



(REFERENCE COPY - Not for submission)

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

File Number: **0000100587** | Submit Date: **2020-01-27** | FRN: **0004760377**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **01/27/2020**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0004760377	COVENANT NETWORK

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
4424 Hampton Avenue	St. Louis	MO	63109	+1 (314) 752-7000	contact@ourcatholicradio.org

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	Biennial
"As of" date	10/01/2019 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
COVENANT NETWORK	0004760377

Fac. ID No.	Call Sign	City	State	Service
115	WCKW	GARYVILLE	LA	AM
7114	KHOJ	ST. CHARLES	MO	AM
8882	WOLG	CARLINVILLE	IL	FM
13649	WRMS	BEARDSTOWN	IL	AM
27556	WRYT	EDWARDSVILLE	IL	AM
42644	WIHM	TAYLORVILLE	IL	AM
76151	WHOJ	TERRE HAUTE	IN	FM
90381	KBKC	MOBERLY	MO	FM
171236	KHJR	ST. THOMAS	MO	FM
171939	KEFL	KIRKSVILLE	MO	FM
172232	WMSH	SPARTA	IL	FM
172818	WGMR	EFFINGHAM	IL	FM
175887	WIHM-FM	HARRISBURG	IL	FM
175893	KHJM	DEXTER	MO	FM
175898	WHJR	MURPHYSBORO	IL	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 Missouri
Date of execution	12/1996
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Charter

Document Information	
Description of contract or instrument	Amendment to Articles of Incorporation
Parties to contract or instrument	State of Missouri
Date of execution	03/1997
Date of expiration	No expiration date

Agreement type (check all that apply)	Other Agreement Type: Charter
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Document Information	
Description of contract or instrument	Amendment to Articles of Incorporation
Parties to contract or instrument	State of Missouri
Date of execution	01/2001
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Charter

Document Information	
Description of contract or instrument	Amendment to Articles of Incorporation
Parties to contract or instrument	State of Missouri
Date of execution	05/2008
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Charter

Document Information	
Description of contract or instrument	By-laws, as amended
Parties to contract or instrument	Corporation
Date of execution	06/2012
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) 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	0004760377	
Entity Name	COVENANT NETWORK	
Address	PO Box	
	Street 1	4424 Hampton Avenue
	Street 2	
	City	St. Louis
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63109
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	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	9990120477	
Name	John Anthony Holman	
Address	PO Box	
	Street 1	5326 Cardinal Ridge Circle
	Street 2	
	City	Shrewsbury
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63119-5013
	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 and General Manager, Covenant Network	

By Whom Appointed or Elected	Founder	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%
	Equity	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	9990120478	
Name	Teresa M. Holman	
Address	PO Box	
	Street 1	5326 Cardinal Ridge Circle
	Street 2	
	City	Shrewsbury
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63119-5013
	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	Covenant Network corporate Secretary and Assistant General Manager, Development	
By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%
	Equity	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
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Ownership Information

FRN	9990120479	
Name	Tammy Teresa Keppner	
Address	PO Box	
	Street 1	8049 Knights Crossing Drive
	Street 2	
	City	O'Fallon
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63368-6215
	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	Homemaker	
By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%
	Equity	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
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(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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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.

Licensee is a non-profit corporation with no shareholders, parent or subsidiary entities. The corporation is controlled by a three person board of directors.

Section III - Certification

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: Covenant Network Name: John Anthony Holman Phone: 3147527000 01/27/2020