Federal Communications Commiss	sion		Approved by OM		ONLY	
Washington, D.C. 20554 3060-0113 (March 2003) FCC 396)3)			
PD0 + D0 + 0			E TOTAL TOTAL	EOR COMMIS	SSION USE ONLY	<u> </u>
1	_	L EMPLOYM OGRAM REP		FILE NO.		
(To be filed with b				- 2014012	28AAU	
(10 be filed with t	nouded3t iic	onse renewar app	induction)			
	CTIONS B	efore Filling Out I	Form			
Section I						
Legal Name of the License HOLY FAMILY COMMU		NS.				
Mailing Address	1110/1110/	10				
6325 SHERIDAN DRIVE			7.6			
City WILLIAMSVILLE			State or Cou	ntry (if foreign	address)	Zip Code 14221 -
Telephone Number (includ	e area code) =====================================				14221 -
7168396117			E-Mail Addr	ess (if available	e)	
		Facility ID No	umber			Call Sign
THE OF PROVINCE	16	31812		ls:	: I D	WLOF
TYPE OF BROADCAST STATION:	© Rad	rcial Broadcast St	ation	II _	ercial Broadcast St onal Radio	ation
(if applicable)	C TV	10		(l =	onal TV	
	SS 20 A 7	Power TV	F01	Educati	Onai I v	
	11 -	rnational	1.94			
Application Purpose	IIII	mational				
New Program Report						
C Amendment to Progra	m Renort					
List call sign and location of		e included on this	statement I i	et commonly o	wned stations that	share one or more
employees. Also list station	ns operated	by the licensee pu	rsuant to a tim	ie brokerage ag	greement. Indicate	on the table below
which stations are operated	l pursuant to	a time brokerage	agreement. T	o the extent the	at licensees include	e stations operated
pursuant to a time brokerage take into consideration the						
on this form. For purposes						
the same market that share						
[Stations Locations]						
						50-
S=		S	tation List			
List call sign and location of	of all station	s included on this	statement. Li	st commonly o	wned stations that	share one or mor
employees. Also list station	is operated	by the licensee pu	rsuant to a tim	ie brokerage ag	greement. Indicate	on the table below
which stations are operated pursuant to a time broker	i pursuant to age agreem	ent on this repor	t, responses s	should take in	at neensees mend to consideration t	he licensee's EE
compliance efforts at broke	ered stations	s, as well as any o	other stations,	included on th	is form. For purpo	oses of this form,
station employment unit is	a station o	r a group of com	monly owned	stations in the	same market that	t share at least on
employee.					20	E 10 %
Call Sign Facility ID	Number	Туре		Location		ige Agreement
	0	(check applic		(City/State)		licable box)
WLOF 318	12	C _{AM} © F	M G TV	ELMA, NY	C Yes	s © No
11 11)[11		II	

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)
WHIC	6641	O AM O FM O TV	ROCHESTER, NY	C Yes No

CONTACT PERSON IF OTHER THAN LICENSEE				
Name			Street Address	
DENISE B. MOLINE, ESQ.			358 PINES BLVD.	6
City	State	Zip Code	Telephone Number	
LAKE VILLA	IL	60046-	8472457414	

FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

DISCRIMINATION COMPLAINTS. Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?

C Yes & No

If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.

[Exhibit 1]

Does your station employment unit employ fewer than five full-time employees?

C Yes C No

Consider as "full-time" employees all those permanently working 30 or more hours a week.

If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.

CERTIFICATION.

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed		Name of Respondent JAMES N. WRIGHT
Title PRESIDENT	NEW TOTAL TO	Telephone No. (include area code) 7168396117
Date 1/28/2014		<i>N</i> - 1

The purpose of this document is to provide broadcast licensees, the FCC, and the public with information about whether the station is meeting equal employment opportunity requirements.

GENERAL POLICY

A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

RESPONSIBILITY FOR IMPLEMENTATION

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

		_
Name:	 Title:	

It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex.

I. EEO PUBLIC FILE REPORT Attach as an exhibit one copy of each of the EEO public file reports from the previous two years. Stations are required to place annually such information as is required by 47 C.F.R. Section 73.2080 in their public files.	[Exhibit 2]
II. NARRATIVE STATEMENT Provide a statement in an exhibit which demonstrates how the station achieved broad and inclusive outreach during the two-year period prior to filing this application. Stations that have experienced difficulties in their outreach efforts should explain.	[Exhibit 3]

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. We have estimated that each response to this collection of information will average 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0113), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to jboley@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government,

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.