\$265,834.95	N/A
<b>Sub-total</b>	<b>\$286,170.00</b>	<b>\$286,170.00</b>	<b>N/A</b>	<b>\$278,504.95</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,948,897.51</b>	<b>\$1,912,960.39</b>	<b>N/A</b>	<b>\$1,301,259.96</b>	<b>N/A</b>

### Components

#### Actual Information

Description

File Name

<p>Other Electrical Service: Electrical service related to a transformer of a size not specified above.</p>	<table> <tr> <td><b>Component Description:</b></td><td>Work performed on the station's primary transmitter.</td></tr> <tr> <td><b>Amount:</b></td><td>\$10,000.00</td></tr> </table>	<b>Component Description:</b>	Work performed on the station's primary transmitter.	<b>Amount:</b>	\$10,000.00								
<b>Component Description:</b>	Work performed on the station's primary transmitter.												
<b>Amount:</b>	\$10,000.00												
	<table> <tr> <td><b>Component Description:</b></td><td>Work performed on the station's primary transmitter.</td></tr> <tr> <td><b>Amount:</b></td><td>\$2,670.00</td></tr> </table>	<b>Component Description:</b>	Work performed on the station's primary transmitter.	<b>Amount:</b>	\$2,670.00								
<b>Component Description:</b>	Work performed on the station's primary transmitter.												
<b>Amount:</b>	\$2,670.00												
<p>UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW</p>	<table> <tr> <td><b>Component Description:</b></td><td>Materials for transmission line components that will connect the new channel 24 transmitter to the new channel 24 antenna.</td></tr> <tr> <td><b>Amount:</b></td><td>\$2,158.88</td></tr> <tr> <td><b>Component Description:</b></td><td>Materials are for transmission line components that will connect the new channel 24 transmitter to the new channel 24 antenna.</td></tr> <tr> <td><b>Amount:</b></td><td>\$5,532.11</td></tr> <tr> <td><b>Component Description:</b></td><td>Work performed on primary transmitter.</td></tr> <tr> <td><b>Amount:</b></td><td>\$145,711.10</td></tr> </table>	<b>Component Description:</b>	Materials for transmission line components that will connect the new channel 24 transmitter to the new channel 24 antenna.	<b>Amount:</b>	\$2,158.88	<b>Component Description:</b>	Materials are for transmission line components that will connect the new channel 24 transmitter to the new channel 24 antenna.	<b>Amount:</b>	\$5,532.11	<b>Component Description:</b>	Work performed on primary transmitter.	<b>Amount:</b>	\$145,711.10
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<b>Amount:</b>	\$5,532.11												
<b>Component Description:</b>	Work performed on primary transmitter.												
<b>Amount:</b>	\$145,711.10												

<b>Component Description:</b>	One cable attenuator for connecting non-linear sample to transmitter; one cable for monitoring forward RF power; and one cable for monitoring reflected power.
<b>Amount:</b>	\$480.63

<b>Component Description:</b>	One of multiple invoices under PO #106640 for the KSAX new primary channel 24 transmitter.
<b>Amount:</b>	\$14,811.49

<b>Component Description:</b>	Work performed on the primary transmitter.
<b>Amount:</b>	\$72,855.55

<b>Component Description:</b>	Work performed on primary transmitter.
<b>Amount:</b>	\$24,285.19

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**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>Interim Antenna ALP32L3- HSO-42</b>	<b>\$124,540.00</b>	<b>\$95,926.70</b>		<b>\$70,792.93</b>	
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$2,500.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$14,977.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$10,204.38	Please see attached letter dated April 29, 2019.	\$10,204.38	Please see letter attached to Electronics Research, Inc., - Inv 52367 dated November 30, 2018.

UHF - Lower Power Side Mount, One station antenna - medium power (50- 200 kW), horizontally polarized	\$89,400.00	\$68,245.32	N/A	\$60,588.55	N/A
<b>Primary Antenna ATW22H3- ETO-24L</b>	<b>\$305,800.00</b>	<b>\$253,723.18</b>		<b>\$214,870.00</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$6,250.00	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$242,323.18	N/A	\$208,620.00	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$5,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$430,340.00</b>	<b>\$349,649.88</b>	<b>N/A</b>	<b>\$285,662.93</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,948,897.51</b>	<b>\$1,912,960.39</b>	<b>N/A</b>	<b>\$1,301,259.96</b>	<b>N/A</b>

## Components

Actual Information	
Description	File Name
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	Information not provided.
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.
Sweep test of existing antenna	<div> <b>Component Description:</b> Portion of invoice regarding system sweep of the interim antenna.  <b>Amount:</b> \$3,125.00 </div> <div> <b>Component Description:</b> Portion of invoice regarding sweep test of the interim antenna.  <b>Amount:</b> \$3,954.38 </div> <div> <b>Component Description:</b> Portion of work regarding the system sweep of the interim antenna.  <b>Amount:</b> \$3,125.00 </div>

<p>UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized</p>	<table> <tr> <td data-bbox="715 174 1023 208"><b>Component Description:</b></td><td data-bbox="1158 174 1362 324">Portion of invoice for work performed on interim antenna.</td></tr> <tr> <td data-bbox="715 336 826 369"><b>Amount:</b></td><td data-bbox="1158 336 1292 369">\$37,601.05</td></tr> <tr> <td data-bbox="715 477 1023 510"><b>Component Description:</b></td><td data-bbox="1158 477 1362 627">Portion of invoice for work performed on interim antenna.</td></tr> <tr> <td data-bbox="715 638 826 672"><b>Amount:</b></td><td data-bbox="1158 638 1292 672">\$22,987.50</td></tr> <tr> <td data-bbox="715 779 1023 813"><b>Component Description:</b></td><td data-bbox="1158 779 1362 813">Please disregard.</td></tr> <tr> <td data-bbox="715 813 826 846"><b>Amount:</b></td><td data-bbox="1158 813 1206 846">N/A</td></tr> </table>	<b>Component Description:</b>	Portion of invoice for work performed on interim antenna.	<b>Amount:</b>	\$37,601.05	<b>Component Description:</b>	Portion of invoice for work performed on interim antenna.	<b>Amount:</b>	\$22,987.50	<b>Component Description:</b>	Please disregard.	<b>Amount:</b>	N/A
<b>Component Description:</b>	Portion of invoice for work performed on interim antenna.												
<b>Amount:</b>	\$37,601.05												
<b>Component Description:</b>	Portion of invoice for work performed on interim antenna.												
<b>Amount:</b>	\$22,987.50												
<b>Component Description:</b>	Please disregard.												
<b>Amount:</b>	N/A												
<p>Sweep test of existing antenna</p>	<table> <tr> <td data-bbox="715 987 1023 1021"><b>Component Description:</b></td><td data-bbox="1158 987 1370 1137">Portion of invoice regarding sweep test of the primary antenna.</td></tr> <tr> <td data-bbox="715 1149 826 1182"><b>Amount:</b></td><td data-bbox="1158 1149 1276 1182">\$1,875.00</td></tr> <tr> <td data-bbox="715 1290 1023 1323"><b>Component Description:</b></td><td data-bbox="1158 1290 1350 1357">Work performed on sweep test.</td></tr> <tr> <td data-bbox="715 1368 826 1402"><b>Amount:</b></td><td data-bbox="1158 1368 1257 1402">\$625.00</td></tr> <tr> <td data-bbox="715 1509 1023 1543"><b>Component Description:</b></td><td data-bbox="1158 1509 1362 1693">Portion of invoice for work performed on sweet test of primary antenna.</td></tr> <tr> <td data-bbox="715 1704 826 1738"><b>Amount:</b></td><td data-bbox="1158 1704 1276 1738">\$3,750.00</td></tr> </table>	<b>Component Description:</b>	Portion of invoice regarding sweep test of the primary antenna.	<b>Amount:</b>	\$1,875.00	<b>Component Description:</b>	Work performed on sweep test.	<b>Amount:</b>	\$625.00	<b>Component Description:</b>	Portion of invoice for work performed on sweet test of primary antenna.	<b>Amount:</b>	\$3,750.00
<b>Component Description:</b>	Portion of invoice regarding sweep test of the primary antenna.												
<b>Amount:</b>	\$1,875.00												
<b>Component Description:</b>	Work performed on sweep test.												
<b>Amount:</b>	\$625.00												
<b>Component Description:</b>	Portion of invoice for work performed on sweet test of primary antenna.												
<b>Amount:</b>	\$3,750.00												

UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized

**Component Description:**

Portion of invoice for work performed on primary antenna. Please see attached cover letter.

**Amount:**

\$90,372.00

**Component Description:**

Portion of invoice for work performed on the primary antenna.

**Amount:**

\$45,186.00

**Component Description:**

Remove existing primary 42 top mount antenna and install new Ch. 24 top mount antenna and transmission line.

**Amount:**

\$45,000.00

**Component Description:**

Work performed on the primary antenna.

**Amount:**

\$15,062.00

**Component Description:**

Installation of 50' ERI top mounted TV antenna.

**Amount:**

\$13,000.00

**Component Description:**

Please disregard  
N/A

**Component Description:**

Please disregard  
N/A



Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	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	\$222,200.00	\$177,998.00		\$170,740.74	
Rigid Transmission Line - copper, 6 1/8"	\$222,200.00	\$177,998.00	N/A	\$170,740.74	N/A
Primary Transmission Line	\$170,400.00	\$124,185.00		\$124,184.18	
Rigid Transmission Line - copper, 4 1/16"	\$170,400.00	\$124,185.00	Please see attached quote for the updated cost information, which remains far less than the default cost for this line item.	\$124,184.18	N/A
Sub-total	\$392,600.00	\$302,183.00	N/A	\$294,924.92	N/A
Total for all systems	\$1,948,897.51	\$1,912,960.39	N/A	\$1,301,259.96	N/A

Components

Actual Information	
Description	File Name

Rigid Transmission Line - copper, 6 1/8"	<div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> Credit Invoice  (\$4,315.36) </div>
	<div> <b>Component Description:</b>          <b>Amount:</b> </div> <div> Portion of invoice  for work  performed on  interim  transmission line.    \$87,528.05 </div>
	<div> <b>Component Description:</b>          <b>Amount:</b> </div> <div> Portion of invoice  for work  performed on  interim  transmission line.    \$87,528.05 </div>
Rigid Transmission Line - copper, 4 1/16"	<div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> Credit Invoice  (\$1,074.81) </div>
	<div> <b>Component Description:</b>          <b>Amount:</b> </div> <div> Portion of invoice  for work  performed on  primary  transmission line.    \$35,617.62 </div>
	<div> <b>Component Description:</b>            <b>Amount:</b> </div> <div> Hardware and  tools needed for  installing  transmission line  on KSAX  transmitter.    \$45.76 </div>

<b>Component Description:</b>	Equipment for the station's primary transmission line.
<b>Amount:</b>	\$2,181.74

<b>Component Description:</b>	Work performed on the primary transmission line.
<b>Amount:</b>	\$11,872.54

<b>Component Description:</b>	Portion of invoice for work performed on primary transmission line.
<b>Amount:</b>	\$71,235.24

<b>Component Description:</b>	Cost of additional parts for the station's primary transmission line.
<b>Amount:</b>	\$3,002.53

<b>Component Description:</b>	Flanged elbows for primary transmission line.
<b>Amount:</b>	\$1,303.56

---

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	\$481,800.00	\$462,000.00		\$201,963.55	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Tower Helicopter Lift	<i>\$87,000.00</i>	\$87,000.00	N/A	\$74,000.00	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	\$7,000.00	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	\$120,963.55	N/A
Sub-total	\$481,800.00	\$462,000.00	N/A	\$201,963.55	N/A
Total for all systems	\$1,948,897.51	\$1,912,960.39	N/A	\$1,301,259.96	N/A

Components

Actual Information	
Description	File Name
Tall Tower (greater than 500')	Information not provided.

Tower Helicopter Lift	<div> <b>Component Description:</b> <p>Helicopter rental for placement of 50' antenna. The helicopter lift was determined to be necessary to meet the FCC repacking deadline. See attached letter and quotes.</p> </div> <div> <b>Amount:</b> <p>\$74,000.00</p> </div>
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<div> <b>Component Description:</b> <p>Tower mapping</p> </div> <div> <b>Amount:</b> <p>\$7,000.00</p> </div>
Minor tower reinforcement /modifications	<div> <b>Component Description:</b> <p>Design structural modifications as required by structural analysis results and prepare modification working drawings and technical specification notes.</p> </div> <div> <b>Amount:</b> <p>\$7,000.00</p> </div> <div> <b>Component Description:</b> <p>Work performed regarding the installation of the interim antenna, including labor, subsistence, job materials and tax.</p> </div> <div> <b>Amount:</b> <p>\$62,052.72</p> </div>

<b>Component Description:</b>	Modification materials per Malouf Engineering (includes tax).
<b>Amount:</b>	\$6,790.83

<b>Component Description:</b>	Perform structural analysis and engineering report.
<b>Amount:</b>	\$6,000.00

<b>Component Description:</b>	Perform top section, plate structural analysis and structural reanalysis of site for new scenario.
<b>Amount:</b>	\$5,500.00

<b>Component Description:</b>	Costs to remove side mounted interim TV antenna, 6" rigid coax line, hangers, and all associated hardware from KSAX tower.
<b>Amount:</b>	\$23,000.00

<b>Component Description:</b>	Items for tower modification to allow structure to support the primary and interim antennas.
<b>Amount:</b>	\$33,620.00

---

**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>\$270,071.50</b>	<b>\$425,386.50</b>		<b>\$191,711.62</b>	
Outside Legal Analysis and Advice	<i>\$16,067.50</i>	\$16,067.50	These costs were incurred in obtaining advice from outside counsel regarding the FCC requirements other than the Form 2100 or reimbursement, including periodic progress reports, repacking deadlines and other FCC requirements. See Exhibit 2.	\$15,725.50	See Exhibit 2.
RF exposure measurements, interim antenna	<i>\$20,000.00</i>	\$20,000.00	See Exhibit 1.	N/A	N/A



Internal Staff Work	<b>\$20,674.00</b>	\$20,674.00	See Exhibit 1.	\$4,724.62	Although subtotal greater approval estimate additional explanation provide Exhibit 2a. Exhibit links to expense the cost Internal Invoices (3558)
Coverage Verification, Interim Antenna	<b>\$80,000.00</b>	\$80,000.00	See Exhibit 1.	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$8,500.00	See quote attached to invoices.	\$5,628.50	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$3,600.00	Please see quote attached to invoices.	\$2,601.00	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$7,173.25	See Exhibit 2. Unexpected additional costs resulted from necessary changes in repacked facility and post-filing follow-up with the FCC to address issues in online database.	\$7,173.25	See Exhibit 2. Unexpected additional costs resulted from necessary changes in repacked facility and post-filing follow-up with the FCC to address issues in online database.
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), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$500.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$156,371.75	See Exhibit 2 (January 2018) and quote attached to invoices.	\$152,858.75	See Exhibit 2. Costs incurred for significant revision of reimbursement form due to change in repacked facility and response to FCC request (and change in contract information).

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$750.00	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,750.00	N/A
<b>Sub-total</b>	\$270,071.50	\$425,386.50	N/A	\$191,711.62	N/A
<b>Total for all systems</b>	\$1,948,897.51	\$1,912,960.39	N/A	\$1,301,259.96	N/A

## Components

Actual Information	
Description	File Name
Outside Legal Analysis and Advice	<b>Component Description:</b>
	Portion of invoice relevant to FCC transition requirement.
	<b>Amount:</b>
	\$1,026.00
	<b>Component Description:</b>
	Portion of invoice relevant to FCC transition requirement.
	<b>Amount:</b>
	\$1,539.00

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$835.50

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$79.50

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$265.50

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$1,840.00

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$1,111.50

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$342.00

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$2,067.00

<b>Component Description:</b>	Fee for attorney work regarding FCC repacking requirements, including transition progress reports
<b>Amount:</b>	\$118.00

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$3,796.50

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$715.50

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$1,009.00

<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
<b>Amount:</b>	\$366.00

	<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
	<b>Amount:</b>	\$459.50
	<b>Component Description:</b>	Please disregard.
	<b>Amount:</b>	N/A
	<b>Component Description:</b>	Portion of invoice relevant to FCC transition requirement.
	<b>Amount:</b>	\$155.00
RF exposure measurements, interim antenna	Information not provided.	
Internal Staff Work	<b>Component Description:</b>	Expenses related to repack project.
	<b>Amount:</b>	\$343.25
	<b>Component Description:</b>	Ed Smith travel expenses (July 2018)
	<b>Amount:</b>	\$353.82
	<b>Component Description:</b>	Copy and document expenses for blueprint creation and transmission for new KSAX facility.
	<b>Amount:</b>	\$5.00

<b>Component Description:</b>	Including pay stubs from an entity that is commonly owned with the licensee of KSAX-TV, Inc.
<b>Amount:</b>	\$923.95

<b>Component Description:</b>	Including pay stubs from an entity that is commonly owned with the licensee KSAX-TV, Inc.
<b>Amount:</b>	\$1,098.12

<b>Component Description:</b>	Cannot delete cost component section. Please disregard.
<b>Amount:</b>	N/A

<b>Component Description:</b>	This material document summarizes costs, as reimbursed by licensee parent, for travel expenses for trip to KSAX antenna site. Supporting documentation for all expenses reimbursed is also attached. See also Exhibit 2a per staff request.
<b>Amount:</b>	\$222.91

	<p><b>Component Description:</b> Including pay stubs from an entity that is commonly owned with the licensee of KSAX-TV, Inc.</p> <p><b>Amount:</b> \$1,777.57</p>
Coverage Verification, Interim Antenna	Information not provided.
RF Exposure Measurements	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	<p><b>Component Description:</b> Portion of invoice relevant to STA application.</p> <p><b>Amount:</b> \$1,669.00</p> <p><b>Component Description:</b> Portion of invoice relevant to preparation of STA application.</p> <p><b>Amount:</b> \$556.50</p> <p><b>Component Description:</b> Portion of invoice relevant to STA application.</p> <p><b>Amount:</b> \$1,506.50</p> <p><b>Component Description:</b> Portion of invoice relevant to preparation of STA application.</p> <p><b>Amount:</b> \$1,896.50</p>



Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	<table><tr><td data-bbox="702 174 1018 210"><b>Component Description:</b></td><td data-bbox="1147 174 1353 367">Portion of invoice relevant to preparation of license to cover application.</td></tr><tr><td data-bbox="702 376 815 412"><b>Amount:</b></td><td data-bbox="1147 376 1267 412">\$2,601.00</td></tr></table>	<b>Component Description:</b>	Portion of invoice relevant to preparation of license to cover application.	<b>Amount:</b>	\$2,601.00
<b>Component Description:</b>	Portion of invoice relevant to preparation of license to cover application.				
<b>Amount:</b>	\$2,601.00				

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="702 100 1133 369"> <p><b>Component Description:</b></p> </td><td data-bbox="1133 100 1426 369"> <p>Portion of invoice relevant to preparation of construction permit application.</p> </td></tr> <tr> <td data-bbox="702 369 1133 436"> <p><b>Amount:</b></p> </td><td data-bbox="1133 369 1426 436"> <p>\$217.00</p> </td></tr> <tr> <td data-bbox="702 504 1133 750"> <p><b>Component Description:</b></p> </td><td data-bbox="1133 504 1426 750"> <p>Portion of invoice (as appropriately allocated on invoice) relevant to construction permit work.</p> </td></tr> <tr> <td data-bbox="702 750 1133 817"> <p><b>Amount:</b></p> </td><td data-bbox="1133 750 1426 817"> <p>\$447.00</p> </td></tr> <tr> <td data-bbox="702 884 1133 1153"> <p><b>Component Description:</b></p> </td><td data-bbox="1133 884 1426 1153"> <p>Portion of invoice (including allocations as marked on invoice) relevant to construction permit work.</p> </td></tr> <tr> <td data-bbox="702 1153 1133 1220"> <p><b>Amount:</b></p> </td><td data-bbox="1133 1153 1426 1220"> <p>\$4,639.50</p> </td></tr> <tr> <td data-bbox="702 1288 1133 1556"> <p><b>Component Description:</b></p> </td><td data-bbox="1133 1288 1426 1556"> <p>Portion of invoice (as appropriately allocated and marked on invoice) relevant to construction permit work.</p> </td></tr> <tr> <td data-bbox="702 1556 1133 1624"> <p><b>Amount:</b></p> </td><td data-bbox="1133 1556 1426 1624"> <p>\$513.50</p> </td></tr> <tr> <td data-bbox="702 1691 1133 1870"> <p><b>Component Description:</b></p> </td><td data-bbox="1133 1691 1426 1870"> <p>Portion of invoice relevant to construction permit work.</p> </td></tr> <tr> <td data-bbox="702 1870 1133 1937"> <p><b>Amount:</b></p> </td><td data-bbox="1133 1870 1426 1937"> <p>\$1,356.25</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>Portion of invoice relevant to preparation of construction permit application.</p>	<p><b>Amount:</b></p>	<p>\$217.00</p>	<p><b>Component Description:</b></p>	<p>Portion of invoice (as appropriately allocated on invoice) relevant to construction permit work.</p>	<p><b>Amount:</b></p>	<p>\$447.00</p>	<p><b>Component Description:</b></p>	<p>Portion of invoice (including allocations as marked on invoice) relevant to construction permit work.</p>	<p><b>Amount:</b></p>	<p>\$4,639.50</p>	<p><b>Component Description:</b></p>	<p>Portion of invoice (as appropriately allocated and marked on invoice) relevant to construction permit work.</p>	<p><b>Amount:</b></p>	<p>\$513.50</p>	<p><b>Component Description:</b></p>	<p>Portion of invoice relevant to construction permit work.</p>	<p><b>Amount:</b></p>	<p>\$1,356.25</p>
<p><b>Component Description:</b></p>	<p>Portion of invoice relevant to preparation of construction permit application.</p>																				
<p><b>Amount:</b></p>	<p>\$217.00</p>																				
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<p><b>Component Description:</b></p>	<p>Portion of invoice (including allocations as marked on invoice) relevant to construction permit work.</p>																				
<p><b>Amount:</b></p>	<p>\$4,639.50</p>																				
<p><b>Component Description:</b></p>	<p>Portion of invoice (as appropriately allocated and marked on invoice) relevant to construction permit work.</p>																				
<p><b>Amount:</b></p>	<p>\$513.50</p>																				
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<p><b>Amount:</b></p>	<p>\$1,356.25</p>																				
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</p>																				

<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="707 174 1015 208"><b>Component Description:</b></td><td data-bbox="1150 174 1378 483"> <p>Portion allocable to relevant line item. The selected attachment has requested detail. Please ignore other versions of Invoice 240733.</p> </td></tr> <tr> <td data-bbox="707 495 815 528"><b>Amount:</b></td><td data-bbox="1150 495 1246 528">\$500.00</td></tr> </table>	<b>Component Description:</b>	<p>Portion allocable to relevant line item. The selected attachment has requested detail. Please ignore other versions of Invoice 240733.</p>	<b>Amount:</b>	\$500.00																
<b>Component Description:</b>	<p>Portion allocable to relevant line item. The selected attachment has requested detail. Please ignore other versions of Invoice 240733.</p>																				
<b>Amount:</b>	\$500.00																				
<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="707 667 1015 701"><b>Component Description:</b></td><td data-bbox="1150 667 1362 819"> <p>Invoice relevant to preparation of reimbursement form.</p> </td></tr> <tr> <td data-bbox="707 831 815 864"><b>Amount:</b></td><td data-bbox="1150 831 1283 864">\$12,607.00</td></tr> <tr> <td data-bbox="707 969 1015 1003"><b>Component Description:</b></td><td data-bbox="1150 969 1362 1122"> <p>Invoice relevant to preparation of reimbursement form.</p> </td></tr> <tr> <td data-bbox="707 1133 815 1167"><b>Amount:</b></td><td data-bbox="1150 1133 1267 1167">\$4,025.00</td></tr> <tr> <td data-bbox="707 1272 1015 1305"><b>Component Description:</b></td><td data-bbox="1150 1272 1362 1424"> <p>Invoice relevant to preparation of reimbursement form.</p> </td></tr> <tr> <td data-bbox="707 1435 815 1469"><b>Amount:</b></td><td data-bbox="1150 1435 1267 1469">\$5,158.00</td></tr> <tr> <td data-bbox="707 1574 1015 1608"><b>Component Description:</b></td><td data-bbox="1150 1574 1362 1727"> <p>Invoice relevant to preparation of reimbursement form.</p> </td></tr> <tr> <td data-bbox="707 1738 815 1771"><b>Amount:</b></td><td data-bbox="1150 1738 1283 1771">\$10,823.00</td></tr> <tr> <td data-bbox="707 1877 1015 1910"><b>Component Description:</b></td><td data-bbox="1150 1877 1362 2058"> <p>Portion of invoice relevant to review and preparation of reimbursement form.</p> </td></tr> <tr> <td data-bbox="707 2069 815 2103"><b>Amount:</b></td><td data-bbox="1150 2069 1283 2103">\$13,829.00</td></tr> </table>	<b>Component Description:</b>	<p>Invoice relevant to preparation of reimbursement form.</p>	<b>Amount:</b>	\$12,607.00	<b>Component Description:</b>	<p>Invoice relevant to preparation of reimbursement form.</p>	<b>Amount:</b>	\$4,025.00	<b>Component Description:</b>	<p>Invoice relevant to preparation of reimbursement form.</p>	<b>Amount:</b>	\$5,158.00	<b>Component Description:</b>	<p>Invoice relevant to preparation of reimbursement form.</p>	<b>Amount:</b>	\$10,823.00	<b>Component Description:</b>	<p>Portion of invoice relevant to review and preparation of reimbursement form.</p>	<b>Amount:</b>	\$13,829.00
<b>Component Description:</b>	<p>Invoice relevant to preparation of reimbursement form.</p>																				
<b>Amount:</b>	\$12,607.00																				
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<b>Component Description:</b>	<p>Invoice relevant to preparation of reimbursement form.</p>																				
<b>Amount:</b>	\$5,158.00																				
<b>Component Description:</b>	<p>Invoice relevant to preparation of reimbursement form.</p>																				
<b>Amount:</b>	\$10,823.00																				
<b>Component Description:</b>	<p>Portion of invoice relevant to review and preparation of reimbursement form.</p>																				
<b>Amount:</b>	\$13,829.00																				

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$7,085.50

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$4,101.50

**Component Description:** Portion of invoice relevant to review and preparation of reimbursement form.

**Amount:** \$1,716.00

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$1,903.50

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$4,657.00

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$1,990.50

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$3,115.50

**Component Description:** Portion of invoice relevant to review and preparation of reimbursement form.

**Amount:** \$5,370.00

**Component Description:** Portion of invoice relevant to review and preparation of reimbursement form.

**Amount:** \$6,523.00

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$7,349.50

**Component Description:** Portion of form relevant to the review and preparation of reimbursement form.

**Amount:** \$3,542.00

<b>Component Description:</b>	Portion of invoice relevant to preparation of reimbursement form.
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<b>Amount:</b>	\$562.00
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<b>Component Description:</b>	Portion of invoice relevant to preparation of reimbursement form.
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<b>Amount:</b>	\$2,358.50
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<b>Component Description:</b>	Portion of invoice relevant to preparation of reimbursement form.
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<b>Amount:</b>	\$79.50
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<b>Component Description:</b>	Portion of invoice relevant to preparation of reimbursement form.
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<b>Amount:</b>	\$981.00
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<b>Component Description:</b>	Portion of invoice relevant to reimbursement form.
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<b>Amount:</b>	\$1,991.00
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<b>Component Description:</b>	Portion of invoice relevant to preparation and review of reimbursement forms, including responding to further FCC requests.
<b>Amount:</b>	\$252.50

<b>Component Description:</b>	Portion of invoice relevant to preparation of reimbursement forms
<b>Amount:</b>	\$244.25

<b>Component Description:</b>	Portion of invoice relevant to review and preparation of reimbursement information, including responses to FCC requests.
<b>Amount:</b>	\$4,338.00

<b>Component Description:</b>	Portion of invoice relevant to preparation of reimbursement request
<b>Amount:</b>	\$7,757.50

<b>Component Description:</b>	Portion of invoice relevant to preparation of reimbursement form.
<b>Amount:</b>	\$8,960.50

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$2,553.50

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$1,230.50

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$8,234.50

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$3,434.50

**Component Description:** Portion of invoice relevant to preparation for reimbursement form.

**Amount:** \$159.00

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$378.00



**Component Description:** Portion of invoice relevant to review and preparation of reimbursement form.

**Amount:** \$5,141.00

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$354.00

**Component Description:** Portion of invoice relevant to preparation of reimbursement form.

**Amount:** \$1,198.00

**Component Description:** Portion of invoice relevant to review and preparation of reimbursement form.

**Amount:** \$658.50

**Component Description:** Portion of invoice relevant to review and preparation of reimbursement form.

**Amount:** \$8,196.50

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b> Preparation of technical portion of application for license to cover construction permit for re-pack channel 24.</p> <p><b>Amount:</b> \$750.00</p>
Comprehensive coverage verification via field study, if needed	Information not provided.
Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b> Engineering consultation for KSAX-TV FCC repack channel assignment.</p> <p><b>Amount:</b> \$4,568.24</p> <p><b>Component Description:</b> Portion allocable to relevant line item. The selected attachment also has requested detail. Please ignore other versions of Invoice 240733.</p> <p><b>Amount:</b> \$1,000.00</p> <p><b>Component Description:</b> Work performed regarding STA request for interim antenna.</p> <p><b>Amount:</b> \$750.00</p>

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	\$87,916.01	\$87,571.01		\$48,491.99	
Sales Tax	<i>\$19,604.02</i>	\$19,604.02	N/A	\$19,604.02	N/A
Transmitter control	<i>\$4,580.00</i>	\$4,580.00	See Exhibit 1.	N/A	N/A
MVPD Notification of Channel Change	<i>\$1,000.00</i>	\$1,000.00	See Exhibit 1.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$4,100.00</i>	\$4,100.00	See Exhibit 1.	N/A	N/A

Equipment Storage	<b>\$4,205.99</b>	\$4,205.99	N/A	\$4,530.91	Equipment storage costs were slightly higher than initially budgeted because equipment had to be stored longer than expected due to certain construction delays that were outside the control of the licensee.
Equipment Delivery and Handling Charges	<b>\$35,200.00</b>	\$35,200.00	See Exhibit 1.	\$18,972.06	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$7,146.00</b>	\$7,146.00	See Exhibit 1.	\$900.00	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$400.00	Pursuant to FCC rules, the fee for filing STA applications is \$200.	\$400.00	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	\$335.00	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$3,750.00	N/A

<b>Sub-total</b>	\$87,916.01	\$87,571.01	N/A	\$48,491.99	N/A
<b>Total for all systems</b>	\$1,948,897.51	\$1,912,960.39	N/A	\$1,301,259.96	N/A

## Components

Actual Information Description	File Name
Sales Tax	<p><b>Component Description:</b> Sales tax for the primary antenna and transmission line.</p> <p><b>Amount:</b> \$19,514.40</p> <p><b>Component Description:</b> Sales tax</p> <p><b>Amount:</b> \$89.62</p>
Transmitter control	Information not provided.
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	<p><b>Component Description:</b> Equipment storage.</p> <p><b>Amount:</b> \$299.26</p> <p><b>Component Description:</b> Please see attached cover letter.</p> <p><b>Amount:</b> \$299.26</p> <p><b>Component Description:</b> Please see attached cover letter.</p> <p><b>Amount:</b> \$270.75</p>

<b>Component Description:</b>	Equipment storage.
<b>Amount:</b>	\$299.26

<b>Component Description:</b>	Equipment storage (August 2019)
<b>Amount:</b>	\$299.26

<b>Component Description:</b>	Storage equipment (August 2018)
<b>Amount:</b>	\$299.26

<b>Component Description:</b>	Equipment storage (July 2019).
<b>Amount:</b>	\$299.26

<b>Component Description:</b>	Equipment storage.
<b>Amount:</b>	\$299.26

<b>Component Description:</b>	Equipment storage (December 2018)
<b>Amount:</b>	\$299.26

<b>Component Description:</b>	Please see attached cover letter.
<b>Amount:</b>	\$369.78

<b>Component Description:</b>	Equipment storage.
<b>Amount:</b>	\$299.26

	<b>Component Description:</b>	Storage equipment (November 2018)
	<b>Amount:</b>	\$299.26
	<b>Component Description:</b>	Storage equipment (September 2018)
	<b>Amount:</b>	\$299.26
	<b>Component Description:</b>	Storage equipment (October 2018)
	<b>Amount:</b>	\$299.26
	<b>Component Description:</b>	Equipment storage (October 2019)
	<b>Amount:</b>	\$299.26
Equipment Delivery and Handling Charges	<b>Component Description:</b>	Portion of invoice regarding equipment delivery and handling charges (primary antenna and transmission line).
	<b>Amount:</b>	\$8,250.54
	<b>Component Description:</b>	Freight
	<b>Amount:</b>	\$466.14
	<b>Component Description:</b>	Freight for primary transmission line.
	<b>Amount:</b>	\$655.90

<b>Component Description:</b>	Telehandler and forklift rental to load and unload equipment. Mr. Malecha owns the land where the KSAX tower is located.
<b>Amount:</b>	\$990.00

<b>Component Description:</b>	Please disregard
<b>Amount:</b>	N/A

<b>Component Description:</b>	Freight cost for additional parts for the station's primary transmission line.
<b>Amount:</b>	\$128.22

<b>Component Description:</b>	Portion of invoice regarding equipment delivery and handling charges (interim antenna and transmission line).
<b>Amount:</b>	\$4,208.63

<b>Component Description:</b>	Shipping cost to site
<b>Amount:</b>	\$55.00



	<b>Component Description:</b>	Portion of invoice regarding equipment delivery and handling charges (interim antenna and transmission line).
	<b>Amount:</b>	\$4,208.63
	<b>Component Description:</b>	Freight for transmitter equipment.
	<b>Amount:</b>	\$9.00
Disposal Costs (for equipment and other waste, net of any salvage value)	<b>Component Description:</b>	Tele-handler and dumpster rental (including tax)
	<b>Amount:</b>	\$900.00
FCC Filing Fees - Special Temporary Authorization request	<b>Component Description:</b>	STA application filing fee.
	<b>Amount:</b>	\$200.00
	<b>Component Description:</b>	STA application filing fee
	<b>Amount:</b>	\$200.00
FCC Filing Fees - Form 2100 license to cover application	<b>Component Description:</b>	License to cover application filing fee.
	<b>Amount:</b>	\$335.00

DTV Medical Facility Notification	<table><tr><td data-bbox="705 98 1114 392"><b>Component Description:</b></td><td data-bbox="1114 98 1434 392">Medical notification mailing.</td></tr><tr><td data-bbox="705 392 1114 394"><b>Amount:</b></td><td data-bbox="1114 392 1434 394">\$3,750.00</td></tr></table>	<b>Component Description:</b>	Medical notification mailing.	<b>Amount:</b>	\$3,750.00
<b>Component Description:</b>	Medical notification mailing.				
<b>Amount:</b>	\$3,750.00				

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$1,948,897.51	\$1,912,960.39
			\$1,301,259.96

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"> <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>Ryan Vandewiele</b>  <i>Vice President</i></p> <p>09/15/2020</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"> <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>Ryan Vandewiele</b>  <i>Vice President</i></p> <p>09/15/2020</p>

## Attachments