

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

2013

Department of the Treasury
Internal Revenue Service

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 Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHANNEL ONE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 131 35TH STREET SE City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, MN 55904 F Name and address of principal officer: JENNIFER WOODFORD SAME AS C ABOVE	D Employer identification number 41-1379713 E Telephone number (507) 287-2350 G Gross receipts \$ 15,175,178. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HELPINGFEEDPEOPLE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1980 M State of legal domicile: MN

Part I Summary

Part I	1 Briefly describe the organization's mission or most significant activities: TO WORK IN PARTNERSHIP WITH OTHERS TO HELP FEED PEOPLE IN NEED.																												
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																												
	3 Number of voting members of the governing body (Part VI, line 1a)	15																											
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15																											
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	44																											
	6 Total number of volunteers (estimate if necessary)	2355																											
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.																											
	b Net unrelated business taxable income from Form 990-T, line 34	0.																											
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">13,302,268.</td> <td style="text-align: right;">13,787,165.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">1,355,777.</td> <td style="text-align: right;">1,326,528.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">7,226.</td> <td style="text-align: right;">5,210.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">36,718.</td> <td style="text-align: right;">32,045.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">14,701,989.</td> <td style="text-align: right;">15,150,948.</td> </tr> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	13,302,268.	13,787,165.	9 Program service revenue (Part VIII, line 2g)	1,355,777.	1,326,528.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,226.	5,210.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,718.	32,045.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,701,989.	15,150,948.									
	Prior Year	Current Year																											
8 Contributions and grants (Part VIII, line 1h)	13,302,268.	13,787,165.																											
9 Program service revenue (Part VIII, line 2g)	1,355,777.	1,326,528.																											
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,226.	5,210.																											
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,718.	32,045.																											
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,701,989.	15,150,948.																											
Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: center;">0.</td> <td style="text-align: center;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: center;">0.</td> <td style="text-align: center;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">1,280,486.</td> <td style="text-align: right;">1,279,301.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: center;">0.</td> <td style="text-align: center;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 278,840.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">12,793,065.</td> <td style="text-align: right;">14,199,592.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">14,073,551.</td> <td style="text-align: right;">15,478,893.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">628,438.</td> <td style="text-align: right;">-327,945.</td> </tr> </table>		Prior Year	Current Year	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,280,486.	1,279,301.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 278,840.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,793,065.	14,199,592.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,073,551.	15,478,893.	19 Revenue less expenses. Subtract line 18 from line 12	628,438.	-327,945.
	Prior Year	Current Year																											
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.																											
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																											
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,280,486.	1,279,301.																											
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																											
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 278,840.																													
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,793,065.	14,199,592.																											
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,073,551.	15,478,893.																											
19 Revenue less expenses. Subtract line 18 from line 12	628,438.	-327,945.																											
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">5,735,775.</td> <td style="text-align: right;">6,261,279.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">151,192.</td> <td style="text-align: right;">1,002,064.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">5,584,583.</td> <td style="text-align: right;">5,259,215.</td> </tr> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	5,735,775.	6,261,279.	21 Total liabilities (Part X, line 26)	151,192.	1,002,064.	22 Net assets or fund balances. Subtract line 21 from line 20	5,584,583.	5,259,215.															
	Beginning of Current Year	End of Year																											
20 Total assets (Part X, line 16)	5,735,775.	6,261,279.																											
21 Total liabilities (Part X, line 26)	151,192.	1,002,064.																											
22 Net assets or fund balances. Subtract line 21 from line 20	5,584,583.	5,259,215.																											

Part II Signature Block

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

Sign Here	Signature of officer JENNIFER WOODFORD, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CRAIG POPENHAGEN Preparer's signature CRAIG POPENHAGEN Date 10/24/14 Check <input type="checkbox"/> if self-employed PTIN P01587689 Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Firm's address ▶ P.O. BOX 217 AUSTIN, MN 55912 Phone no. 507-434-7000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WORKING WITH OTHERS TO HELP FEED PEOPLE IN NEED. TO COLLECT DONATED AND SURPLUS FOOD THAT WOULD OTHERWISE GO TO WASTE AND DISTRIBUTE IT TO THOSE IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 13,613,151. including grants of \$) (Revenue \$ 1,326,528.) CHANNEL ONE FOOD BANK: PROVIDES FOOD AND NON-FOOD PRODUCT TO APPROXIMATELY 183 PROGRAMS PROVIDED BY APPROXIMATELY 114 NONPROFIT 501(C)(3) AGENCIES THAT FEED PEOPLE AS PART OF THEIR PROGRAM SERVICES MISSION. DURING THE YEAR ENDED JUNE 30, 2014, CHANNEL ONE FOOD BANK RECEIVED IN 8,955,577 GROSS POUNDS OF FOOD AND NON-FOOD ITEMS AND DISTRIBUTED 8,907,983 POUNDS TO AGENCIES IN 13 COUNTIES IN SOUTHERN MINNESOTA AND LA CROSSE COUNTY, WI. WE ALSO PROVIDED 241,212 POUNDS OF FOOD ITEMS TO OTHER AFFILIATED FOOD BANKS, FOR A TOTAL OF 9,149,195 POUNDS OF FOOD DISTRIBUTED THROUGH THE FOOD BANK. CHANNEL ONE IS DEPENDENT ON GENEROUS FOOD DONATIONS. THE VALUE OF THOSE DONATIONS IS SET PER POUND NATIONALLY ON AN ANNUAL BASIS; CURRENTLY IT IS SET AT \$1.72. WHEN CHANNEL ONE RECEIVES A FOOD (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 486,074. including grants of \$) (Revenue \$) COMMODITY SUPPLEMENTAL FOOD PROGRAM: MONTHLY DISTRIBUTION OF GOVERNMENT SURPLUS COMMODITY FOOD PACKAGES TO 2 DIFFERENT AT-RISK POPULATIONS-MOTHERS AND CHILDREN (MAC) AND NUTRITION ASSISTANCE PROGRAM FOR SENIORS (NAPS) PROVIDED FOOD PACKAGES TO THE 13 COUNTY SERVICE AREA IN MINNESOTA AND DISTRIBUTED 16,843 PACKAGES IN THE YEAR ENDED JUNE 30, 2014.

4c (Code:) (Expenses \$ 450,706. including grants of \$) (Revenue \$) SUPPLEMENTAL FOOD SHELF: PROVIDES A MONTHLY DISTRIBUTION OF FOOD AND NON-FOOD ITEMS, INCLUDING GOVERNMENT COMMODITIES TO LOW-INCOME OLMSTED COUNTY RESIDENTS. PROVIDED AN APPROXIMATELY 5-DAY SUPPLY OF FOOD ITEMS TO 10,816 REGISTERED HOUSEHOLDS WHO PARTICIPATE IN THIS MONTHLY DISTRIBUTION. IN TOTAL, THERE WERE 39,755 HOUSEHOLD VISITS DURING THE LAST FISCAL YEAR ENDED JUNE 30, 2014.

4d Other program services (Describe in Schedule O.) (Expenses \$ 175,906. including grants of \$) (Revenue \$)

4e Total program service expenses 14,725,837.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form body containing questions 1a through 14b with Yes/No columns and input fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN, WI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SHERRY KULAS - (507) 424-1739 131 35TH STREET SE, ROCHESTER, MN 55904

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCO WAGEMAN CORPORATE OFFICER (PART YEAR)	0.30	X		X				0.	0.	0.
(2) MARCO WAGEMAN BOARD CHAIR (PART YEAR)	0.30	X		X				0.	0.	0.
(3) KIMBERLY SPORS CORPORATE OFFICER (PART YEAR)	0.30	X		X				0.	0.	0.
(4) RICK LIEN CORPORATE OFFICER (PART YEAR)	0.30	X		X				0.	0.	0.
(5) RICK LIEN SECRETARY (PART YEAR)	0.30	X		X				0.	0.	0.
(6) BEN JOHNSON BOARD CHAIR (PART YEAR)	0.30	X		X				0.	0.	0.
(7) BEN JOHNSON VICE CHAIR (PART YEAR)	0.30	X		X				0.	0.	0.
(8) TOM KELLY CORPORATE OFFICER (PART YEAR)	0.30	X		X				0.	0.	0.
(9) HAROLD BURDEN DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.
(10) KIMBERLY SPORS DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.
(11) JOHN BEATTY DIRECTOR	0.30	X						0.	0.	0.
(12) TOM ALESHIRE DIRECTOR	0.30	X						0.	0.	0.
(13) JIM BRESSI VICE CHAIR (PART YEAR)	0.30	X		X				0.	0.	0.
(14) JIM BRESSI DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.
(15) JANE HARDWICK DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.
(16) RABBI MICHELLE WERNER DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.
(17) TOM KELLY DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DIANE LUND SECRETARY (PART YEAR)	0.30	X		X				0.	0.	0.
(19) DIANE LUND DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.
(20) BOB JOHNSTON DIRECTOR	0.30	X						0.	0.	0.
(21) CRAIG KOENIG DIRECTOR	0.30	X						0.	0.	0.
(22) NICK LEIMER DIRECTOR	0.30	X						0.	0.	0.
(23) ANNE AGER DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.
(24) SUSAN AHLQUIST DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.
(25) PASTOR PAUL BAUCH DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.
(26) MARK ONDERAK DIRECTOR (PART YEAR)	0.30	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								136,876.	0.	4,747.
d Total (add lines 1b and 1c)								136,876.	0.	4,747.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 130,848.					
	b Membership dues	1b					
	c Fundraising events	1c 990.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,401,089.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 12,254,238.					
	g Noncash contributions included in lines 1a-1f: \$	11,497,496.					
	h Total. Add lines 1a-1f		13,787,165.				
	Program Service Revenue	2 a PURCHASE PROGRAM	Business Code 624200	1,093,522.	1,093,522.		
b SHARED MAINTENANCE FEES		624200	123,153.	123,153.			
c DELIVERY CHARGE		624200	84,355.	84,355.			
d SALES TO FOOD BANKS		624200	25,498.	25,498.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,326,528.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,929.			4,929.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	20,969.				
		(ii) Other	200.				
		b Less: cost or other basis and sales expenses	20,888.				
		c Gain or (loss)	81.				
	d Net gain or (loss)		281.			281.	
	8 a Gross income from fundraising events (not including \$ 990. of contributions reported on line 1c). See Part IV, line 18	a	30,934.				
		b Less: direct expenses	3,342.				
c Net income or (loss) from fundraising events			27,592.			27,592.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME	900099	4,453.			4,453.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		4,453.				
12 Total revenue. See instructions.		15,150,948.	1,326,528.	0.	37,255.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	141,623.		141,623.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	927,743.	663,746.	144,821.	119,176.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	131,598.	81,682.	35,250.	14,666.
10 Payroll taxes	78,337.	48,623.	20,984.	8,730.
11 Fees for services (non-employees):				
a Management				
b Legal	750.		750.	
c Accounting	25,748.		25,748.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,051.	586.	1,072.	1,393.
13 Office expenses	196,015.	65,031.	19,453.	111,531.
14 Information technology				
15 Royalties				
16 Occupancy	120,290.	103,730.	16,560.	
17 Travel	12,864.	2,288.	10,311.	265.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,461.	1,049.	1,918.	2,494.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	162,342.	142,192.	20,150.	
23 Insurance	23,278.	16,960.	6,306.	12.
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.)				
a DISTRIBUTED PRODUCT	13,397,576.	13,397,576.		
b TRUCKING AND FREIGHT	102,156.	101,189.	831.	136.
c REPAIRS AND MAINTENANCE	45,740.	40,310.	3,975.	1,455.
d RENT EXPENSE	35,814.	31,244.	2,816.	1,754.
e All other expenses	68,507.	29,631.	21,648.	17,228.
25 Total functional expenses. Add lines 1 through 24e	15,478,893.	14,725,837.	474,216.	278,840.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	586,486.	1	585,072.	
	2 Savings and temporary cash investments	325,687.	2	257,881.	
	3 Pledges and grants receivable, net	305,951.	3	472,492.	
	4 Accounts receivable, net	138,465.	4	102,830.	
	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 organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	1,255,753.	8	716,702.	
	9 Prepaid expenses and deferred charges	33,834.	9	36,139.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,830,275.			
	b Less: accumulated depreciation	10b 1,944,655.	1,699,037.	10c	2,885,620.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	813,238.	12	611,934.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	577,324.	15	592,609.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,735,775.	16	6,261,279.		
Liabilities	17 Accounts payable and accrued expenses	151,192.	17	416,427.	
	18 Grants payable		18		
	19 Deferred revenue	0.	19	950.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	584,687.	
	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		
	26 Total liabilities. Add lines 17 through 25	151,192.	26	1,002,064.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,244,679.	27	3,922,116.	
	28 Temporarily restricted net assets	754,891.	28	749,509.	
	29 Permanently restricted net assets	585,013.	29	587,590.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and 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		32		
	33 Total net assets or fund balances	5,584,583.	33	5,259,215.	
34 Total liabilities and net assets/fund balances	5,735,775.	34	6,261,279.		

Part 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	15,150,948.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,478,893.
3	Revenue less expenses. Subtract line 2 from line 1	3	-327,945.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,584,583.
5	Net unrealized gains (losses) on investments	5	2,577.
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.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,259,215.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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?	X	
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	X	

Form 990 (2013)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,735,241.	11,391,938.	11,083,406.	13,302,268.	13,787,165.	60,300,018.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,735,241.	11,391,938.	11,083,406.	13,302,268.	13,787,165.	60,300,018.
5 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)						
6 Public support. Subtract line 5 from line 4.						60,300,018.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	10,735,241.	11,391,938.	11,083,406.	13,302,268.	13,787,165.	60,300,018.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,245.	14,382.	9,369.	7,144.	4,929.	49,069.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			2,994.	1,229.	4,453.	8,676.
11 Total support. Add lines 7 through 10						60,357,763.
12 Gross receipts from related activities, etc. (see instructions)					12 5,922,978.	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.90 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.87 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization CHANNEL ONE, INC. Employer identification number 41-1379713

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land, historic structure), a table for held at end of tax year (2a-2d), and questions 3-9 regarding monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b and 2 regarding reporting of art and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,000.	10,000.	10,000.	10,000.	10,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,000.	10,000.	10,000.	1,000.	10,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		173,755.		173,755.
b Buildings		2,391,123.	1,161,376.	1,229,747.
c Leasehold improvements				
d Equipment		560,530.	473,771.	86,759.
e Other		1,704,867.	309,508.	1,395,359.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 2,885,620.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, 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 value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) GREENWAY PATRONAGE		
(B) DIVIDENDS	1,597.	COST
(C) CERTIFICATE OF DEPOSITS	609,333.	COST
(D) STOCK	1,004.	COST
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	611,934.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, 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 value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TR	569,890.
(2) CHANNEL ONE ENDOWMENT FUND	10,000.
(3) LOAN ORIGATION FEES	12,719.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	592,609.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	15,156,867.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,577.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	3,342.
e	Add lines 2a through 2d	2e	5,919.
3	Subtract line 2e from line 1	3	15,150,948.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,150,948.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,482,235.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,342.
e	Add lines 2a through 2d	2e	3,342.
3	Subtract line 2e from line 1	3	15,478,893.
4	Amounts included on Form 990, Part IX, line 25, 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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,478,893.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

EXPLANATION: THE ENDOWMENT WAS ESTABLISHED TO PROVIDE FUTURE INCOME FOR OPERATING AND OR CAPITAL EXPENDITURES.

PART X, LINE 2:

EXPLANATION: CHANNEL ONE, INC. IS A NONPROFIT MINNESOTA CORPORATION AND AS SUCH IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

Part XIII Supplemental Information (continued)

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND HAS DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2014. GENERALLY, THE ORGANIZATION'S TAX FILINGS ARE OPEN FOR REVIEW FOR UP TO SIX YEARS AFTER FILING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED ON PART VIII, LINE 8B 3,342.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED ON PART VIII, LINE 8B 3,342.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		EMPTY BOWLS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	31,924.			31,924.
	2 Less: Contributions	990.			990.
	3 Gross income (line 1 minus line 2)	30,934.			30,934.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	800.			800.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,542.			2,542.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,342.
	11 Net income summary. Subtract line 10 from line 3, column (d)				27,592.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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

Name of the organization **CHANNEL ONE, INC.** Employer identification number **41-1379713**

Part I 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	X	20	20,888.	STOCK MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
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	X	3,922	11,464,608.	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FORKLIFT)	X	1	12,000.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

CHANNEL ONE, INC.

Employer identification number

41-1379713

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CHANNEL ONE FOOD BANK CONTINUED) DONATION, OUR REVENUE IS CREDITED \$1.72 PER POUND. WHEN CHANNEL ONE DISTRIBUTES FOOD, OUR EXPENSE IS CHARGED \$1.72 PER POUND. THIS YEAR CHANNEL ONE'S TOTAL DISTRIBUTION EXCEEDED THE TOTAL AMOUNT OF FOOD RECEIVED, CONTRIBUTING TO A DECREASE IN NET ASSETS. THIS DECREASE IN NET ASSETS REFLECTS DONATED FOOD RECEIPT AND DISTRIBUTION, NOT AN ACTUAL FINANCIAL LOSS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BACK PACK PROGRAM: PROVIDES FOOD FOR THE WEEKENDS TO 1,355 DIFFERENT STUDENTS IN 28 ELEMENTARY AND MIDDLE SCHOOLS IN OUR COMMUNITIES. DURING THE 2013-14 SCHOOL YEAR, AS WELL AS IN THE SUMMER MONTHS, CHANNEL ONE, ALONG WITH HELP FROM 24 COMMUNITY GROUPS WHO HELP PACK THE FOOD, DISTRIBUTED 150,956 POUNDS OF FOOD TO STUDENTS IN NEED. ONCE PER WEEK, VOLUNTEERS PICK UP FOOD FROM CHANNEL ONE FOOD BANK, PACK THE BACKPACKS AND THEN DELIVER THE BACKPACKS FILLED WITH FOOD TO THE SCHOOLS WE SERVE. THE SCHOOLS THEN HAND OUT THE BACKPACKS TO QUALIFIED CHILDREN EACH FRIDAY. ON MONDAYS, THE STUDENTS RETURN THE EMPTY BACKPACKS AND WE BEGIN TO PREPARE FOR THE FOLLOWING WEEKEND. PROGRAM QUALIFICATION IS BASED ON ELIGIBILITY FOR FREE AND REDUCED PRICE LUNCHES AS IDENTIFIED BY THE SCHOOLS.

EXPENSES \$ 149,060. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MOBILE PANTRY: DELIVERS FOOD MONTHLY TO LOW-INCOME INDIVIDUALS IN SIX TOWNS IN THREE COUNTIES IN SOUTHEAST MINNESOTA AND LA CROSSE COUNTY, WISCONSIN. IN 2013-14 THE MOBILE FOOD PANTRY DISTRIBUTED 445,935

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization CHANNEL ONE, INC.	Employer identification number 41-1379713
-----------------------------------------------	----------------------------------------------

POUNDS OF FOOD TO INDIVIDUALS AND FAMILIES IN NEED OF FOOD ASSISTANCE.

EXPENSES \$ 21,557. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GREEN GARDEN PROGRAM: PROVIDES GARDEN PLOTS, WATER AND PLOWING TO INCOME-ELIGIBLE PARTICIPANTS. FOOD SHELF CUSTOMERS BENEFITTED FROM 106 PREPARED PLOTS AND TECHNICAL ASSISTANCE WHEN NEEDED DURING THE FISCAL YEAR ENDED JUNE 30, 2014.

EXPENSES \$ 5,289. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 WAS REVIEWED BY THE BOARD AND FINANCE COMMITTEE PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE EXISTENCE OF ANY OF THE NATURES OF CONFLICTING INTERESTS SHALL BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMMATED. IT IS THE CONTINUING RESPONSIBILITY OF THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES. DISCLOSURES IN THE ORGANIZATION ARE MADE TO THE EXECUTIVE DIRECTOR WHO SHALL BRING THE MATTER TO THE BOARD. IF THE EXECUTIVE DIRECTOR HAS THE CONFLICT, DISCLOSURE IS MADE TO THE BOARD CHAIR, WHICH WILL THEN BRING THE MATTER TO THE BOARD. DISCLOSURE INVOLVING BOARD MEMBERS ARE MADE TO THE BOARD CHAIR, OR IF HE/SHE HAS THE CONFLICT, THEN TO THE BOARD VICE-CHAIR, WHO WILL BRING THE MATTER TO THE BOARD. THE POLICY COVERS ALL DIRECTORS AND OFFICERS, AND ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF CHANNEL ONE (I.E., MAKING PURCHASING DECISIONS, MANAGEMENT PERSONNEL, AND ANYONE WHO HAS PROPRIETARY INFORMATION CONCERNING CHANNEL ONE).

Name of the organization CHANNEL ONE, INC.	Employer identification number 41-1379713
-----------------------------------------------	----------------------------------------------

DETERMINATIONS OF WHETHER A CONFLICT EXISTS ARE MADE AT THE BOARD LEVEL. IF A CONFLICT EXISTS, THE BOARD WILL DETERMINE WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED. ACTUAL CONFLICTS ARE REVIEWED AT THE BOARD LEVEL. PERSONS WITH A CONFLICT ARE EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE ORGANIZATION'S PROCESS TO DETERMINE THE COMPENSATION OF TOP MANAGEMENT OFFICIALS AND OFFICERS INCLUDES A REVIEW OF COMPARABILITY DATA AND SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE PROCESS WAS USED TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR IN 2013.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE ANNUAL FINANCIAL STATEMENT IS INCLUDED IN AN ANNUAL REPORT, WHICH IS MAILED TO DONORS AND FUNDING ENTITIES.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF ITS INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON

SUITE 1200, BREMER TOWER

445 MINNESOTA STREET

ST. PAUL, MN 55101-2130

(651) 757-1311

(651) 296-1410 (TTY)

www.ag.state.mn.us

Annual Reporting

Initial Registration

FEDERAL EIN NUMBER: 41-1379713

FOR YEAR ENDING: 06/30/2014

SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. Legal Name of Organization: CHANNEL ONE, INC.

If annual reporting, is this a new name since the organization's last filing?

Yes

No

If so, please state former name: _____

2. List all names under which the organization solicits contributions:

SEE STATEMENT 1

3. Mailing Address of Organization (required)

Physical Address of Organization (required)

131 35TH STREET SE
ROCHESTER, MN 55904

131 35TH STREET SE
ROCHESTER, MN 55904

4. Contact Person SHERRY KULAS

E-mail SHERRYKULAS@CHANNEL-ONE.ORG

Tel. No. 507-424-1739

Fax No. 507-287-2351

5. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?

Yes

No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. Attach schedule if more than one.

Name _____

Address _____

City _____

State _____

ZIP _____

Compensation _____

6. a) Does this professional fund-raiser solicit or consult in Minnesota?

Yes

No

b) Is this professional fund-raiser registered to solicit or consult in Minnesota?

Yes

No

7. Month and day accounting year ends: 06/30

8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?

Yes

No

Office Use Only: ARF \$25 \$50 N (e-Postcard) 990 EZ PF FES SIG BD SAL Audit

01/13

Upon request this material can be made available in alternate formats.

399801
05-01-13

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

INCOME

Contributions from the public	\$	<u>12,386,076.</u>
Government Grants	\$	<u>1,401,089.</u>
Other revenue	\$	<u>1,363,783.</u>
TOTAL REVENUE	\$	<u>15,150,948.</u>

EXCESS or DEFICIT	\$	<u>-327,945.</u>
TOTAL Assets	\$	<u>6,261,279.</u>
TOTAL Liabilities	\$	<u>1,002,064.</u>

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 5,259,215.

SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

1. Has the organization's accounting year changed since the last report was filed? Yes No
 If yes, provide the new year-end date: _____

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. None Attached

3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1				
2				
3				
4				
5				

4. **Attach** a list of organization's board of directors. Attached Included in IRS return

5. **Attach a GAAP audit** if total revenue exceeds \$750,000. Attached
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost). Audit not required

6. Minnesota law requires that an organization file a copy of all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)? Yes No (Not required to file a return with IRS or files a group return).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

Statement of Functional Expenses				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S.				
2 Grants and other assistance to individuals in the U.S.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a _____				
b _____				
c _____				
d All other expenses				
25 Total functional expenses. Add lines 1 through 24d				
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.
For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ
For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF
The total of Column A, lines 1 through 24d should equal line 25a.
The total of lines 25b, 25c and 25d, should equal line 25a

SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

PRESIDENT _____ (Title) and VICE-PRESIDENT _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20____, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We

further state that the information supplied is true, correct and complete to the best of our knowledge.

BEN JOHNSON
Name (Print)

JIM BRESSI
Name (Print)

Signature

Signature

PRESIDENT
Title

VICE-PRESIDENT
Title

Date

Date

*** NOTICE ***

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

AG: #3124563-v1

ANNUAL REPORT	NAMES UNDER ORGANIZATION	SOLICITS CONTRIBUTIONS	STATEMENT	1
---------------	--------------------------	------------------------	-----------	---

NAME

CHANNEL ONE, INC.

NAME

CHANNEL ONE FOOD BANK AND FOOD SHELF

NAME

CHANNEL ONE REGIONAL FOOD BANK