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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 - ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

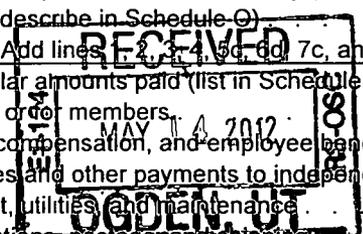
A For the 2011 calendar year, or tax year beginning _____, and ending _____																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSION</td> <td>D Employer identification number 20-4208381</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address)</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2">301 COURT AVE</td> <td>(218) 732-2256</td> </tr> <tr> <td>City or town</td> <td>state or country</td> <td>ZIP + 4</td> </tr> <tr> <td>PARK RAPIDS</td> <td>MN</td> <td>56470</td> </tr> </table>	C Name of organization HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSION		D Employer identification number 20-4208381	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	301 COURT AVE		(218) 732-2256	City or town	state or country	ZIP + 4	PARK RAPIDS	MN	56470
C Name of organization HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSION		D Employer identification number 20-4208381														
Number and street (or P O box, if mail is not delivered to street address)		E Telephone number														
301 COURT AVE		(218) 732-2256														
City or town	state or country	ZIP + 4														
PARK RAPIDS	MN	56470														
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)															
I Website: www.hubbardcountyedc.com																
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **134,055**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	2,492
	2 Program service revenue including government fees and contracts	2	5,743
	3 Membership dues and assessments	3	125,820
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	134,055
	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	97,257
	13 Professional fees and other payments to independent contractors	13	4,052
	14 Occupancy, rent, utilities, and maintenance	14	6,782
15 Printing, publications, postage, and shipping	15	1,874	
16 Other expenses (describe in Schedule O)	16	21,209	
17 Total expenses. Add lines 10 through 16	17	131,174	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,881
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3,823
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	6,704



SCANNED JUN 14 2012

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,106	22 10,414
23 Land and buildings		23
24 Other assets (describe in Schedule O)	11,659	24 8,426
25 Total assets	18,765	25 18,840
26 Total liabilities (describe in Schedule O)	14,942	26 12,136
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,823	27 6,704

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **ECONOMIC DEVELOPMENT IN HUBBARD CNTY, MN**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 COLLABORATE ON COMMUNITY EFFORTS THAT STRENGTHEN THE REGIONAL ECONOMY BY CREATING & RETAINING JOBS, EXPANDING THE TAXBASE, AND MAXIMIZING THE AREA'S NATURAL RESOURCES (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	131,174
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	131,174

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID W. COLLINS 18097 STATE 34 PARK RAPIDS MN 56470	Title EXECUTIVE DIRE Hr/WK 40 00	60,000	4,245	
KATHY GRELL 18657 EASTVIEW DR PARK RAPIDS MN 56470	Title CHAIRMAN Hr/WK 1.00	0		
JEFF BJORKMAN 14929 CIRCLE PINES DRIVE PARK RAPIDS MN 56470	Title VICE CHAIRMAN Hr/WK 1 00	0		
NANCY CARROLL 335 E. RIVER DR PARK RAPIDS MN 56470	Title SECRETARY/TRE Hr/WK 1 00	0		
PAUL UTKE 15666 DEERWOOD LOOP PARK RAPIDS MN 56470	Title BOARD MEMBER Hr/WK 1.00	0		
GREGORY LARSON 2ND STREET WEST PARK RAPIDS MN 56470	Title BOARD MEMBER Hr/WK 1 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V .

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name . Otherwise, explain the change on Schedule O (see instructions)		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter 39a _____		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40 b	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
40 e			X
41	List the states with which a copy of this return is filed. ▶ MN		
42 a	The organization's books are in care of ▶ DAVID COLLINS Telephone no. ▶ 218-732-2256 Located at ▶ 301 COURT AVE City PARK RAPIDS ST MN ZIP + 4 ▶ 56470		
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42 b			X
c	At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country ▶ _____		X
42 c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44 a			X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44 b			X
c	Did the organization receive any payments for indoor tanning services during the year?		X
44 c			X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44 d			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 a			X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45 b			X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49 a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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, Date (5-10-2012), Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name (GARNETT PEDERSON CPA), Preparer's signature (GARNETT PEDERSON CPA), Date (5/4/2012), Check self-employed, PTIN (P00019627), Firm's name (PEDERSON SMITH ROEHL & CO PA), Firm's EIN (41-1796633), Firm's address (511 SOUTH PARK, PO BOX 152, PARK RAPIDS, MN 56470), Phone no (218) 732-9713.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSION

20-4208381

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 453

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 2,155

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 5,955

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 1,516

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 1,172

Form 990-EZ, Part I, Line 16, Other Expenses: Affiliations/Dues: 1,195

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous: 273

Form 990-EZ, Part I, Line 16, Other Expenses: Office Supplies: 2,428

Form 990-EZ, Part I, Line 16, Other Expenses: Marketing/Prospects: 6,062

Form 990-EZ, Part II, Line 24, Other Assets: Accounts Receivable: Beginning of year: 7,500,

End of year: 4,000

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Expenses: Beginning of year: 650, End of

year: 650

Form 990-EZ, Part II, Line 24, Other Assets: Furniture & Equipment: Beginning of year: 3,509,

End of year: 3,776

Form 990-EZ, Part II, Line 26, Liabilities: Credit Card Payable: Beginning of year: 379, End

of year: 2,252

Form 990-EZ, Part II, Line 26, Liabilities: Deferred Grant: Beginning of year: 9,495, End of

year: 7,004

Form 990-EZ, Part II, Line 26, Liabilities: Payroll Liabilities: Beginning of year: 2,747, End

of year: 2,580

Form 990-EZ, Part II, Line 26, Liabilities: Simple Plan Payable: Beginning of year: 300, End

of year: 300

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year: 2,021, End of

year: 0

Name of the organization

HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSION

Employer identification number

20-4208381

Area with horizontal dashed lines for supplemental information.

Part I, Line 16 (990-EZ) - Other Expenses

21,209

1	Travel	1	453
2	Meals and entertainment	2	2,155
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	5,955
6	Depreciation	6	1,516
7	Depletion	7	
8	Equipment rental and maintenance	8	1,172
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Affiliations/Dues	13	1,195
14	Miscellaneous	14	273
15	Office Supplies	15	2,428
16	Marketing/Prospects	16	6,062
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return HUBBARD COUNTY REGIONAL ECONOMIC	Business or activity to which this form relates 990EZ	Identifying number 20-4208381
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	1,783
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property Enter the amount from line 29 7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562.	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶ 13		0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	177

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	1,250
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		1,783	5	MQ	200DB	89
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20 a Class life					
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	1,516
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ▶ 23		

For Paperwork Reduction Act Notice, see separate instructions.

Minnesota State Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return HUBBARD COUNTY REGIONAL ECONOMIC	Business or activity to which this form relates 990EZ	Identifying number 20-4208381
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	1,783
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8		9	0
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562.		10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12	0
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13		0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	177

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	1,250
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		1,783	5	MQ	200DB	89
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	1,516
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.