Department of the Treasury

29493006057

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

	Tal Revenu			5/1/2016	, and e		4/30/2	017		
<u>A</u>			endar year, or tax year beginning C Name of organization Covenant N		, and e			entification n	umber	
		applicable	C Name of organization Covenant No Doing business as	etwork		——	Linpioyeria	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u	
<u> </u>	Address c	nange	Number and street (or PO box if mail is no	at delivered to street address)	Room/suite		768606			
	Name cha	ange	4424 Hampton Ave	of delivered to street address;	1100m/suite		Telephone nu	mber		
	Initial retu	ım	City or town	State	ZIP code	1 -	•			
			St Louis-	MO	63109	(314) 752-700	0		
<u> </u>	Final return	/terminated		n province/state/county	Foreign postal	code				
\Box	Amended	return			.		Gross receipt	s \$	1,6	70,692
\equiv		'	E Name and address of annual afficient	- 						X No
└	Applicatio	n pending	F Name and address of principal officer	0.1 140 00400		H(a) Is this a gr			Yes	_
			John A Holman 4424 Hampton Ave	e , St Louis, MO 63109		H(b) Are all s			Yes	No
1 1	ax-exemp	pt status	X 501(c)(3) 501(c) ()) or	lf "No," a	attach a list (see instruction	is)	
JI	Vebsite	. COV	enantnet net			H(c) Group ex	cemption num	ıber ▶		
		rganization		ciation Other ►	1 Yea	r of formation	1996	M State of le	gal domicile	MO
_	_			Jacon Carona (1990			IVIO
نك	art I		mmary	t t t t	- To F	·ongolize o		o Catholia	Enuth	
Ģ	1	•	escribe the organization's mission o	_		vangelize ai	id teach tr	ie Catriolic	railli	
ű	1		through radio Most significant activ			gn une				
Ĕ	ì		Ill powered Catholic radio stations a							
ĕ	2		nis box ▶ 🔛 if the organization di	•	s or disposed	of more tha	ın 25% of ı	ts net asse	ets	
Ŏ	3		of voting members of the governing	• •				3		3
ς, O	4		of independent voting members of	• • •	•		<u> </u>	4	· <u></u>	0
Œ.	5		mber of individuals employed in cale	- · · · · · · · · · · · · · · · · · · ·	line 2a)			5		13
Activities & Governance	6		mber of volunteers (estimate if nece	• •			L	6		
Ă	7a	Total un	related business revenue from Part	VIII, column (C), line 12			7	'a		0
	b	Net unre	elated business taxable income from	Form 990-T, line 34	-		7	b		0
<u>a</u>						Prio	r Year		Current Yea	
	8		itions and grants (Part VIII, line 1h)		1,335,0	27		66,172		
Revenue	9		n service revenue (Part VIII, line 2g)		45,1			60,860		
Š	10		ent income (Part VIII, column (A), lir		204,5		2	87,409		
I.	11	Other re	venue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11c	∋)		1,2			1,490
	12	Total rev	enue—add lines 8 through 11 (must ec	ual Part VIII, column (A), li	ne 12)		1,585,9	19	1,6	15,931
	13		and similar amounts paid (Part IX, co				9,5	40		9,375
	14	Benefits	paid to or for members (Part IX, co	umn (A), line 4)				0		0
S	15	Salaries,	, other compensation, employee benefi	ts (Part IX, column (A), line	es 5–10)		320,3	31	3	25,975
Ľ	16a	Professi	ional fundraising fees (Part IX, colun	nn (A), line 11e)				0		0
Expenses	b	Total fur	ndraising expenses (Part IX, column	(D), line 25) ►	168,806	4 . 2			·	* .
ŵ	17	Other ex	xpenses (Part IX, column (A), lines 1	1a-11d, 11f-24e)			746,7	69	3	24,574
	18	Total ex	penses Add lines 13–17 (must equa	al Part IX, column (A), lin	e 25)	<u> </u>	1,076,6	40	1,1	59,924
	19	Revenu	e less expenses Subtract line 18 fro	om line 12 PEPEIN			509,2		4	56,007
0 8						Beginning o	f Current Ye	ar	End of Year	
Sets	20	Total as	sets (Part X, line 16)		2018	L	3,509,4	93	3,8	85,750
A A	21	Total lia	bilities (Part X, line 26)	E O NAL	2018		619,3	61		39,611
Net Assets or Fund Balances	22	Net ass	ets or fund balances Subtract line 2		<u>\</u>		2,890,1	32	3,3	346 <u>,139</u>
Pá	art II		nature Block	OGDEN	717					
Und	er penalti	ies of perjur	y, I declare that I have examined this return, in	cluding accompanying schedule	s and statements	, and to the bes	st of my know	ledge		
and	belief it i	is true, corre	ect, and complete, Declaration of preparer (other	er than officer) is based on all in	ormation of whic	n preparer nas	any knowledg	ge / 2	a/.	
Sig	ģņ					· · · · · ·		212	7//	
Ηę			Signature of officer	. 16. 1	$\mathcal{D}_{\mathcal{C}}$	5611	Date	σ		
	1		_ John ANTHON)	HOLMAN	, FK	Z 3 ()	CIV			
	-2 -	Prin	Type or print name and title t/Type preparer's name	Preparer's signature		Date			PTIN	
Da	ເຊິ່ງ		wrype preparer's mame	Freparer's signature		Date	Chec		E I III	
Paid? Preparer			oorah A Lewis	Deborah A Lewis		12/29/2	017 self-		P0096484	18
	e Only		n's name ► Deborah A Lewis, CPA	MBA		Firm	's EiN ► 4	3-1724322		
Ja	VIII)	, –	n's address ► 1701 Fairfax Circle, Bar		·			36-464-184	 45	
Ma	v the IF		ss this return with the preparer show		ns)					
									=	
FOI HTA	•	work Red	luction Act Notice, see the separate	instructions.				1	Form 99	0 (2016)
								(a 5	

orm 9	90 (2016)	Covenant Network	43-1768606	Page 2
Par	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III .		<u>. Ll</u>
1	•	escribe the organization's mission		
		glize and teach the Catholic Faith primarily through radio and to distribute materials		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		
3	services		Yes	X No
		describe these changes on Schedule O		
4	expense	e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.		
4a	and twe distribut) (Expenses \$ 816,763 including grants of \$ 9,375) (Revenuing expenses and announcement contributions for fifteen full power Catholic radio stations inty-six translator stations which are part of the Covenant Network and to a lesser extent ion of materials to share and teach the Catholic faith. Unknown number of listeners or 41 broadcast facilities.		
_				
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ie\$)
		·		
4c	(Code) (Expenses \$ including grants of \$) (Revenue		
-	(/
		·		
		rogram services (Describe in Schedule O)		
4d	Other p (Expens			

	IV Checklist of Required Schedules		P.	age J
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable		* 3. Fail.	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	_ 	- X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		,

г ан	Checkist of Required Ochedules (commuted)	- 1	V	Na
00-	Dull the appropriate and or more booking facilities? If "Voc." complete Schodule H	20a	Yes	No X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	Ì		l
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b		24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		 ^
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			Í
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	-		_
-	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		, , , , , , , , , , , , , , , , , , ,	* /
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			. *
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	l		١
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		,
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30		 ^-
J I	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		<u> </u>
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	ļ <u>.</u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		1	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	├ —
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		[
~~	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		İ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		x
38		31	 	┢
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	X	
	10. Note. Asia of office are required to complete ochequie o			(2016)
			~~~	(EU10)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 26	·	~**	In.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	V.	,	?
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		'8' >	
			3.	, i
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		À	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a	·	_×
b	If "Yes," enter the name of the foreign country	ļ.,		, 🖹
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	c		\$ .
_	(FBAR)	fine ,	*	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<del>  ^-</del>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	3C		<del> </del>
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		<del>  ^-</del>
	gifts were not tax deductible?	6b		
_7	Organizations that may receive deductible contributions under section 170(c).	1 3	.a. Z.:	一
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	) #Granger gate	4	
-	and services provided to the payor?	7a	- X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	æ.	Ì	_,
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	2
9	Sponsoring organizations maintaining donor advised funds.	1_	1,5	₹ ,
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		┼
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	i d	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12		,	1,11
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		1.	1003000
11	Section 501(c)(12) organizations. Enter	1 7 7 7 7		**************************************
a	Gross income from members or shareholders	1.		3
b	Gross income from other sources (Do not net amounts due or paid to other sources	┨.		
	against amounts due or received from them )	1	, *(r	6/
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	i .	83
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	, ·		ý* · ·
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Park.	, , ^	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	1.28	, , , , , , , , , , , , , , , , , , ,	1 g/
b	Enter the amount of reserves the organization is required to maintain by the states in which	3,3	_	
	the organization is licensed to issue qualified health plans	٠.,	, x4	
С	Enter the amount of reserves on hand		<u> </u>	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b>-</b>	X
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	L

Covenant Network	43-1768606	Page
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,		
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	ule O. See inst	ructions.
Check if Schedule O contains a response or note to any line in this Part VI		X

Sect	ion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 3		l j					
	If there are material differences in voting rights among members of the governing body, or		, s		3. 7				
	if the governing body delegated broad authority to an executive committee or similar				\$ * ** ,				
	committee, explain in Schedule O			, , , , , , , , , , , , , , , , , , ,	5.00				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0	.**	(°.	× *,				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	, ,	د شد					
	any other officer, director, trustee, or key employee?		2	Х					
3、	Did the organization delegate control over management duties customarily performed by or under	the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Χ				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 will		4		X				
5									
6	Did the organization have members or stockholders?		6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint							
	one or more members of the governing body?	and to a min	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		<u> </u>						
-	stockholders, or persons other than the governing body?	1	7b	х					
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina	1	*					
•	the year by the following	ir during		br.Moness					
а	The governing body?		**8a	x	**				
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	<del>"</del> -						
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Jaorica	9		Х				
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	<u> </u>	<u> </u>					
Ject	ton B. Folicies (This dection B requests information about policies not required by the	internal revenue	2000	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	-	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters.							
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b						
11a									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	are turning and torrit	11a	X	3.7				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	x	**				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	X	<del></del>				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		1	<u> </u>					
	describe in Schedule O how this was done	, 00,	12c	Х					
13	Did the organization have a written whistleblower policy?		13	X					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and appro	val by	, 24	Š.	- š. 12				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		9.1		4				
а	The organization's CEO, Executive Director, or top management official		15a	X	`				
b	Other officers or key employees of the organization		15b	X					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1.00	×. 4,	7				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	iement	,,	*	* \$				
. • •	with a taxable entity during the year?	,0,110.11	16a	. ik. L	x				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	70a		3				
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		8	Ĵ	SA.				
	the organization's exempt status with respect to such arrangements?	g	16b	~					
Sect	ion C. Disclosure	<u> </u>	1.550	·	<b></b>				
17	List the states with which a copy of this Form 990 is required to be filed   IL								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	s)s onl	/)					
	available for public inspection. Indicate how you made these available. Check all that apply	, , , , , , , , , , , , , , , , , , , ,		,					
		plain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,			nd					
	financial statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's t	oooks and records	•						
	Susan Nolkemper	(0.4.1) =========	)						
	4424 Hampton Ave , St Louis, MO 63109								

orm 990 (2016) Covenant Network									43-17686	06 Page <b>7</b>	
Part VII Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a re	ontractors										
Section A. Officers, Directors, Trustees, Key E	mployees, and	Highe	est (	Con	npe	nsate	ed E	mployees			
a Complete this table for all persons required to be I	isted Report co	mpen	ısatı	on f	or t	he ca	lend	dar year ending v	with or within the		
rganization's tax year											
<ul> <li>List all of the organization's current officers, diffeompensation Enter -0- in columns (D), (E), and (I)</li> <li>List all of the organization's current key emplo</li> <li>List the organization's five current highest components of the componen</li></ul>	F) if no compens yees, if any See npensated emplo m W-2 and/or Bo	sation e instr oyees ox 7 o	was uction (other	s pa ons her i orm	id for thar 109	defin n an d 99-MIS	itior offici SC)	of "key employeer, director, truste of more than \$1	ee " ee, or key emplo 00,000 from the	yee)	
<ul> <li>List all of the organization's former officers, ke</li> <li>100,000 of reportable compensation from the organ</li> </ul>							eu e	imployees who r	eceived more tha	311	
<ul> <li>List all of the organization's former directors organization, more than \$10,000 of reportable compensity persons in the following order individual trustees compensated employees, and former such persons</li> </ul>	or trustees that ensation from the or directors, ins	receive orga	ved, anıza onal	in t atior trus	he d n an stee	capac nd any s, offi	rel cers	ated organizations, key employees	ns s, highest	he	
Check this box if neither the organization nor any	/ related organiz	ation	con			ted al	ly c	urrent officer, air	ector, or trustee		
(A) Name and Title	(B) Average hours per	officer and a director/trustee) com					an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
<del></del>	week (list any hours for related organizations below dotted	related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
		Ď	tee			sated			-	*	
(1) John A Holman Pres/Gen Mgr	45 00 0 00			Х				68,976	0	16,235	
(2) Teresa Holman	36 00		1					!			
Secretary/Assistant Mgr	0 00		<u> </u>	Х		-	-	45,762	0	8,854	
(3) Tammy Keppner reasurer	0 01 0 00	1		x		Ĭ	ĺ	0	0	0	
(4)		^	-	_						0	
(5)											
(6)								-		<del>",</del>	
(7)											
(8)											
(9)											
10)		1					Π				

(11)

(12)

(13)

Form **990** (2016)

	(A) Name and title	(B) Average hours per	box,	unles er an	Pos eck s pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		ar	(F) stimate nount o	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	s	com fr org an	pensation the anization related	on ed
(15)											$\dashv$			
(16)														
(17)													_	
(18)											$\exists$		-	
(19)														
(20)								-			$\exists$		_	
(21)							ļ				$\exists$			
(22)													. , .,	
(23)		-	-											
(24)										s				
(25)				ļ										
1b c d	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A	.1	<u>.</u>	I	J		<b>&gt; &gt;</b>	114,738 0 114,738		0 25,089 0 0 0 25,089			О
2	Total number of individuals (including but not lir reportable compensation from the organization				/e) v	who	rece	ivec						,,000
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,	key e	emp	loye	ee, c	or hig	hes	t compensated			- <u>**</u>	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual											4	À.	X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Yo									vidual		 5	<i>M</i> ×	X
Sec	tion B. Independent Contractors	es, complete of	CITEGO	<i>110</i> C	, 101	300	in po	301	•		1		l	
1	Complete this table for your five highest compecompensation from the organization Report coyear											ax		
	(A) Name and business add	iress							(B) Description of sei	vices	С	(C Compe	) nsation	
								1						
								$\vdash$						
								t						
														(
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	_	ted to	tho	se	liste	ed abo		) who received					

_	_		_		_		
St	tate	me	nt	of	Rev	er/	٦IJ

	. Check if Schedule O contains a response or note to any line in this Part VIII								
·	; y		****		(A)	(B)	(C)	(D)	
					Total revenue	Related or	Unrelated business	Revenue excluded from	
	•					exempt function	revenue	tax under sections	
		<u> </u>	*			revenue	,	512-514	
s s	1a	Federated campaigns	<u>1a</u>	0			* ', *, ' ' '	, , , , , , , , , , , , , , , , , , , ,	
ts, Grants Amounts	b	Membership dues	1b	0					
5 E	С	Fundraising events	1c	0					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d	0					
ons, Giff Similar	е	Government grants (contributions	s) <u>1e</u>	0		X 1.,			
tor S r	f	All other contributions, gifts, gran	ts, and	1			L. 18		
tributic		similar amounts not included abo		1,266,172		n in a			
Cont and (	g	Noncash contributions included in li	nes 1a-1f \$	32,061	1 - 3 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			· · · · · · · · · · · · · · · · · · ·	
ပြ	h	Total. Add lines 1a-1f		<b></b>	1,266,172	w i			
e e				Business Code		Y : . 2			
en l	2a	Announcement Income		900099	60,860	60,860			
Şe	b				0				
<u>3</u>	С				0				
Šez	d				0				
Ē	е				0				
Program Service Revenue	f	All other program service revenu	е		0				
g	g	Total. Add lines 2a-2f		<b>&gt;</b>	60,860	A.			
	3	Investment income (including div	idends, interest	and					
		other similar amounts)		<b>&gt;</b>	6,922	6,922			
	4	Income from investment of tax-ex	kempt bond prod	ceeds <b>&gt;</b>	0				
	5	Royalties		<b></b>	0				
-		+	(ı) Real -	-(II) Personal	-2- <del>7-</del> 4-+ <del>4</del> -				
	6a	Gross rents						A Section in the contract	
	b	Less rental expenses				1 ' ( )			
	С	Rental income or (loss)	C	0			i	å Satur	
	d	Net rental income or (loss)		<u> </u>	0				
	7a	Gross amount from sales of	(i) Securities	(II) Other	1 W -			j.,	
		assets other than inventory	32,248	303,000				. 3.	
	b	Less cost or other basis			, , , , , ,		*** ** *******************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		and sales expenses	32,061	22,700				K , ^*	
	С	Gain or (loss)	187	280,300	*	Kini da	* <b>4</b>	i ki.	
	d	Net gain or (loss)			280,487				
								<b>(</b> )	
ĭľe	8a	Gross income from fundraising					Ž.	¥	
ver		events (not including \$	0				, , ,		
æ		of contributions reported on line					,		
er		See Part IV, line 18	a .	0	**, * , * 			(2 . 8	
Other Revenue	b	Less direct expenses	. <b>b</b>	0		300 N N N N N N N N N N N N N N N N N N		5 · · · · · · · · · · · · · · · · · · ·	
•	C	Net income or (loss) from fundra			- C	* * * * * * * * * * * * * * * * * * *		. 6 ) 557	
	9a	Gross income from gaming activ				Z .			
	١.	See Part IV, line 19	a	0	•				
	b	Less direct expenses	b - cotuutioo		:: <u></u>		_ 1 1 1 3 . 3 . 3 . 3	1.A * #	
	C	Net income or (loss) from gamin	g activities		2017	7 1 0		<u> </u>	
	10a	Gross sales of inventory, less returns and allowances				6	1 X	,	
	_	Less 'cost of goods sold	a b	0	*. · . · . · . · . · . · . · . · . · . ·	* * * * * * * * * * * * * * * * * * * *		, ** * ₂	
	b				· ··· · ;		· W	, t	
	C	Net income or (loss) from sales of Miscellaneous Revenue	or inventory	Business Code	1	*****		- 26	
	11a	state discount		Daginess code	145 Linux	145		1	
	b	Electric			89	<del></del>			
	C	Insurance Reimbursement			1,256		· · · · · · · · · · · · · · · · · · ·		
	d	All other revenue			1,250				
	e	Total. Add lines 11a–11d		<b>—</b>	1,490		3 4 7 7	~ * *	
	12	Total revenue. See instructions		•	1,615,931	<del></del>		0	

Form 990 (2016) Covenant Network

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganızatıons must d	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not ìnclude amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	9,375	9,375	***************************************	
2	Grants and other assistance to domestic			2, 1	
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0		Y *	¥ &**
4	Benefits paid to or for members	0		.34 *** <b>***</b> *24	\$ 1 \(\hat{\partial}\)
5	Compensation of current officers, directors,	120,000	12,000	74 500	33,500
c	trustees, and key employees  Compensation not included above, to disqualified	120,000	12,000	74,500	33,300
6	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4956(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	159,872	99,772	50,206	9,894
8	Pension plan accruals and contributions (include	100,072	35,112	30,200	0,004
Ü	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	24,417	5,531	12,967	5,919
10	Payroll taxes	21,686	8,745	9,616	3,325
11	Fees for services (non-employees)			-,00	-,
a	Management	0			
b	Legal	19,175	19,175		
С	Accounting	9,900		9,900	
_d -	-Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	92,046			
12	Advertising and promotion	4,562	4,562		
13	Office expenses	148,886		23,169	57,750
14	Information technology	20,291	17,724	2,567	
15	Royalties	0	<del></del>		
16	Occupancy	247,373		4,466	4,465
17	Travel	12,389	12,389	,	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	31,759	<del></del>	·····	28,289
19 20	Conferences, conventions, and meetings Interest	24,357	24,357		20,209
21	Payments to affiliates	24,337	24,007		
22	Depreciation, depletion, and amortization	145,170	145,170	0	0
23	Insurance	43,108			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Licenses & Permits	21,953	21,953		
b	Dues & Subscriptions	3,096	3,096		
С	Miscellaneous	509	509		
d		0	<del>  </del>		
е	All other expenses	0	·		
25	Total functional expenses. Add lines 1 through 24e	1,159,924	816,763	200,019	143,142
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here		1		
	fundraising solicitation Check here If	92 370	34 038		49 340

**Balance Sheet** 

#### Part X *Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing 1 280,116 1 171,814 2 2 Savings and temporary cash investments 1.958.854 2.347.064 3 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net 0 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary ű. Assets organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 0 7 0 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2,383,616 b Less accumulated depreciation 10b 1,217,415 998,295 10c 1,166,201 11 Investments—publicly traded securities 11 Investments—other securities See Part IV, line 11 12 9,589 12 9,589 13 Investments—program-related See Part IV, line 11 13 n 14 Intangible assets 249.471 190,192 14 15 Other assets See Part IV, line 11 13,168 15 890 16 -Total assets. Add lines 1 through 15 (must equal line-34) -3,509,493 16 3,885,750 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and ŵ, disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 616,545 23 532.641 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 2,816 6,970 26 Total liabilities. Add lines 17 through 25 619,361 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. w 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 X and Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 2,890,132 32 3.346.139 33 Total net assets or fund balances 2,890,132 33 3,346,139 Total liabilities and net assets/fund balances 3,509,493 34 3,885,750

orm	990 (2016) Covenant Network	4	3-1768606	Pag	e 12
ar	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,615	,931
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,159	,924
3	Revenue less expenses Subtract line 2 from line 1	3		456	,007
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,890	,132
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	;	3,346	,139
ar	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>_</u>
			<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_* * -		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		* 44,	5.2 \$.70	3
	Schedule O		*	3, 3	₩.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		` ` ` `		, s
	reviewed on a separate basis, consolidated basis, or both		1		-%
	Separate basis Consolidated basis Both consolidated and separate basis			<b>&gt;</b>	, * * * * * * * * * * * * * * * * * * *
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				* *
	separate basis, consolidated basis, or both			;	23
_	X Separate basis Consolidated basis Both consolidated and separate basis		3,		~~ <del>**********</del>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	f	roar -	bactelasiöler	Çeşt
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		×i,		#* 3 3 A
	Schedule O		*		\$ 3 X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Χ_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

Cov	enai	nt Network					43-17	68606
Pai	rt I	Reason for Public Char	ity Status (All or	ganizations must co	mplete t	his part)	See instructions.	
The	orga	anization is not a private foundat	tion because it is (F	or lines 1 through 12,	check onl	y one box	)	TYCA
1		A church, convention of church	ies, or association o	f churches described in	n section	170(b)(1)	(A)(i).	
2		A school described in section	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 9	90-EZ))		1
3	$\sqcap$	A hospital or a cooperative hos		•			i).	
4		A medical research organizatio	-				•	nter the
•	<u> </u>	hospital's name, city, and state				0000.0.1		1101 1110
5		An organization operated for th		e or university owned	or operate	ed by a go	vernmental unit desc	rihed in
	_	section 170(b)(1)(A)(iv). (Com	iplete Part II)	•				Shoca in
6	<u>_</u>	A federal, state, or local govern					•	
7	<u></u>	An organization that normally ridescribed in section 170(b)(1)			m a gove	rnmental u	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(	A)(vi). (Complete Part	H )			
9		An agricultural research organi	zation described in	section 170(b)(1)(A)(ix	() operate	d in conjur	nction with a land-gra	ant college
		or university or a non-land-grar	nt college of agricult	ure (see instructions)	Énter the	name, city	, and state of the co	llege or
	r	university						
10	X	An organization that normally receipts from activities related to						
		support from gross investment						
		acquired by the organization af						0000
11		An organization organized and	operated exclusive	ly to test for public safe	ety Sée s	ection 509	θ(a)(4).	= <del></del> -
12		An organization organized and	operated exclusive	ly for the benefit of, to	perform th	ne function	s of, or to carry out t	he purposes
		of one or more publicly support Check the box in lines 12a thro	ted organizations de ough 12d that descri	escribed in <b>section 509</b> bes the type of suppor	<b>9(a)(1)</b> or ting orgar	section 50 nization an	09(a)(2). See section and complete lines 126	<b>n 509(a)(3).</b> e, 12f, and 12g
а	.	Type I. A supporting organiz	ation operated, sup	ervised, or controlled t	y its supp	orted orga	anization(s), typically	by giving
	•	the supported organization(sorganization You must con	s) the power to regu nplete Part IV, Sect	larly appoint or elect a tions A and B.	majority	of the direc	ctors or trustees of the	ne supporting
b	)	Type II. A supporting organia						
		control or management of th			ime perso	ns that co	ntrol or manage the	supported
_	1	organization(s) You must o						
С		Type III functionally integral its supported organization(s						rated with,
d		Type III non-functionally in						anization(s)
	•	that is not functionally integr						
	,	requirement (see instruction						
е	'	Check this box if the organiz	zation received a wr	itten determination from	n the IRS	that it is a	Type I, Type II, Typ	e III
f		functionally integrated, or Ty Enter the number of supported		illy integrated supporting	ig organiz	ation		
'	1	Provide the following information	-	ed organization(s)				LU
	(1)	Name of supported organization	(II) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10	1	ur governing	support (see	other support (see
		·		above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		ļ.
A)				]				
				<u> </u>				
B)					Í		}	
<u> </u>					<b>}</b>	<b></b>		<del></del>
C)					Í			
			<b> </b>		<del> </del>		<del></del>	<del></del>
D)					)			
E)				<del> </del>	<del> </del>	<del> </del>		
,					)			
Γota	ı				- J. J. J.	\$ 1.3	0	

Schedule A (Form 990 or 990-EZ) 2016 Covenant Network Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2014 (a) 2012 (b) 2013 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) 0 **%** 0 0 0 0 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

	•		<u>',</u>
Section C.	Computation	of Public	Support Percentage

14	Public support	percentage for	2016 (line 6	, column (i	f) divided	by line	11, column (f)	))
----	----------------	----------------	--------------	-------------	------------	---------	----------------	----

Public support percentage from 2015 Schedule A, Part II, line 14
 33 1/3% support test—2016 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Priváte foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

0 00%

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## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts grants, contributions and membership fees						
	received (Do not include any "unusual grants")	1,011,893	1,076,193	1,306,591	1,335,027	1,266,172	5,995,876
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			ı			
	organization's tax-exempt purpose	50,857	46,546	46,215	45,150	60,860	249,628
3	Gross receipts from activities that are not an						<del></del>
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf		l				0
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge	l					0
6	Total Add lines 1 through 5	1,062,750	1,122,739	1,352,806	1,380,177	1,327,032	6,245,504
-	Amounts included on lines 1, 2, and 3	7,000,11,00			7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	received from disqualified persons	208,800	231,982	434,247	334,797	241,985	1,451,811
h	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	!					
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	2,423	705	٥	o		3,128
c	Add lines 7a and 7b	211,223	232,687	434,247	334,797	241,985	1,454,939
8	Public support (Subtract line 7c from	211,220 2,3; 2	202,001	· · · · · · · · · · · · · · · · · · ·		2' < ₺	1,101,000
0	line 6 )			** - * * * * * * * * * * * * * * * * *			4,790,565
Sec	ction B. Total Support		<u> </u>		8		4,700,000
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	1,062,750	1,122,739	1,352,806	1,380,177	1,327,032	6,245,504
-	Gross income from interest, dividends,	1,552,155				.,02,,002	
	payments received on securities loans,						
	rents, royalties and income from similar sources	4,136	3,693	3,629	5,413	6,922	23,793
b	Unrelated business taxable income (less	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9,,,,,	9,9	
	section 511 taxes) from businesses						
	acquired after June 30, 1975					ļ	0
c	Add lines 10a and 10b	4,136	3,693	3,629	5,413	6,922	23,793
11	Net income from unrelated business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	activities not included in line 10b, whether	[				[	
	or not the business is regularly carried on						0
12	Other income Do not include gain or						<u>_</u>
-	loss from the sale of capital assets						
	(Explain in Part VI)	2,415	3,070	809	262	234	6,790
13	Total support. (Add lines 9, 10c, 11.						0,700
. •	and 12)	1,069,301	1,129,502	1,357,244	1,385,852	1,334,188	6,276,087
14	First five years If the Form 990 is for the o						5,210,001
•	organization, check this box and stop here	, 944	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, or tan your a		(0)	▶ □
Sec	ction C. Computation of Public Su	nnort Percent:	ane				
15	Public support percentage for 2016 (line 8, c			<u>(f)</u>		15	76 33%
16	Public support percentage from 2015 Sched		•	.'//		16	76 79%
	ction D. Computation of Investmen					1 1 1	101376
17	Investment income percentage for 2016 (line			olumn (f))		17	0 38%
			•	olulliii (I))		18	
18 19a	Investment income percentage from 2015 S 33 1/3% support tests—2016. If the organ			4 and line 15 is m	ore than 33 1/3%	—, <u> </u>	0 36%
ı Jd	not more than 33 1/3%, check this box and					and iiiid 17 ib	<b>▶</b> [X]
b	33 1/3% support tests—2015. If the organ					33 1/3%. and	
_	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did		=				

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax-year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

		Yes	No
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	10b		

Part	V Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		- 4	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Ž.,	M' North	* *
	below, the governing body of a supported organization?	11a		L
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Secti</u>	on B. Type I Supporting Organizations			
			Yes	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		,	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	. 22		a
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	1786	** 3	
	controlled the organization's activities. If the organization had more than one supported organization,		, , %	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		*	έ _φ ,
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<del></del>
2	Did the organization operate for the benefit of any supported organization other than the supported	]	š.,	Miles Y
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>	g.	est,	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ľi	*	100
Saati	supervised, or controlled the supporting organization	2	<u> </u>	L
Secu	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	×*-«	163	***
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		, ř	
	or management of the supporting organization was vested in the same persons that controlled or managed	6 .	۶,۶	
	the supported organization(s)	1. 1	×	like .
Secti	on D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<del></del>	- , j	A74-2 4
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	r.s.,		3
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		ndernay.	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	~ i ×		* :
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			***
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		.3/	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-3,572 -3,572	**	***
	supported organizations played in this regard	3	L	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions	;)
2				
a	Activities Test <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	J	Yes	No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	]' 、	, P	
	that these activities constituted substantially all of its activities	2a	<b>.</b>	~ × × × ×
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> </u>	· <	
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1.0		j ~
	reasons for the organization's position that its supported organization(s) would have engaged in these	*		
	activities but for the organization's involvement	2b	ww.m	,
3	Parent of Supported Organizations Answer (a) and (b) below.		, .	ļ —
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	i i	,,	ľ ·
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ann ar eathain	^ -
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	,		100
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			<del></del>
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	_		•
instructions. All other Type III non-functionally integrated supporting organ	nızatı	ons must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	. 0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	ļ		
maintenance of property held for production of income (see instructions)	6	Ì	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	. 3		ki y
instructions for short tax year or assets held for part of year)	1.8		
a Average monthly value of securities	1a	I	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	1		7 * 7 3
factors (explain in detail in Part VI)	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		<del></del>	
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2	i (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5	* . Ø . i	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		12 14 1 14 1 x	
emergency temporary reduction (see instructions)	6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
7 Check here if the current year is the organization's first as a non-functional	lly inte	egrated Type III supporting	organization (see
instructions)			-

Part \	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)						
Section	on D - Distributions			Current Year					
1									
2									
	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity								
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations								
4	4 Amounts paid to acquire exempt-use assets								
	Amounts paid to acquire exempt-use assets     Qualified set-aside amounts (prior IRS approval required)								
	<ul> <li>6 Other distributions (describe in Part VI) See instructions</li> </ul>								
7	Total annual distributions. Add lines 1 through 6			0					
8	Distributions to attentive supported organizations to which t	he organization is respon	nsive						
•	(provide details in <b>Part VI</b> ) See instructions								
9	Distributable amount for 2016 from Section C, line 6		. <u>.                                   </u>	0					
10	Line 8 amount divided by Line 9 amount			0 000					
	Elife o amount divided by Elife o amount	Ĭ	(ii)	(iii)					
S	ection E - Distribution Allocations (see instructions)	_ (i)	Underdistributions	Distributable					
<u> </u>	control 2 Distribution Allocations (See Mistractions)	Excess Distributions	Pre-2016	Amount for 2016					
1	Distributable amount for 2016 from Section C, line 6	CY VIII II	* 12 1 2 1	0					
<u> </u>	Underdistributions, if any, for years prior to 2016		<u>-' · · · · · · · · · · · · · · · · · · ·</u>						
2	(reasonable cause required—explain in Part VI) See								
-	Instructions								
3	Excess distributions carryover, if any, to 2016								
		* 1		** ***					
a b									
				3, 3, 7,					
<u>c</u>									
d		3 3							
	From 2015 0	0							
f	Total of lines 3a through e								
<u>g</u>	Applied to underdistributions of prior years	3 ""	0						
<u>h</u>	Applied to 2016 distributable amount	1 31		0					
<del>!</del>	Carryover from 2011 not applied (see instructions)	* ~ **	** - X **	<u> </u>					
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0							
4	Distributions for 2016 from '								
	Section D, line 7 \$ 0		* * * * * * * * * * * * * * * * * * * *						
a	Applied to underdistributions of prior years	<u> </u>	0	<del></del>					
b	Applied to 2016 distributable amount	7.00		0					
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	0							
5	Remaining underdistributions for years prior to 2016, if								
	any Subtract lines 3g and 4a from line 2 For result								
	greater than zero, explain in Part VI See instructions	, v., x	0						
6	Remaining underdistributions for 2016 Subtract lines 3h								
	and 4b from line 1 For result greater than zero, explain in								
	Part VI See instructions	2 / 1 × 1 × 1		0					
7	Excess distributions carryover to 2017. Add lines 3j	_							
	and 4c	0							
8	Breakdown of line 7	* - ** · · · · · · · · · · · · · · · · ·							
a									
b_	Excess from 2013 0								
<u>C</u>	Excess from 2014 0	*							
<u>d</u>	Excess from 2015 0								
e_	Excess from 2016 0		1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>	1.70 0.20					

Schedule A (Fo	rm 990 or 990-EZ) 2016	Covenant Network				4	13-1768606	Page <b>8</b>
Part VI	Supplemental Infor III, line 12, Part IV, S B, lines 1 and 2, Par	mation. Provide the e ection A, lines 1, 2, 3t t IV, Section C, line 1,	o, 3c, 4b, 4c, 5a, Part IV, Section	, 6, 9a, 9b, 9c, i D, lines 2 and	11a, 11b, and 1 3, Part IV, Sec	, line 17a or 1 1c, Part IV, S tion E, lines 1	7b, Part ection c, 2a, 2b,	
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#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	of the organization	Employer identification number
Cove	enant Network	43-1768606
Par		nilar Funds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets	hold in departed upod
5		
_	funds are the organization's property, subject to the organization's exclusive legal	
6	Did the organization inform all grantees, donors, and donor advisors in writing that	_
	used only for charitable purposes and not for the benefit of the donor or donor adv	
	purpose conferring impermissible private benefit?	☐ Yes ☐ No
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 7
1	Purpose(s) of conservation easements held by the organization (check all that app	oly)
	Preservation of land for public use (e.g., recreation or education)	rvation of a historically important land area
	Protection of natural habitat	rvation of a certified historic structure
		Tradion of a continea finitions stratture
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation conf	
	easement on the last day of the tax year	Held at the End of the Tax Year
a		- <u>- 2a   </u>
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c \
d	Number of conservation easements included in (c) acquired after 8/17/06, and not	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished,	or terminated by the organization during
	the tax year •	
4	Number of states where property subject to conservation easement is located	<b>•</b>
5	Does the organization have a written policy regarding the periodic monitoring, insp	- —
_	violations, and enforcement of the conservation easements it holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enf	forcing conservation easements during the year
	<b>)</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	ng conservation easements during the year
	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirer	
_	and section 170(h)(4)(B)(ii)?	∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conservation easements in its re	
	balance sheet, and include, if applicable, the text of the footnote to the organization	in's financial statements that describes
	the organization's accounting for conservation easements	
Par	t III Organizations Maintaining Collections of Art, Historical Treas	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 8
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report	in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance
	of public service, provide, in Part XIII, the text of the footnote to its financial statem	nents that describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in it	
	works of art, historical treasures, or other similar assets held for public exhibition, of	
	of public service, provide the following amounts relating to these items	,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	<b>\$</b>
2	If the organization received or held works of art, historical treasures, or other similar	ar assets for financial gain, provide the
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to t	<u> </u>
а	Revenue included on Form 990, Part VIII, line 1	► ¢
a h	Assets included in Form 990. Part Y	- Ψ

Sched	ule D (Form 990) 2016 Coven	ant Network						43-17686	06	, i	Page 2
Part	III Organizations N	laintaining	Collections of A	۱rt, ۱	Historical	Treas	sures, or Othe	er Similar Assets	s (con	inuec	<i>(</i> t
3	Using the organization's a	equisition, acc	cession, and other	reco	ds, check a	ny of t	the following tha	t are a significant u	se of its	3	
	collection items (check all	that apply)									
а	Public exhibition			d	Loa	n or e	xchange progra	ms			
b	Scholarly research			е	Oth	er					
С	Preservation for futu	ure generation	ne			-					
4	Provide a description of th	_		evnis	ain how they	furthe	er the organizati	on's evemnt nurnos	e in Pa	rt	
•	XIII	ic organization	13 concelloris and	CAPIE		Tartite	or the organizati	orro exempt purpod		• •	
5	During the year, did the or	nanization sol	licit or receive dona	ations	s of art hist	orical t	reasures or oth	er sımılar			
J	assets to be sold to raise f	-							☐ Ye	s $\square$	No
Part					-						
Lait	Complete if the o		_	on F	orm 990	Part I\	V line 9 or rea	oorted an amount	t on Fo	ırm	
	990, Part X, line 2	_	answered res	0111	01111 000,	uiti	v, iii ie o, oi ie		. 011 7 0	,,,,,	
	Is the organization an age		etodian or other in	terme	adjary for co	ntribut	tions or other as	sets not			
ıa	included on Form 990, Pa		Stodiari or other in	CITIC	sulary for co	minoat	dons of other as		☐ Ye	, [	No
b	If "Yes," explain the arrang		t XIII and complete	the t	following tal	ole		1		· L	
-	n roo, onplantato arrang	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,					Ar	nount		
С	Beginning balance						1				0
d	Additions during the year						1	d			
е	Distributions during the ye	ear					1	e			
f	Ending balance 1f 0						0				
2a	Did the organization include	de an amount	on Form 990, Part	X, lir	ne 21, for es	scrow o	or custodial acc	ount liability?	☐ Ye	s X	No
b	If "Yes," explain the arrang							,			1
Part		·								يــــــــ	
Lare	Complete if the o		answered "Yes"	on F	orm 990	Part I\	V line 10				
			(a) Current year		b) Prior year		) Two years back	(d) Three years back	(e) For	ır years	back
1a	Beginning of year balance		0			0	0	_ 0			0
b	Contributions				· <del>··</del>						
С	Net investment earnings,	gains,									
	and losses										
d	Grants or scholarships	L							<u> </u>		
е	Other expenditures for fac	cilities				Ì					
	and programs	1		_		-					
f	Administrative expenses	<u> </u>									
g	End of year balance	ب ل	0	<del></del>		이	0	0	<u> </u>		0
2	Provide the estimated per	_				colum	in (a)) held as				
a	Board designated or quas	i-engowment		%	0						
b	Permanent endowment Temporarily restricted end	lowmont	<u>~~~~~</u>								
С	The percentages on lines			10/2							
3a	Are there endowment fund				zation that :	are hel	ld and administe	ered for the			
Ja	organization by	ao not in the p	ossession of the U	gaill	ZUNON MIGL	a, C 11 <del>C</del> 1	C and administr	aca for the	١	Yes	No
	(i) unrelated organizat	ions							3a(i)		
	(ii) related organization								3a(ii)		
b	If "Yes" on line 3a(ii), are t		anizations listed a	s rea	uired on Sc	hedule	e R?		3b		
4	Describe in Part XIII the in	_									
Part											

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	250,631	and we have the	250,631
b	Buildings	0	300,019	79,164	220,855
С	Leasehold improvements	0	0	0	0
d	Equipment	0	1,832,966	1,138,251	694,715
е	Other	0	0	0	0
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	column (B), line 10c)	<b>•</b>	1,166,201

Part VII	Investments—Other Securiti Complete if the organization a		0, Part IV, line 11b. See Form 990,	Part X, line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market val	lue
(1) Financial o	derivatives	0		
	eld equity interests	0		
(3) Other	· · ·			
(A)				· · · · · · · · · · · · · · · · · · ·
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)			( *	
	must equal Form 990, Part X, col. (B) line 12.)	0		*
Part VIII	Investments—Program Rela Complete if the organization a		00, Part IV, line 11c. See Form 990,	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	lue
(1)				
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) -			-	
	must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.			<b>5</b>
	<del></del>		90, Part IV, line 11d See Form 990,	
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				<del> </del>
(5) (6)		<del></del>	*	
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, c	ol (B) line 15)	<b>&gt;</b>	0
Part X	Other Liabilities.			<del> · · · · · · · · · · · · · · · · · · </del>
		nswered "Yes" on Form 99	90, Part IV, line 11e or 11f See Fori	m 990. Part X.
	line 25			,
1	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	0		
(2) Credit C	ards & Payroll Liabilities	6,970		
(3)				
(4)				
(5)				
(6)		<u> </u>		
(7)				
(8)		<del>                                     </del>		
(9)		<u> </u>		
	nust equal Form 990, Part X, col. (B) line 25.)	6,970		
•	•		organization's financial statements that rep	
organization's	liability for uncertain tax positions under	FIN 48 (ASC /40) Check here	if the text of the footnote has been provided	in Part XIII 💹

Sched	ule D (Form 990) 2016 Covenant Network			43-1768606	Page 4
Par				r Return.	
	<ul> <li>Complete if the organization answered "Yes" on Form 990, P</li> </ul>	art IV, l	ine 12a		1015001
1	Total revenue, gains, and other support per audited financial statements			1	1,615,931
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	امدا			
a	Net unrealized gains (losses) on investments	2a 2b		₋ -	
b	Donated services and use of facilities Recoveries of prior year grants	2c		<b>-</b>  }, -	
c d	Other (Describe in Part XIII )	2d		-190.	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	1,615,931
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,615,931
Par	Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, I	ne 12a		
1	Total expenses and losses per audited financial statements			1	1,159,924
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			-,4	
а	Donated services and use of facilities	2a		<b>-</b>	
b	Prior year adjustments	2b		_	
С	Other losses	2c		43 <i>i</i> l	
d	Other (Describe in Part XIII )	2d			_
е	Add lines 2a through 2d			2e	1 150 001
3	Subtract line 2e from line 1	1 1		3	1,159,924
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4-			
a _	•	4a 4b			
b	Other (Describe in Part XIII )	40			
_	Add liggs 45 and 4h			10	~ - C
C 5	Add lines 4a and 4b  Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18	)		4c	1 159 924
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  XIII Supplemental Information.			5	1,159,924
<b>Par</b> Prove	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	Part IV, I		5 art V, line 4, Pa	
<b>Par</b> Prove	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, I		5 art V, line 4, Pa	
<b>Par</b> Prove	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, I		5 art V, line 4, Pa	
<b>Par</b> Prove	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, I		5 art V, line 4, Pa	
<b>Par</b> Prove	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, I		5 art V, line 4, Pa	
<b>Par</b> Prove	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, I		5 art V, line 4, Pa	
<b>Par</b> Prove	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, I		5 art V, line 4, Pa	
<b>Par</b> Prove	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, I		5 art V, line 4, Pa	

Schedule D (Form 990) 2016	Covenant Network			 43-1768606	Page <b>5</b>
Part XIII Supple	emental Information	(continued)			
•					
•					
			·	 	
				•	
			·	 	
***************************************				 	
*	- •			 -	
				 	·
· · · · · · · · · · · · · · · · · · ·					
***********				 	

SCHEDULEI (Form 990) Department of the Treasury Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

) ) ]	Open to Public	Inspection

OMB No 1545-0047

■ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 43-1768606 Š

× Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Covenant Network Part I

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
ω)				-			
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	า 501(c)(3) and g	overnment organiza	tions listed in the line 1	table		•	0
3 Enter total number of other organizations listed in the line 1 table.	organizations liste	ed in the line 1 table				<b>▲</b>	0

Schedule I (Form 990) (2016)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Covenant Network Schedule I (Form 990) (2016)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	omestic Individu Il space is needed	als. Complete if the	organization answe	red "Yes" on Form 990,	Part IV, line 22
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			· -			
2						
₆			-			
4						
5						
9						
7			.= -			
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, line	2; Part III, column	(b); and any other addit	ional information.
Part I Line	Part I Line 2 Records are maintained with the name of the organization and amounts given. No one organization received more than	the organization and	d amounts given No or	e organization receiv	ed more than	
\$5,000. Co	\$5,000. Covenant Network primarily selects charitable organizations that are similar or compatible to Covenant Networks tax exempt	organizations that a	re similar or compatible	to Covenant Networl	s tax exempt	
purpose						
			_			
) 						
) 1 1 1 1 1 1 1 1 1			-			
1						
						Schedule I (Form 990) (2016)

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

► Attach to Form 990

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

	nant Network				506
Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	Х	9	32,061	Aver H/L date of donation
10	Securities—Closely held stock				
11	Securities—Partnership, LLC,				
	or trust interests				L
12	Securities—Miscellaneous				
13	Qualified conservation			'	
	contribution—Historic				
	-structures				
14_	Qualified conservation				
	contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other			-	
18	Collectibles				
19	Food inventory		· · · · · · · · · · · · · · · · · · ·		
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ()				
26	Other ▶ ()	<b> </b>			
27	Other ► ()	<u> </u>			
28	Other ► ( )				<del></del>
29	Number of Forms 8283 received by		• ,		
	which the organization completed	roiii 0203,	Part IV, Donee Acknowledg	gement	29
20-	Discount the same and the exercises			namental a David La 4 No.	Yes No
30a	During the year, did the organizati 28, that it must hold for at least thi				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	to be used for exempt purposes for			inbullon, and which isn't requ	j'
b	If "Yes," describe the arrangement		nording benod ,		30a   X
			policy that requires the revu	out of any panetanders	
31	Does the organization have a gift contributions?	acceptance	policy triat requires the fevi	ew or any nonstandard	24
224		third parties	or rolated organizations to	agligit propage ====0	31 X
32a	Does the organization hire or use noncash contributions?	uma parties	or related organizations to	solicit, process, or sell	22-
b	If "Yes," describe in Part II				32a X
33	If the organization didn't report an	amount in a	column (c) for a type of area	arty for which column (a) is	
33	checked, describe in Part II	amount III (	o, for a type of prop	orgion willon column (a) is	[5, 16], [8]

Schedule M (F	form 990) (2016) Covenant Network	43-1768606	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and the organization is reporting in Part I, column (b), the number of contributions, the number	d 33, and whe	ether
	or a combination of both. Also complete this part for any additional information	<del></del>	
<b> </b>			
		=	-
			·
/			
			· <b>-</b>
			<b>-</b>
		<del></del>	<b>_</b>

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Internal Revenue Service Name of the organization

(0)1 6 Open to Public

OMB No 1545-0047

Inspection Employer identification number

43-1768606

Covenant Network Form 990, Part VI, Section A, Line 2 Family Relationship therefore not independent Form 990, Part VI, Section B, Line 11a Governing body receives a copy to review form 990 and Audit The form 990 was reviewed by the members of the Governing Body prior to filing with the Internal Revenue Service Form 990, Part VI, Section B, Line 12c The members of the governing body, including officers, directors and key employees are required to disclose all transactions which may give rise to a conflict of interest on an annual basis through a written questionaire Form 990, Part VI, Section B, Line 15a The Finance Committee established a compensation committee which determines the salary of the board of directors, officers and top key employees Compensation committee receives comparitability compensation studies from Form 990, Part VI, Section C, Line 19 Governing documents, conflict of interest policy and financial statements are made available to the public upon request Form 990, Part VI, Section A, Line 7b All governances are determined by governing body except for those that establish compensation for the board of directors. The decision is handled by the Compensation Comittee. In the event of a simultanious vacancy in all three director positions by death or resignation, retirement, disqualification, or any other cause all three said vacancies shall be filled by a majority vote of the Finance Committee Form 990, Part VI, Section B, Line 15b The Finance Committee excluding directors, officers, and top key employees established a Compensation Committee which determines the salary of the directors, officers and top key employees

Schedule O (Form 990 or 990-EZ) (2016)	
Name of the organization	Employer identification number
Covenant Network	43-1768606
+	
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