



(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323-E)

File Number: **0000173202** | Submit Date: **2021-11-30** | FRN: **0005907746**
Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:
11/30/2021 | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0005907746	Holy Family Communications

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
6325 Sheridan Drive	Williamsville	NY	14221	+1 (716) 839-6117	jimw@thestationofthecross.com

2. Contact Representative

Name	Organization
Dennis J. Kelly	Law Office of Dennis J. Kelly

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
Post Office Box 41177	Washington	DC	20018-0577	+1 (202) 293-2300	dkellyfcclaw1@comcast.net

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(b) Provide the following information about this report:	
Purpose	Transfer of control or assignment of license/permit
"As of" date	11/30/2021 When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s)

/Permittees(s)
and Station(s)
/Permit(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

Licensee/Permittee Name	FRN
Holy Family Communications	0005907746

Fac. ID No.	Call Sign	City	State	Service
6641	WHIC	ROCHESTER	NY	AM
9409	WGGO	SALAMANCA	NY	AM
21109	WQOM	NATICK	MA	AM
31812	WLOF	ELMA	NY	FM
83428	WLGU	LANCASTER	NY	FM
170889	WMIH	GENEVA	OH	FM
172337	WQHE	OIL CITY	PA	FM
172348	WTMI	FLEMING	NY	FM
175837	WMTQ	ELMIRA	NY	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R.
Section 73.3613
Documents

Licensee/Permittee Respondents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	State of New York
Date of execution	10/1996
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation

Document Information	
Description of contract or instrument	By-laws
Parties to contract or instrument	Corporation
Date of execution	10/1996
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: By-laws

2. Ownership
Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information		
FRN	0005907746	
Entity Name	Holy Family Communications	
Address	PO Box	
	Street 1	6325 Sheridan Drive
	Street 2	
	City	Williamsville
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	14221
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990001548	
Name	James N. Wright	
Address	PO Box	
	Street 1	8620 Northfield Road
	Street 2	
	City	Clarence Center
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	14032-9119

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	President, Holy Family Communications		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes	

Ownership Information			
FRN	9990001555		
Name	Joanne Wright		
Address	PO Box		
	Street 1	8620 Northfield Road	
	Street 2		
	City	Clarence Center	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	14032-9119	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	not applicable		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes	

Ownership Information	
FRN	9990001563
Name	Mary Ellen Capece Nichols

Address	PO Box	
	Street 1	3624 Elmwood Avenue
	Street 2	
	City	Rochester
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	14610-3440
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	not applicable	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	No
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Certification

Section	Question	Response
Authorized Party to Sign	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).	

Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: President Exact Legal Title or Name of Respondent: Holy Family Communications Name: James N. Wright Phone: 7168396117 11/30/2021
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