



(REFERENCE COPY - Not for submission)

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

File Number: **0000151849** | Submit Date: **2021-07-07** | FRN: **0004760377**

Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:

**07/07/2021** | 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	tony@covenantnet.net

### 2. Contact Representative

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

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

### 3. Application Filing Fee

Not Applicable

### 4. Control of Respondent

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

(b) Provide the following information about this report:	
Purpose	Transfer of control or assignment of license/permit
"As of" date	06/25/2021  When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

### 5. Licensee(s)

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

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

Licensee/Permittee Name	FRN
COVENANT NETWORK	0004760377

Fac. ID No.	Call Sign	City	State	Service
115	WCKW	GARYVILLE	LA	AM
7114	KHOJ	ST. CHARLES	MO	AM
8603	WTTT	SPRINGFIELD	IL	FM
8882	WOLG	CARLINVILLE	IL	FM
13649	WRMS	BEARDSTOWN	IL	AM
27556	WRYT	EDWARDSVILLE	IL	AM
33882	WPMJ	CHILLICOTHE	IL	FM
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 – Non-Biennial Ownership Information

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

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

Document Information	
Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	State of 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

<b>Parties to contract or instrument</b>	State of Missouri
<b>Date of execution</b>	03/1997
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Charter

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

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

Document Information	
<b>Description of contract or instrument</b>	By-laws, as amended
<b>Parties to contract or instrument</b>	Corporation
<b>Date of execution</b>	06/2012
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> By-laws

## 2. Ownership Interests

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

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

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

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

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

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

Ownership Information		
FRN	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	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	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		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			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		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

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	

	<b>Zip/Postal Code</b>	63368-6215
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Homemaker	
<b>By Whom Appointed or Elected</b>	Board of Directors	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	33.3%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No
<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.		Yes

<b>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b>  If " <u>Yes</u> ," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	No
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Certification

Section	Question	Response
<b>Authorized Party to Sign</b>	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).	
<b>Certification</b>	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: <b>President</b> Exact Legal Title or Name of Respondent: <b>Covenant Network</b> Name: <b>John Anthony Holman</b> Phone: <b>3147527000</b>  07/07/2021