

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

| Facility ID: File Number: | 14001 000008 | Service: LPD 9590 | Call Sign: | KFUL-LD | Channel: 23 (UHF) |
|------------------------------------|-----------------|------------------------|---------------|--------------------|-------------------|
| FRN: 000 | 8195455 | Eligibility Status: | Eligible | Date Submitted: | 11/19 /2020 |

Applicant Name, Type, and Contact Information Applicant Information **Applicant Address** Phone Email **Applicant Type** KJLA, Mr. Francis X. +1 (310) 943fwilkinson@kjla. Limited Liability LLC Wilkinson 5288 com Company 2323 CORINTH AVENUE LOS ANGELES, CA 90064 **United States**

Reimbursement Contact Name and Information Reimbursement Contact Information

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

| Preparer | Preparer Contact Name and Information | | | | |
|------------------------|--|---------------------|--|--|--|
| Contact Information | Applicant | Address Phone Email | | | |
| | The Preparer is same as the reimbursement contact. | | | | |

| Broadcaster | Question | Response |
|-------------|----------|----------|
| Information | | |
| and | | |
| Transition | | |
| Plan | | |

| 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 | KFUL-LD Displaced from Ch 44 to Ch 23 New transmitter and antenna required. |

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

| Primary | Existing Transmitter Infor | mation | | | |
|-------------|-------------------------------------|--|--|-------------|--|
| Transmitter | Section | Question | Response | | |
| | Existing Transmitter Description | Type of change | Purchase New | | |
| | | Use | Primary (Main) | | |
| | | Ownership | Owned | | |
| | | Is this transmitter currently shared with another station? | No | | |
| | | Is this transmitter currently in operating condition? | Yes | | |
| | Existing Transmitter | Manufacturer | | | |
| | Manufacturer and Type | Model AT | AT7120 | | |
| | | Year | 2005 | | |
| | | | Туре | Solid State | |
| | | Solid State Cooling | No Yes AT7120 2005 | | |
| | | Solid State Power Capacity | .12 kW | | |

Existing Transmitter Information

| Primary | New Transmitter Costs | | | | |
|-------------|-----------------------|--|---|--|--|
| Transmitter | Section | Question | Response | | |
| | New Transmitter | Use | Primary (Main) | | |
| | | Change Type | Purchase New | | |
| | | Is this a request for upgraded equipment? | No | | |
| | | Is this a request for upgraded equipment? Manufacturer Model Transmitter Type | | | |
| | | | UAXTE-2- G2 | | |
| | | | Solid State | | |
| | | Solid State Cooling | Air Cooled | | |
| | | Solid State Power capacity | 1 kW | | |
| | | Justification for New Transmitter | Old transmitter cannot be retuned to Ch 23. | | |

Primary Other Transmitter Costs Transmitter Section

| tter | Section | Question | Response |
|------|-------------------------|---|----------------------|
| | Other Transmitter Costs | Does the transmitter installation require a Transmitter Building Site Survey /Installation? | No |
| | Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | | Switchgear (industrial 800 amp) | No No No No |
| | | Transformer (480V) | No |
| | | Rigid Conduit and Wiring | No |
| | | Other Electrical Service | No |
| | HVAC Service | Does the replacement transmitter require HVAC Service? | No |

| Transmitter Building | Does the Transmitter Building require an |
|--------------------------|--|
| Addition/Modification or | addition, modification, other leashold |
| Leasehold Improvement | improvement? |

Primary Other Transmitter Cost Not Listed

Transmitter Information not provided.

| Antennas Section | | Question | Response |
|------------------|---------------|---------------------------------------|----------|
| Antenna Rela | ated Expenses | Do you have antenna related expenses? | Yes |

| Primary | Existing Antenna Infor | mation | | | | |
|---------|---------------------------------|--|-------------------|--|--|--|
| Antenna | Section | Question | Response | | | |
| | Existing Antenna Description | Type of change | Purchase New | | | |
| | | Antenna Use | Primary (Main) | | | |
| | | Ownership | Owned | | | |
| | | Is the existing antenna shared with another station or stations? | No | | | |
| | | Is the existing antenna directional? | Yes | | | |
| | | Is antenna in operating condition? | Yes | | | |
| | | Is antenna located on or in close proximity to an antenna farm? | No | | | |
| | Existing Antenna | Mounting | Side Mount | | | |
| | Manufacturer and Type | Antenna position in stack | Not in Stack | | | |
| | | Polarization | Horizontal | | | |
| | | Туре | Other | | | |
| | | Other Antenna Type | Paraflector | | | |
| | | ERP: (Effective Radiated Power) | 2.0 kW | | | |
| | | Manufacturer | | | | |
| | | Model | PR-450CU | | | |
| | | Year | 2017 | | | |

Existing Antenna Information

| Primary | New Antenna Costs | | | | |
|---------|---------------------------------------|--|--|--|--|
| Antenna | Section | Question | Response | | |
| | New Antenna Description | Use | Primary (Main) | | |
| | | Change Type | Purchase New | | |
| | | Ownership | Owned | | |
| | | Is antenna shared? | No | | |
| | | Is antenna directional? | Yes | | |
| | | Will antenna be located on or in close proximity to an antenna farm? | No | | |
| | New Antenna Manufacturer and Types | Mounting | Side Mount | | |
| | | Antenna position in stack | Not in Stack | | |
| | | Polarization | Horizontal | | |
| | | Туре | Other | | |
| | | Other Antenna Type | Parapanels | | |
| | | ERP: (Effective Radiated Power) | 2.0 kW | | |
| | | Manufacturer | | | |
| | | Model | 4DR-4-2HW | | |
| | | Year | 2020 | | |
| | | Justification for New Antenna | Old antenna cut to channel cannot be used on Ch 23. | | |

| Primary Antenna | Other Antenna Costs | | | | |
|--------------------|---------------------|--|----------|--|--|
| | Section | Question | Response | | |
| | Elbow Complex | Do you require the separate purchase of the Elbow Complex? | No | | |

| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | No |
|--------------------------|---|----|
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | No |

| Primary | Other Antenna Cost Not Listed | | |
|---------|-------------------------------|--------------------|--|
| Antenna | Name | Description | |
| | antenna install | Install of Antenna | |

| Transmission ^{Seffien} | Question | Response |
|---------------------------------------|---|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | No |

| Tower | Section | Question | Response | |
|--------------------------------------|---|---|----------|--|
| Equipment And Rigging Costs | Tower Equipment or Rigging Costs Changes | Do you have tower equipment or rigging costs changes? | No | |

| Outside Professional | Section | Question | Response |
|-------------------------|--|--|---|
| | I Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | | Number of Hours | 40 |
| | | Explanation | KFUL engineering staff are to busy with other projects to be able to manage this installation. |
| | Outside RF consulting Engineering Services | Perform engineering study for displacement application | 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 | No |
|--|--|--|
| | Prepare Form 601 | No |
| Attorney and Other Outside Consulting | Prepare and file Form FCC Construction Permit Application | No |
| Services | Prepare and file Form FCC License to Cover Application | No |
| | Prepare request for Special Temporary Authority | No |
| | Negotiation of Lease and other Matter for Shared Locations | No |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Form 399 assistance or other program management costs | Yes |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | Yes |
| | Number of Days | 3 |
| | Justification | work involved is outside the scope of stations engineering dept. |

Outside Other Professional Services Expenses Not Listed Professional Services rootsided.

| Other | Section | Question | Response |
|----------|---------------------------------------|--|----------|
| Expenses | AM Pattern Disturbance | Is an Impact Study needed? | No |
| | | Is Remediation needed? | No |
| | Permit and Filing Costs | FCC Construction Permit Major Change | No |
| | | FCC Construction Permit Minor Change | No |
| | | FCC License to Cover Application | Yes |
| | | FCC Special Temporary Authority Application | No |
| | 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? | No |
| | Point to Point Microwave (STL/ICR) | Frequency Coordination for Unidirection System | No |
| | | Frequency Coordination for Bi-Direction System | No |
| | | New Point to Point Microwave System | No |

Other Expenses Not Listed

Expenses Information not provided.

Transmitters

Cost Information

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Transmitter UAXTE-2-G2 | \$84,000.00 | \$40,477.71 | | \$40,477.71 | |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$84,000.00 | \$40,477.71 | Transmitter and mask filter | \$40,477.71 | N/A |
| Sub-total | \$84,000.00 | \$40,477.71 | N/A | \$40,477.71 | N/A |
| Total for all systems | \$127,845.00 | \$82,192.71 | N/A | \$43,712.71 | N/A |

Components

| Actual Information Description | File Name | |
|-----------------------------------|------------------------|------------------|
| UHF - Air Cooled Solid State | Component Description: | KFUL XMTR Filter |
| Transmitter 1 - 2.5 kW | Amount: | \$40,477.71 |

Antennas

Cost Information

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 4DR- 4-2HW | \$25,125.00 | \$25,125.00 | | \$0.00 | |
| UHF-Low Power, Side Mount, Other, 2.0kW input, Horizontal | \$17,325.00 | \$17,325.00 | N/A | N/A | N/A |
| antenna install | \$7,800.00 | \$7,800.00 | Cost Catalog less than 500 ft | N/A | N/A |
| Sub-total | \$25,125.00 | \$25,125.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$127,845.00 | \$82,192.71 | N/A | \$43,712.71 | N/A |

Components

Information not provided.

Cost Transmission Line

Information Information not provided.

Cost Tower Equipment and Rigging Costs

Information Information not provided.

Outside Professional Services

Cost Information

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 | \$16,385.00 | \$14,255.00 | | \$3,235.00 | |
| Additional Field Engineering Service, 3 Days | \$4,500.00 | \$4,500.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,052.50 | \$500.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$2,102.50 | \$525.00 | 3.5 hours @ \$150 /hour | \$525.00 | N/A |
| Perform engineering study for displacement application | \$1,800.00 | \$1,800.00 | N/A | N/A | N/A |

| Form 399 assistance or other Program Management costs | \$1,000.00 | \$1,000.00 | Fee for Eligibility & 1876 preparation and Filing See BWS Inv 6226 & Quote | \$1,000.00 | N/A |
|---|--------------|-------------|---|-------------|-----|
| Prepare/ Review 399 reimbursement form | \$1,710.00 | \$1,710.00 | N/A | \$1,710.00 | N/A |
| Project management of the transition | \$4,220.00 | \$4,220.00 | N/A | N/A | N/A |
| Sub-total | \$16,385.00 | \$14,255.00 | N/A | \$3,235.00 | N/A |
| Total for all systems | \$127,845.00 | \$82,192.71 | N/A | \$43,712.71 | N/A |

Components

| Actual Information Description | File Name | |
|---|-----------------------------------|--|
| Additional Field Engineering Service, 3 Days | 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 | Component Description: Amount: | 3.5 hours @ \$150 /hour \$525.00 |
| Perform engineering study for displacement application | Information not provided. | |

| other Program Management costs | Component Description: | Fee for Eligibility and 1876 preparation and |
|--|---------------------------|--|
| | Amount: | filing \$1,000.00 |
| Prepare/ Review 399 reimbursement form | | |
| | Component Description: | Fee for 399 |
| | | Reimbursement |
| | | Filing Turnkey |
| | | Project |
| | | Management |
| | Amount: | \$1,710.00 |
| Project management of the transition | Information not provided. | |

Other Expenses

Cost Information

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 | \$2,335.00 | \$2,335.00 | | \$0.00 | |
| Equipment Delivery and Handling Charges | \$1,000.00 | \$1,000.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$335.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$1,000.00 | \$1,000.00 | N/A | N/A | N/A |
| Sub-total | \$2,335.00 | \$2,335.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$127,845.00 | \$82,192.71 | N/A | \$43,712.71 | N/A |

Components

Information not provided.

| Cost Information | Grand Total | | | | | |
|---------------------|-----------------------|--------------------------------|----------------|-------------|--|--|
| | | Predetermined Cost Estimate | Estimated Cost | Actual Cost | | |
| | Total for all systems | \$127,845.00 | \$82,192.71 | \$43,712.71 | | |

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

| Certification | Section | Question | Response |
|---------------|--|---|----------|
| | Submission of Estimated Expenses Statements | 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. | |
| | | 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. 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).
- 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. | Francis Wilkinson VP 11/19/2020 |

Attachments