



Federal Communications Commission
Washington, D.C. 20554

June 22, 2023

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED AND E-MAIL

Remanente Broadcasting Network
c/o Mr. Dan J. Alpert, Esq.
The Law Office of Dan J. Alpert
2120 21st Rd. N
Arlington, VA 22201
(sent by e-mail to: dja@commlaw.tv)

In re: **Remanente Broadcasting Network**
New NCE, Crystal, NV
Facility ID No. 766048
File No. 0000167138

Remanente Broadcasting Network
New NCE, Desert Center, CA
Facility ID No. 766056
File No. 0000167140

NCE MX Group 34

Remanente Broadcasting Network
New NCE, Boron, CA
Facility ID No. 766053
File No. 0000167635

Cedar Broadcasting, Inc.
New NCE, Randsburg, CA
Facility ID No. 763325
File No. 0000166110

Nevada Public Radio
New NCE, Ridgecrest, CA
Facility ID No. 765532
File No. 0000167275

NCE MX Group 208

Remanente Broadcasting Network
New NCE, Moroni, UT
Facility ID No. 766042
File No. 0000167147

University of Utah
New NCE, Soldier Summit, UT
Facility ID No. 762619
File No. 0000166314

Letter of Inquiry – Response Required

Dear Counsel:

We are currently evaluating an informal objection (Objection)¹ filed regarding the above-referenced applications of Remanente Broadcasting Network (RBN) for construction permits for new noncommercial educational (NCE) FM stations (RBN Applications).² The Objection was submitted by Triangle Access Broadcasting, Inc. (Triangle), on March 15, 2022. Related responsive pleadings were filed by RBN and Triangle.³ The Objection alleges that RBN's directors have held attributable interests in multiple low power FM (LPFM) stations in violation of the Commission's LPFM ownership limits,⁴ that these directors concealed such interests from the Commission,⁵ and that RBN and two licensees of LPFM stations are commonly controlled in violation of the Commission's LPFM cross-ownership rule.⁶ Accordingly, pursuant to sections 4(i), 4(j), 308(b), and 403 of the Communications Act of 1934, as amended (Act), we direct RBN to provide the information and documents specified in Attachment A to this letter within **30 days** of the date of this letter of inquiry (LOI).

Background

Triangle alleges that two of RBN's directors, Dr. Edith Gonzalez Werner and Delia Gloria Gonzalez, have held attributable interests in multiple LPFM stations in violation of the Commission's LPFM ownership limits, and that they concealed such interests from the Commission.⁷ Specifically, Triangle alleges that these individuals were common officers of Cadena Radial Remanente (CRR), licensee of LPFM station KZLQ-LP, La Quinta, California,⁸ and Cadena Radial Mision Y Vision (Mision), licensee of LPFM station KRAQ-LP, Rancho Mirage, California, and that they filed inaccurate ownership information with the Commission to conceal such interests, as evidenced by conflicting information filed with other federal and state agencies.⁹ Triangle also alleges that RBN, CRR, and

¹ Pleading File Nos. 0000186687, 0000186685, 0000186681, and 0000186680 (filed March 15, 2022).

² Application File Nos. 0000167138, 0000167140, 0000167635, and 0000167147. Application File No. 0000167138 has been amended three times: (1) to change the proposed community of license; (2) to correct the spelling of the applicant name; and (3) to update contact information regarding reasonable site assurance. Application File No. 0000167140 has been amended three times: (1) to correct the spelling of the applicant name; (2) to update contact information regarding reasonable site assurance; and (3) to cure prohibited contour overlap. Application File No. 0000167635 has been amended once to correct the spelling of the applicant name. Application File No. 0000167147 has been amended twice: (1) to include first and second NCE aural service information; and (2) to correct the spelling of the applicant name. The Objection was also filed against NCE FM Application File Nos. 0000167137, 0000167141, 0000167143, 0000167145, and 0000167392. These applications have either been dismissed or withdrawn and, as a result, are not included in this LOI.

³ RBN filed an Opposition, Pleading File No. 0000212715 (filed March 19, 2023) (Opposition), and Triangle filed a Reply, Pleading File No. 0000213007 (filed March 27, 2023) (Reply). RBN only filed the Opposition with respect to one of the RBN Applications, Application File No. 0000167635. However, the arguments in the Opposition can be applied to all of the RBN Applications, and we therefore consider them to apply as such.

⁴ See 47 CFR § 73.855.

⁵ See *id.* § 1.17.

⁶ See *id.* § 73.860.

⁷ Reply at 3.

⁸ The Objection was also filed against CRR regarding the license renewal application of KZLQ-LP.

⁹ Reply at 3.

Mision are commonly controlled in violation of the cross-ownership restrictions in section 73.860 of the Commission's rules (rules).¹⁰ Triangle asks the Commission to consider these issues "to determine whether RBN's principals meet the qualifications to hold broadcast licenses."¹¹

In its Opposition, RBN denies Triangle's allegations.¹² It acknowledges that "certain of [its directors] . . . have assisted" CRR and Mision in the past, but states that "all involvement in governing positions with [CRR and Mision] ceased prior to the opening of the FCC's November 2021 filing window."¹³ Regarding Triangle's allegation that RBN, CRR, and Mision are commonly controlled, RBN states that its "certification in the RBN Application[s] that it had no attributable interests in any radio authorization remains accurate."¹⁴

Documents and Information to Be Provided

In light of the foregoing, we seek additional information, as set forth in Attachment A, to determine: (a) the validity of information provided in and certifications made in the RBN Applications; (b) whether RBN's directors are qualified to hold a Commission license; and (c) whether RBN, CRR, and Mision are commonly controlled. This letter constitutes an order of the Commission to produce the documents and information requested herein.¹⁵ To knowingly or willfully make any false statement, or conceal any material fact in reply to this letter, is punishable by fine or imprisonment.¹⁶ **Failure to respond appropriately to this letter constitutes a violation of the Act and rules.**¹⁷ In addition, a failure to respond appropriately to this letter may result in **dismissal of the RBN Applications.**¹⁸

Attachment A to this letter includes filing requirements and instructions for your response and definitions for certain terms in this letter. Requests for confidential treatment or claims of attorney-client privilege or attorney work product must strictly meet the requirements stated in the attached instructions.

¹⁰ Objection at 1-2; *see* 47 CFR § 73.860.

¹¹ Reply at 3.

¹² Opposition at 2.

¹³ Declaration of Dr. Edith Gonzalez Werner, Attach. A to RBN Opposition (Gonzalez Werner Declaration).

¹⁴ Opposition at 3. RBN also states that, since the filing of the RBN Applications, it has been granted a construction permit for a new NCE FM station in Barstow, California. *Id.*; *see* Application File No. 0000167190.

¹⁵ *See* 47 U.S.C. § 155(c)(3).

¹⁶ *See* 18 U.S.C. § 1001; *see also* 47 CFR § 1.17.

¹⁷ *See* 47 U.S.C. § 503(b)(1)(B); *see also e.g., Aura Holdings of Wisconsin, Inc.*, Notice of Apparent Liability for Forfeiture, 33 FCC Rcd 3688, 3696, para. 21 (2018), *aff'd*, Forfeiture Order, 34 FCC Rcd 2540 (2019) (imposing a \$19,693 penalty for failure to respond to letter of inquiry); *ABC Fulfillment Services LLC d/b/a HobbyKing USA LLC and HobbyKing.com, and Indubitably, Inc. d/b/a HobbyKing USA LLC, HobbyKing and HobbyKing.com*, Notice of Apparent Liability for Forfeiture, 33 FCC Rcd 5530 (2018) *aff'd*, Forfeiture Order, 35 FCC Rcd 7441 (2020), *recon. denied*, Memorandum Opinion and Order, 36 FCC Rcd 10688 (2021) (imposing \$39,278 forfeiture for failure to respond to letter of inquiry).

¹⁸ 47 CFR § 73.3568(a) (" . . . failure to respond to official correspondence or request for additional information, will be cause for dismissal"); *see also LPFM MX Group 37*, Memorandum Opinion and Order, 31 FCC Rcd 7512, 7517, para. 12 (2016) (dismissing application for failure to respond to letter of inquiry).

If you have any questions about this matter, please contact Alexander Sanjenis at 202-418-2779 or alexander.sanjenis@fcc.gov. In the event that a response by email would exceed 5 MB, you must first contact Mr. Sanjenis to explain the nature of the documentation and seek guidance as to whether the submission should be reduced by providing representative documents, rather than all documents, of a particular nature.

RBN is expected to provide a complete response by the deadline. If RBN cannot provide all requested information or Documents by the deadline, it must submit all information it is able to obtain by the deadline, fully explain why certain information could not be provided, and indicate when such information will be submitted.

Sincerely,

Albert Shuldiner
Chief, Audio Division
Media Bureau

Attachments

cc: Triangle Access Broadcasting, Inc.
c/o Steven L. White
(sent by e-mail to: steven@triaccess.org)

Cedar Broadcasting, Inc.
c/o Mr. Elia Tawil
(sent by e-mail to: ele@tccevent.com)

Nevada Public Radio
c/o Ms. Margaret L. Miller, Esq.
(sent by e-mail to: mmiller@graymillerpersh.com)

University of Utah
c/o Mr. Matthew S. DelNero, Esq.
(sent by e-mail to: mdelnero@cov.com)

ATTACHMENT A

Inquiries: Information and Documents to be Provided

You must provide the following information and documents as requested below, and in accordance with the Instructions and Definitions that follow the inquiries. To ensure you provide complete and full responses to all inquiries, carefully review the Definitions that follow these inquiries and the Instructions regarding Document production and retention.

Requests for Information

Provide answers to the following inquiries:

1. Delia Gloria Gonzalez was simultaneously an officer of CRR and Mision per 2018 and 2019 Form 990EZ filings with the Internal Revenue Service (IRS).¹⁹
 - a. Provide a complete chronology of Delia Gloria Gonzalez's involvement with CRR and Mision, including the dates during which she served as an officer and/or director of each entity.
 - b. Provide a description of Delia Gloria Gonzalez's involvement with CRR and Mision and her duties as an officer and/or member of its board, including the percentage of voting interest she held.
 - c. Describe in detail Delia Gloria Gonzalez's current relationship, if any, with CRR and/or Mision. If no relationship exists, provide a signed and dated affidavit or declaration from Delia Gloria Gonzalez stating as much. This affidavit or declaration **MUST** be notarized.
2. Dr. Edith Gonzalez Werner was simultaneously an officer of CRR and Mision per 2018 and 2019 Form 990EZ filings with the IRS.²⁰
 - a. Provide a complete chronology of Dr. Edith Gonzalez Werner's involvement with CRR and Mision, including the dates during which she served as an officer and/or director of each entity.
 - b. Provide a description of Dr. Edith Gonzalez Werner's involvement with CRR and Mision and her duties as an officer and/or member of its board, including the percentage of voting interest she held.
 - c. Dr. Edith Gonzalez Werner states that she and other RBN directors have "assisted" CRR and Mision in the past.²¹ Please state which RBN directors have assisted CRR and Mision, the specific assistance that was provided, and the dates of such assistance.

¹⁹ See Attachment B herein.

²⁰ *Id.*

²¹ Gonzalez Werner Declaration.

- d. Describe in detail Dr. Edith Gonzalez Werner’s current relationship, if any, with CRR and/or Mision. If no relationship exists, provide a signed and dated affidavit or declaration from Dr. Edith Gonzalez Werner stating as much. This affidavit or declaration **MUST** be notarized.
3. RBN states that all of its directors’ involvement in governing positions with CRR and Mision “ceased prior to the opening of the FCC’s November 2021 filing window.”²²
 - a. Explain why the RBN Applications list the address for RBN and its three directors as the same address that is currently listed as the mailing address for both CRR and Mision with the Texas Comptroller of Public Accounts.²³
 - b. Explain why the phone number 760-534-7191, which is listed as (1) Delia Gloria Gonzalez’s phone number on CRR’s 2018 and 2019 Form 990EZ filings, and Mision’s 2018 Form 990EZ filing; and (2) as Dr. Edith Gonzalez Werner’s phone number on Mision’s 2019 Form 990EZ filing, is currently listed as Mision’s phone number with the Commission.²⁴
 - c. State whether the email address delia429@hotmail.com, which is currently listed as Mision’s email address with the Commission,²⁵ is connected to Delia Gloria Gonzalez. If it is connected to Delia Gloria Gonzalez, explain why it is listed as Mision’s email address with the Commission.
 - d. Provide a copy of all Documents, if any, referring or relating in any way to RBN and its directors’ relationship with CRR and Mision.
4. Financial Payments.
 - a. State who paid all legal fees, engineering fees, consulting fees, or other fees or costs incurred in connection with the preparation and filing of the RBN Applications.
 - b. Provide a copy of all invoices and Documentation of payment for all fees or costs incurred and services rendered in connection with the preparation and filing of the RBN Applications.
5. Financial Qualifications. In the RBN Applications, RBN certified “Yes” to indicate that “sufficient net liquid assets are on hand or that sufficient funds are available from committed sources to construct and operate the requested facilities for three months without revenue.” Provide the following information and documents to the extent that they were in existence as of the time the RBN Applications were filed:

²² *Id.*

²³ See Attachment C herein. The address in question, 47250 Washington St., Suite A, La Quinta, CA, 92253, is also listed as the address for Dr. Edith Gonzalez Werner’s medical practice on its website. See Attachment D.

²⁴ See Attachment E herein.

²⁵ See Attachment E herein.

- a. All cost estimates, budgets, budget estimates and related calculations of the cost of constructing each proposed station and operating each such station for the first three months of operation; and
 - b. All documents (including written and electronic documents such as text messages, emails, letters, and notes) that RBN relied upon to certify that sufficient net liquid assets are on hand or are available from committed sources to construct and operate each such station for the first three months of operation. To the extent that RBN relied upon committed sources from a third party, provide a detailed description of the steps taken to obtain the financial commitment and a narrative description detailing the commitment obtained.
6. Reasonable Assurance of Site Availability. In the RBN Applications, RBN certified “Yes” to having reasonable assurance of site availability. Provide the following information and documents to the extent that they were in existence as of the time the RBN Applications were filed:
 - a. All documents (including written and electronic documents such as text messages, emails, letters, and notes) in the possession of RBN and its agents relating to the availability of the proposed sites for the RBN Applications; and
 - b. The name, telephone number, and email address of each person contacted by RBN and its agents in connection with the availability of the proposed sites for the RBN Applications, and in each case specify that person’s connection to the proposed site, and provide a detailed description of the steps taken to obtain reasonable assurance of site availability at the coordinates and towers specified in the RBN Applications, and a narrative description of such reasonable assurance obtained.
7. Provide a signed and dated affidavit or sworn declaration from each director listed in the RBN Applications (1) affirming his or her membership and positional interest in RBN, and (2) providing his or her identity and address, as shown in a copy of that director’s driver’s license or other state-issued form of identification attached to such affidavit or declaration, and his or her current personal telephone number.²⁶ **EACH** affidavit or declaration **MUST** be notarized.
8. Provide the full legal name of each Person employed or relied upon by RBN to respond to or answer this LOI. Provide the mailing address, email address, and telephone number for each of such Persons.

We retain the right to ask for additional documentation.

Filing Requirements

Affidavit Requirement. We direct RBN to support its responses with a notarized affidavit or declaration **made under penalty of perjury, signed and dated by an authorized director of RBN with personal knowledge of the representations provided in the response to this LOI.** The affidavit or declaration **must verify the truth and accuracy of the information therein, state that all of the information requested by this LOI that is in RBN’s possession, custody, control, or knowledge has**

²⁶ If a director’s address has changed from the address shown in the document attached to the affidavit or declaration, the affidavit or declaration should provide the director’s current address and the date of the director’s move to that address.

been produced, and state that any and all Documents provided in its responses are true and accurate copies of the original documents. In addition to such general affidavit or declaration of the authorized representative described above, **if such Person (or any other affiant or declarant) is relying on the personal knowledge of any other individual rather than his or her own knowledge, and if multiple employees or representatives of RBN contribute to the response, RBN shall provide separate affidavits or declarations of each such Person with personal knowledge that identify clearly to which responses the affiant or declarant with such personal knowledge is attesting.** All declarations made under penalty of perjury, in lieu of an affidavit, must comply with 47 CFR § 1.16, and be substantially in the form set forth therein. Failure to support your responses in the form described could subject you to forfeiture.

Delivery Requirements. RBN shall send its response via e-mail to alexander.sanjenis@fcc.gov and joseph.cohen@fcc.gov. It shall also send its response to Triangle and the other applicants in NCE MX Groups 34 and 208 at the e-mail addresses listed above. **Triangle and the applicants in NCE MX Groups 34 and 208 may submit a response within 15 days of the RBN filing, with copies sent to Triangle and the other applicants in the NCE MX groups via e-mail.**

Instructions

Format of Responses. The response must be organized in the same manner as the questions asked, *i.e.*, the response to Inquiry 1.a should be labeled as responsive to Inquiry 1.a, etc.

Method of Producing Documents. RBN shall submit each requested Document in its entirety, even if only a portion of that Document is responsive to an inquiry or document request made herein, including all appendices, tables, or other attachments, and all other Documents referred to in the Document or attachments. RBN shall not edit, cut, expunge, or otherwise take any action to modify any Document submitted in response to this LOI. In addition to any Document RBN submits in response to any inquiry or document request, RBN shall also submit all written materials necessary to understand any Document responsive to these inquiries.

Identification of Documents. For each Document or statement submitted in response to the inquiries and document requests listed here, indicate, by number, to which inquiry or document request it is responsive and identify the persons from whose files the Document was retrieved. If any Document is not dated, state the date on which it was prepared. If any Document does not identify its authors or recipients, state, if known, the names of the authors or recipients. RBN must identify with reasonable specificity all Documents provided in response to these inquiries and document requests.

Prior Responses. If a Document responsive to any inquiry or document request made herein has already been provided to the Media Bureau during this or any other investigation, identify each such Document, and when and how it was produced to the Bureau.

Documents No Longer Available. If a Document responsive to any Inquiry made herein existed but is no longer available, or if RBN is unable for any reason to produce a Document responsive to any inquiry or document request, identify each such Document by author, recipient, date, title, and specific subject matter, and explain fully why the Document is no longer available or why RBN is otherwise unable to produce it.

Retention of Original Documents. With respect only to Documents responsive to the specific inquiries and document requests made herein and any other Documents relevant to those inquiries and

document requests, RBN is directed to retain the originals of those Documents for 60 months from the date of this LOI unless (a) RBN is required to retain Documents for a longer period of time pursuant to a Commission order or rule; (b) RBN is directed or informed by the Media Bureau in writing to retain such Documents for some shorter or longer period of time; or (c) the Bureau or the Commission releases an item on the subject of this investigation, including, but not limited to, a Notice of Apparent Liability for Forfeiture or an order disposing of the issues in the investigation, in which case, RBN must retain all such Documents until the matter has been finally concluded by payment of any monetary penalty, satisfaction of all conditions, expiration of all possible appeals, conclusion of any enforcement action brought by the United States Department of Justice, or execution and implementation of a final settlement with the Commission or the Bureau.

Continuing Nature of Inquiries. The specific Inquiries made herein are continuing in nature. RBN is required to produce in the future any and all Documents and information that are responsive to the inquiries and document requests made herein but not initially produced at the time, date, and place specified herein. In this regard, RBN must supplement its responses (a) if RBN learns that, in some material respect, the Documents and information initially disclosed were incomplete or incorrect or (b) if additional responsive Documents or information are acquired by or become known to RBN after the initial production. The requirement to update the record will continue for 60 months from the date of this LOI unless: (a) RBN is required by another Commission order or rule to retain documents for a period longer than 60 months; (b) RBN is directed or informed by the Media Bureau in writing that the obligation to update the record will continue for some shorter or longer period of time; or (c) the Bureau or the Commission releases an item on the subject of this investigation including, but not limited to, a Notice of Apparent Liability for Forfeiture or an order disposing of the issues in the investigation, in which case the obligation to update the record will continue until the matter has been finally concluded by payment of any such monetary penalty, satisfaction of all conditions, expiration of all possible appeals, conclusion of any enforcement action brought by the United States Department of Justice, or execution and implementation of a final settlement with the Commission or the Bureau.

If the Media Bureau determines that RBN has continued to act/acted in violation of the Act and/or the Commission's rules, any continued noncompliant conduct after the receipt of this LOI may subject RBN to additional penalties.

Construction. The terms "any" and "all," "and" and "or," and "each" and "every" shall be construed inclusively to bring within the scope of the inquiries and document requests all information and Documents that might otherwise arguably be construed as outside the scope of the requests. Likewise, the singular of any word or defined term shall include the plural and the plural of any such word or defined term shall include the singular. The words "relating to" or "relate to" shall be construed to mean, whether directly or indirectly, in whole or in part constituting, containing, concerning, discussing, describing, analyzing, identifying, supporting, qualifying, confirming, contradicting, or stating.

Confidentiality. In addition to providing the requested information and documents, any request for confidentiality of certain information or documents must strictly comply with the requirements of section 0.459 of the Commission's rules,²⁷ including a statement of the reasons for withholding the materials from inspection. The request must include a schedule of the information or documents for which confidentiality is requested that states, individually as to each such item, the information required by section 0.459(b) of the Commission's rules including, but not limited to, identifying the specific

²⁷ See 47 CFR § 0.459.

information for which confidential treatment is sought; explaining the degree to which the information is commercial or financial, or contains a trade secret or is privileged; and explaining how disclosure of the information could result in substantial competitive harm.²⁸ Accordingly, a “blanket” request for confidentiality or a casual request, including simply stamping pages “confidential,” will not be considered a proper request for confidentiality, and those materials will not be treated as confidential.²⁹

Claims of Privilege. If RBN withholds any information or documents under claim of privilege, it shall submit, together with any claim of privilege, a schedule of the items withheld that states, individually as to each such item: the numbered inquiry or document request to which each item responds and the type, title, specific subject matter and date of the item; and the specific grounds for claiming that the item is privileged.

Definitions

For purposes of this LOI, the following definitions apply. The definitions in this section apply regardless of whether the first letter of the defined term appears in upper or lower case.

“CRR” shall mean Cadena Radial Remanente, licensee of KZLQ-LP, La Quinta, California.

“Document” shall mean the complete original (or in lieu thereof, exact copies of the original) and any non-identical copy (whether different from the original because of notations on the copy or otherwise), regardless of origin or location, of any taped, recorded, transcribed, written, typed, printed, emailed, text messaged, filmed, punched, computer-stored, electronically-stored, or graphic matter of every type and description, however and by whomever prepared, produced, disseminated, or made.

“Mision” shall mean Cadena Radial Mision Y Vision, licensee of KRAQ-LP, Rancho Mirage, California.

“Person” shall mean any natural person or any non-natural person, including but not limited to a business, company, corporation, enterprise, institution, organization (educational, religious, or otherwise), partnership, proprietorship, or any other entity, whether for-profit or non-profit and whether of general or limited liability and all of such non-natural person’s advisers, agents, consultants, directors, employees, members, officers, owners, partners, principals, representatives, and any other persons working for or on behalf of the foregoing, whether in a paid or unpaid status.

“RBN” shall mean Remanente Broadcasting Network, and any employees, time brokers, or agents, including consultants and any other persons working for or on behalf of RBN at any time during the period covered by this LOI, whether in exchange for compensation or on a voluntary or other basis. Although this LOI refers to RBN to collectively include each person or entity listed in this definition, any responses must specifically detail and distinguish between the actions or responsibilities of each entity or individual.

²⁸ See *id.* § 0.459(b).

²⁹ See *id.* § 0.459(c). If RBN withholds any information or documents under claim of privilege, it shall submit, together with any claim of privilege, a schedule of the items withheld that states, individually as to each such item: the numbered Inquiry to which each item responds and the type, title, specific subject matter and date of the item; the names, addresses, positions, and organizations of all authors and recipients of the item; and the specific grounds for claiming that the item is privileged.

ATTACHMENT B

2018 and 2019 Form 990EZ Filings of CRR and Mision³⁰

³⁰ Only the relevant pages from these forms are included here.

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
CADENA RADIAL REMANENTE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
47250 WASHINGTON ST SUITE A

City or town, state or province, country, and ZIP or foreign postal code
LA QUINTA, CA 92253

D Employer identification number
46-3778707

E Telephone number
(760) 534-7191

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 110,932

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

| Revenue | | Expenses | | Net Assets | |
|-----------|--|-----------|---------|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 2 | | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| 3 | Membership dues and assessments | 3 | | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 4 | | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 5a | | | |
| b | Less cost or other basis and sales expenses | 5b | 0 | | |
| c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | | | |
| 6 | Gaming and fundraising events | | | | |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | | | |
| b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 13,131 | | |
| c | Less direct expenses from gaming and fundraising events | 6c | 0 | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 13,131 | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | | |
| b | Less cost of goods sold | 7b | 0 | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | | |
| 8 | Other revenue (describe in Schedule O) | 8 | 100 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 110,932 | | |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | | | |
| 11 | Benefits paid to or for members | 11 | | | |
| 12 | Salaries, other compensation, and employee benefits | 12 | | | |
| 13 | Professional fees and other payments to independent contractors | 13 | 80,290 | | |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 14,588 | | |
| 15 | Printing, publications, postage, and shipping | 15 | 1,975 | | |
| 16 | Other expenses (describe in Schedule O) | 16 | 17,193 | | |
| 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | 114,046 | | |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | | | -3,114 |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | | | |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | | | |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | | | -3,114 |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question, Yes, No. Rows include 33-41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of DELIA GLORIA GONZALEZ Telephone no (760) 534-7191 Located at 47250 WASHINGTON STREET SUITE A LA QUINTA , CA ZIP + 4 92253

Table with 3 columns: Question, Yes, No. Rows include 42b and 42c regarding foreign accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question, Yes, No. Rows include 44a-44d regarding donor advised funds and 45a-45b regarding controlled entities.

| | | | |
|--|-----------|------------|-----------|
| | | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | No |

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

| | | | |
|--|------------|------------|-----------|
| | | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | | No |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | No |
| b If "Yes," was the related organization a section 527 organization? | 49b | | No |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | |
|---|--------------------|
| ***** Signature of officer | 2019-06-10 Date |
| DELIA GLORIA GONZALEZ Treasurer Type or print name and title | |

| | | | | | |
|-------------------------------|---|----------------------|------|--|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name KEN R HERNANDEZ | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN P00641875 |
| | Firm's name ▶ B & H ACCOUNTING GROUP LLC | | | Firm's EIN ▶ 20-5294895 | |
| | Firm's address ▶ 78401 HIGHWAY 111 STE G LA QUINTA, CA 922532066 | | | Phone no (760) 564-0680 | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CADENA RADIAL REMANENTE | D Employer identification number 46-3778707 |
| | Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 47250 WASHINGTON ST SUITE A | E Telephone number (760) 534-7191 |
| | City or town, state or province, country, and ZIP or foreign postal code LA QUINTA, CA 92253 | F Group Exemption Number |

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 126,042

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|---|---|-----------|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 124,502 |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | 0 |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 1,540 |
| c Less: direct expenses from gaming and fundraising events | 6c | 0 | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 1,540 | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | 0 | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 126,042 | |

| | | | |
|---|--|-----------|---------|
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | 95,373 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | 1,613 |
| | 16 Other expenses (describe in Schedule O) | 16 | 28,490 |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 125,476 |
| | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 566 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | -3,114 |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | -2,548 | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

| | | Yes | No |
|------------|---|------------------|----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. | | No |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | No |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | No |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ | | |
| b | Did the organization file Form 1120-POL for this year? | | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b _____ | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a _____ | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b _____ | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0 ; section 4912 ▶ _____ 0 ; section 4955 ▶ _____ 0 | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | No |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0 | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0 | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | No |
| 41 | List the states with which a copy of this return is filed. ▶ _____ | | |
| 42a | The organization's books are in care of ▶ <u>DELIA GLORIA GONZALEZ</u> Telephone no. ▶ <u>(760) 534-7191</u> Located at ▶ <u>47250 WASHINGTON ST SUITE A LA QUINTA, CA</u> ZIP + 4 ▶ <u>92253</u> | | |

| | | Yes | No |
|-----------|--|-----|----|
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | No |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____ | | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ | | |

| | | Yes | No |
|------------|--|-----|----|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | | No |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | No |

| | | |
|---|------------|-----------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 46 | No |

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|------------|-----------|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | No |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | No |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | |
|---|--------------------|
| ***** Signature of officer | 2020-11-16 Date |
| DELIA GLORIA GONZALEZ Treasurer Type or print name and title | |

| | | | | | |
|-------------------------------|---|----------------------|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Elisa Schwartz CPA | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00629445 |
| | Firm's name ▶ The Practice Certified Public Accountant | | | Firm's EIN ▶ 27-1659369 | |
| | Firm's address ▶ 44651 Village Court Suite 125 Palm Desert, CA 92260 | | | Phone no. (760) 777-7377 | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
CADENA RADIAL MISION Y VISIO CORP

Number and street (or P O box, if mail is not delivered to street address) Room/suite
47250 WASHINGTON ST SUITE A

City or town, state or province, country, and ZIP or foreign postal code
LA QUINTA, CA 92253

D Employer identification number
46-3779164

E Telephone number
(760) 534-7191

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| Revenue | |
|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received |
| 2 | Program service revenue including government fees and contracts |
| 3 | Membership dues and assessments |
| 4 | Investment income |
| 5a | Gross amount from sale of assets other than inventory |
| 5b | Less cost or other basis and sales expenses |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) |
| 6 | Gaming and fundraising events |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) |
| 6b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) |
| 6c | Less direct expenses from gaming and fundraising events |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) |
| 7a | Gross sales of inventory, less returns and allowances |
| 7b | Less cost of goods sold |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) |
| 8 | Other revenue (describe in Schedule O) |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 0 |
| Expenses | |
| 10 | Grants and similar amounts paid (list in Schedule O) |
| 11 | Benefits paid to or for members |
| 12 | Salaries, other compensation, and employee benefits |
| 13 | Professional fees and other payments to independent contractors |
| 14 | Occupancy, rent, utilities, and maintenance |
| 15 | Printing, publications, postage, and shipping |
| 16 | Other expenses (describe in Schedule O) |
| 17 | Total expenses. Add lines 10 through 16 ▶ 0 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) 0 |
| Net Assets | |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 0 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) 0 |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 0 |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No response. Rows include questions 33 through 41e regarding organizational activities, financial reporting, and tax shelter status.

42a The organization's books are in care of DELIA GLORIA GONZALES Telephone no (760) 534-7191 Located at 47250 WASHINGTON ST SUITE A LA QUINTA, CA ZIP + 4 92253

Table with columns for question number, description, and Yes/No response. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, description, and Yes/No response. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

| | | |
|--|------------|-----------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | No |

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|------------|-----------|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | No |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | No |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | |
|---|--------------------|
| ***** Signature of officer | 2019-11-15 Date |
| DELIA GLORIA GONZALES TREASURER Type or print name and title | |

| | | | | | |
|-------------------------------|--|----------------------|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name ELISA SCHWARTZ CPAPFS | Preparer's signature | Date 2019-11-15 | Check <input type="checkbox"/> if self-employed | PTIN P00629445 |
| | Firm's name ▶ THE PRACTICE CPA INC | | | Firm's EIN ▶ 27-1659369 | |
| | Firm's address ▶ 44651 VILLAGE CT SUITE 125 PALM DESERT, CA 92260 | | | Phone no (760) 777-7377 | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CADENA RADIAL MISION Y VISIO CORP

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
47250 WASHINGTON ST SUITE A

City or town, state or province, country, and ZIP or foreign postal code
LA QUINTA, CA 92253

D Employer identification number
46-3779164

E Telephone number
(760) 534-7191

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|---|--|-----------|---|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | 0 |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 0 | |
| c Less: direct expenses from gaming and fundraising events | 6c | 0 | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | 0 | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 0 | |

| | | | |
|--|--|-----------|--|
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe in Schedule O) | 16 | |
| 17 Total expenses. Add lines 10 through 16 | 17 | | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

| | | Yes | No |
|------------|--|------------------|----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. | | No |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | No |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| 35c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | No |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ | | |
| b | Did the organization file Form 1120-POL for this year? | | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b _____ | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a _____ | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b _____ | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0 ; section 4912 ▶ _____ 0 ; section 4955 ▶ _____ 0 | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | No |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0 | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0 | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | No |
| 41 | List the states with which a copy of this return is filed. ▶ _____ | | |
| 42a | The organization's books are in care of ▶ <u>EDITH GONZALEZ</u> Telephone no. ▶ <u>(760) 534-7191</u> Located at ▶ <u>47250 WASHINGTON ST SUITE A LA QUINTA, CA</u> ZIP + 4 ▶ <u>92253</u> | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 42b | No |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____ | 42c | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | No |

| | | |
|---|------------|-----------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 46 | No |

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|------------|-----------|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | No |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | No |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | |
|---|--------------------|
| ***** Signature of officer | 2020-11-16 Date |
| DELIA GLORIA GONZALEZ Treasurer Type or print name and title | |

| | | | | | |
|-------------------------------|---|----------------------|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Elisa Schwartz CPA | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00629445 |
| | Firm's name ▶ The Practice Certified Public Accountant | | | Firm's EIN ▶ 27-1659369 | |
| | Firm's address ▶ 44651 Village Court Suite 125 Palm Desert, CA 92260 | | | Phone no. (760) 777-7377 | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

ATTACHMENT C

Address of CRR and Mision with the Texas Comptroller of Public Accounts³¹

The image displays two sets of screenshots from the Texas Comptroller of Public Accounts website. Each set consists of a search results page on the left and a 'Franchise Tax Details' page on the right.

Top Set of Screenshots:

- Search Results:** Shows a search for 'Taxable Entity' with 1 match found. The result is 'CADENA RADIAL REMANENTE'.
- Franchise Tax Details:** Shows details for 'CADENA RADIAL REMANENTE' as of 05/24/2023 16:19:32. The details include:
 - Texas Taxpayer Number: 32052405563
 - Mailing Address: 47250 WASHINGTON ST STE A LA QUINTA, CA 92253-2105
 - Right to Transact Business in Texas: ACTIVE
 - State of Formation: TX
 - Effective SOS Registration Date: 11/07/2013
 - Texas SOS File Number: 0801878253
 - Registered Agent Name: NORA MAGALLI ORDONEZ
 - Registered Office Street Address: 1328 W BRANCH HOLLOW DR CARROLLTON, TX 75007

Bottom Set of Screenshots:

- Search Results:** Shows a search for 'Taxable Entity' with 1 match found. The result is 'CADENA RADIAL MISION Y VISION'.
- Franchise Tax Details:** Shows details for 'CADENA RADIAL MISION Y VISION' as of 05/24/2023 16:17:37. The details include:
 - Texas Taxpayer Number: 32052405548
 - Mailing Address: 47250 WASHINGTON ST STE A LA QUINTA, CA 92253-2105
 - Right to Transact Business in Texas: ACTIVE
 - State of Formation: TX
 - Effective SOS Registration Date: 11/07/2013
 - Texas SOS File Number: 0801878255
 - Registered Agent Name: HORACIO PEDRAZA
 - Registered Office Street Address: 20230 STANTON LAKE DR CYPRESS, TX 77433

³¹ Screenshots of the Texas Comptroller of Public Accounts website, <https://mycpa.cpa.state.tx.us/coa> (last visited May 24, 2023).

ATTACHMENT D

Address of Dr. Edith Gonzalez Werner's Medical Practice³²

The screenshot displays the website for Dr. Edith Gonzalez Werner's medical practice. At the top, there is a dark navigation bar with the logo "WG WERNER GONZALEZ" on the left and menu items "HOME", "ABOUT US", "PATIENT RESOURCES", "TESTIMONIALS", and "CONTACT" on the right. Below the navigation bar, the text "Home > Contact" is visible. The main content area features a Google Map on the left and contact information on the right. The map shows the location at 47250 Washington St A, La Quinta, CA 92253, with a red pin and a "Directions" button. Other nearby locations like "Louise's Pantry" and "Acuity Eye Group - La Quinta" are also marked. The contact information on the right includes office hours (Monday - Friday 9:00am to 5:00pm) and contact details (phone numbers +1 (760) 771-9437 and +1 (760) 564-8581, and email Wernergonzalezfp@gmail.com).

WG WERNER GONZALEZ

HOME ABOUT US PATIENT RESOURCES TESTIMONIALS CONTACT

Home > Contact

47250 Washington St A
47250 Washington St, La Quinta, CA 92253
Directions
View larger map

MD FACS
Louise's Pantry
American · \$5

Washington St
Calleo Blvd
Dulce Del Mar
Via Onivite
Via Lorca
Via Arribas
Via Ravenna
Via Koron

Acuity Eye Group - La Quinta

Google
Keyboard shortcuts Map data ©2023 Google Terms of Use Report a map error

Office hours / Appointments
Monday – Friday 9:00am to 5:00pm

Contact Details
47250 Washignton St. ste A La Quinta CA 92253
+1 (760) 771-9437
+1 (760) 564-8581
Wernergonzalezfp@gmail.com

³² Screenshot of the website for Dr. Edith Gonzalez Werner's medical practice, <https://www.wernergonzalezfamilypractice.com/contact> (last visited June 8, 2023).

ATTACHMENT E

Mision Phone Number Listed with the FCC³³

Facility ID:195336

KRAQ-LP

Station Type: | Community: RANCHO MIRAGE, CA

[« Back To Search Results](#)

FACILITY DETAILS

FACILITY TECHNICAL DATA

Channel and Facility Information

| | | | |
|--------------------------|---------------------------|------------------|-------|
| Service: | Low Power FM | Class: | LP100 |
| Facility Type: | Noncommercial Educational | Primary Station: | |
| Facility Status: | LICENSED | | |
| Status Date: | 02/06/2018 | | |
| License Expiration Date: | 12/01/2029 | | |
| Off-air Date: | | | |

Licensee

Name: CADENA RADIAL MISION Y VISION
Title:
Address: 72780 COUNTRY CLUB DR. STE 103
RANCHO MIRAGE, CA 92270
US
Phone: +1 (760) 534-7191
Email: delia429@hotmail.com

Contact Representative

Name: Dan J Alpert
Title: Legal Counsel
Address: THE LAW OFFICE OF DAN J. ALPERT
2120 21st Rd. N
Arlington, VA 22201
US
Phone: +1 (703) 243-8690
Email: DJA@COMMLAW.TV

³³ Screenshot of the Commission's Licensing and Management System, <https://enterpriseefiling.fcc.gov/dataentry/public/tv/publicFacilityDetails.html?facilityId=195336> (last visited June 8, 2023).