

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

File Number:0000176007Submit Date:2021-12-01FRN:0022307920Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:12/01/2021Filing Status:Active

Section I - General Information

1. Respondent

 FRN
 Entity Name

 0022307920
 En Familia, Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3015 N. 33rd Ave.	Phoenix	AZ	85017	+1 (602) 234- 8998	LINDHOLM. JEFF@GMAIL.COM

2. Contact Representative

Name	Organization
MATTHEW H. MCCORMICK	FLETCHER, HEALD & HILDRETH, P.L.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17TH STREET Suite 1100	Arlington	VA	22209	+1 (703) 812- 0438	MCCORMICK@FHHLAW. COM

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	Biennial
"As of" date	10/01/2021
	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) and Station(s)

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

Licensee/Permittee Name			FRN		
En Familia, Inc.		0022307920			
Fac. ID No.	Call Sign	City	State	Service	
6383	KIDR	PHOENIX	AZ	AM	
92985	KJZA	DRAKE	AZ	FM	
173030	KJZK	KINGMAN	AZ	FM	
173032	KJZP	PRESCOTT	AZ	FM	

Section II – Biennial Ownership Information

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

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations 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 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 ARIZONA		
Date of execution	08/2012		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: ARTICLES OF INCORPORATION		

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) 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) 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	0022307920	
Entity Name	En Familia, Inc.	

Street 1 Street 2	3015 N. 33rd Ave.		
City	Phoenix		
State ("NA" if non-U.S. address)	AZ		
Zip/Postal Code	85017		
Country (if non-U.S. address)	United States		
Respondent			
Respondent			
Interest holder is not a Tribal nation or Tribal entity			
Voting	0.0%		
Equity	0.0%		
Total assets (Equity Debt Plus)	0.0%		
	address)Zip/Postal CodeCountry (if non-U.S. address)Address)RespondentRespondentInterest holder is not a TribalVotingEquityTotal assets (Equity Debt Plus)	address)Zip/Postal Code85017Country (if non-U.S. address)United StatesRespondentStatesRespondentInterest holder is not a Tribal action or Tribal entityInterest holder is not a Tribal action or Tribal entity0.0%Equity0.0%Total assets (Equity Debt0.0%	

Ownership Information				
FRN	0019438712			
Name	Jeffrey L. Lindholm			
Address	PO Box			
	Street 1	3015 N. 33rd Dr.		
	Street 2			
	City	Phoenix		
	State ("NA" if non-U.S. address)	AZ		
	Zip/Postal Code	85017		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Director			
Principal Profession or Occupation	COO, ICertainty Inc.			
By Whom Appointed or Elected	Appointed or Board			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural				

Persons Only)	Gender	Male		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	25.0%		
	Equity	25.0%		
	Total assets (Equity Debt Plus)	25.0%		
Does interest holder have	Does interest holder have an attributable interest in one or more broadcast stations No			

that do not appear on this report?

Ownership Information

FRN	0027282532			
Name	MARIO PAREDES			
Address	PO Box			
	Street 1	3015 N. 33rd Dr.		
	Street 2			
	City	Phoenix		
	State ("NA" if non-U.S. address)	AZ		
	Zip/Postal Code	85017		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Other - Secretary			
Principal Profession or Occupation	CEO, Somos Helthcare Inc.			
By Whom Appointed or Elected	Board			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	25.0%		
(enter percentage values from 0.0 to 100.0)	Equity	25.0%		
	Total assets (Equity Debt Plus)	25.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

FRN	2130005511	2130005511			
Name	CRISTOFER PEREYRA				
Address	PO Box				
	Street 1	3015 N. 33rd Dr.			
	Street 2				
	City	Phoenix			
	State ("NA" if non-U.S. address)	AZ			
	Zip/Postal Code	85017			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Other - Director				
Principal Profession or Occupation	CEO, Tepeyac Leadership Inc.				
By Whom Appointed or Elected	Board				
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US			
	Gender	Male			
	Ethnicity	Hispanic or Latino			
	Race	White			
Interest Percentages	Voting	25.0%			
(enter percentage values from 0.0 to 100.0)	Equity	25.0%			
	Total assets (Equity Debt Plus)	25.0%			
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No		

Ownership Information

FRN	2130005529		
Name	ARMIDA ESCARCEGA		
Address	PO Box		
	Street 1	3015 N. 33rd Dr.	
	Street 2		
	City	Phoenix	
	State ("NA" if non-U.S. address)	AZ	
	Zip/Postal Code	85017	
	Country (if non-U.S. address)	United States	

	Listing Type	Other Interest Holder			
	Positional Interests (check all that apply)	Other - Director			
	Principal Profession or Occupation	Manager for the Office of Family Life at Diocese Of Phoenix			
	By Whom Appointed or Elected	Board			
	Citizenship, Gender,	Citizenship U		US	
	Ethnicity, and Race Information (Natural	Gender		Female	
	Persons Only)	Ethnicity		Hispanic or Latino	
		Race		White	
	Interest Percentages (enter percentage values	Voting		25.0%	
	from 0.0 to 100.0)	Equity		25.0%	
		Total assets (Equity Plus)	Debt	25.0%	
	Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No	
	 (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.). Commercial station KIDR is	
	 (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	
3. Organizational Chart (Licensees Only)	Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit. Non-Licensee Respondents should select "N/A" in response to this question. There is no vertical ownership structure. Section III - Certification				
Cortification	Section	Question		Response	

Certification

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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 LICENSEOR 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: En Familia, Inc. Name: Jeffrey Lindholm Phone: 6022348998 12/01/2021