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Form 990-EZ

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

OMB No 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

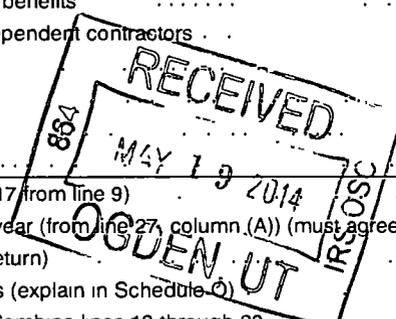
Open to Public Inspection

Header section A-L containing organization name (HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT), EIN (20-4208381), address (301 COURT AVENUE, PARK RAPIDS MN 56470), and accounting method (Accrual).

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

SCANNED JUN 11 2014 MCZM<M

Table with 21 rows for revenue and expenses. Revenue total is 129,000. Expenses total is 125,643. Net assets at end of year are 41,067.



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

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. 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... 37a Enter amount of political expenditures... 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 39 Section 501(c)(7) organizations. Enter... 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911... 41 List the states with which a copy of this return is filed... 42a The organization's books are in care of... 42b 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... 42c At any time during the calendar year, did the organization maintain an office outside the U.S.? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year... 44a Did the organization maintain any donor advised funds during the year? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

		Yes	No
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		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

		Yes	No
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		
49a	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"

(a) Name and title of each employee	(b) 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 ▶ _____

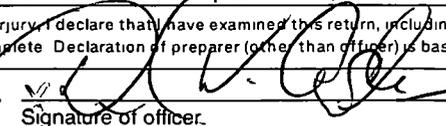
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

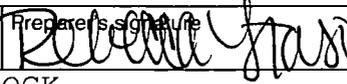
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 Yes No

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: 05-14-2014
 Type or print name and title: DAVID W COLLINS EXECUTIVE DIRECTOR

Paid Preparer Use Only
 Print/Type preparer's name: REBECCA TOSO
 Preparer's signature: 
 Date: 05/12/14
 Check if self-employed
 PTIN: P01043789
 Firm's name: H AND R BLOCK
 Firm's EIN: 452473946
 Firm's address: 511 S PARK AVE
 Phone no: 218-732-9713

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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 N (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	Employer identification number
HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSION	20-4208381

FORM 990 EZ, PART I, LINE 16, OTHER EXP: DEPRECIATION: 1275
FORM 990 EZ, PART I, LINE 16, OTHER EXP: EQUIPMENT MAINTENANCE: 2,224
FORM 990 EZ, PART I, LINE 16, OTHER EXP: AFFILIATIONS/DUES: 920
FORM 990 EZ, PART I, LINE 16, OTHER EXP: MISCELLANEOUS: 275
FORM 990 EZ, PART I, LINE 16, OTHER EXP: OFFICE SUPPLIES: 2,534
FORM 990 EZ, PART I, LINE 16, OTHER EXP: MARKETING/PROSPECTS: 7,349
FORM 990 EZ, PART I, LINE 16, OTHER EXP: WEBSITE: 1,910
FORM 990 EZ, PART I, LINE 16, OTHER EXP: WORKMEN'S COMP INSURANCE: 699
FORM 990 EZ, PART I, LINE 16, OTHER EXP: TRAVEL: 2,527
FORM 990 EZ, PART I, LINE 16, OTHER EXP: OFFICE MAINTENANCE: 46
FORM 990 EZ, PART II, LINE 24, OTHER ASSETS: ACCOUNTS RECEIVABLE:
BEGINNING OF YEAR: 47,540, END OF YEAR: 32,500
FORM 990 EZ, PART II, LINE 24, OTHER ASSETS: PREPAID EXPENSES:
BEGINNING OF YEAR: 650, END OF YEAR: 658
FORM 990 EZ, PART II, LINE 26, OTHER LIABILITIES: CNB VISA:
BEGINNING OF YEAR: 740, END OF YEAR: 444
FORM 990 EZ, PART II, LINE 26: OTHER LIABILITIES: PAYROLL TAXES PAYABLE:
BEGINNING OF YEAR: 2,545, END OF YEAR: 2,891
FORM 990 EZ, PART II, LINE 26: OTHER LIABILITIES: SIMPLE PAYABLE:
BEGINNING OF YEAR: 340, END OF YEAR: 340
FORM 990 EZ, PART II, LINE 26: OTHER LIABILITIES: PR EDA LOAN:
BEGINNING OF YEAR: 25,000, END OF YEAR: 0

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC
INSPECTION For calendar year 2013, or tax period beginning , and ending

Name of Organization Employer Identification Number
HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSION 20-4208381

Primary Purpose
ECONOMIC DEVELOPMENT IN HUBBARD COUNTY, MN

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSION	20-4208381	

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	125,643
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Exempt Purpose Achievements

COLLABORATE ON COMMUNITY EFFORTS THAT STRENGTHEN THE REGIONAL ECONOMY BY CREATING & RETAINING JOBS, EXPANDING THE TAXBASE, AND MAXIMIZING THE AREA'S NATURAL RESOURCES.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning , and ending

Name of Organization HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSION Employer Identification Number 20-4208381

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def comp	(E) Expense account & other compensation
DAVID W COLLINS EXECUTIVE DIRECTOR	40.00	68,000	3,478	0
JEFF BJORKMAN VICE CHAIRMAN	1.00	0	0	0
KATHY GRELL BOARD MEMBER	1.00	0	0	0
MICHAEL MONSRUD CHAIRMAN	1.00	0	0	0
GREGORY D LARSON SECRETARY/TREASURER	1.00	0	0	0
PATRICK MIKESH BOARD MEMBER	1.00	0	0	0
PAUL UTKE BOARD MEMBER	1.00	0	0	0
MARTY PETERSON BOARD MEMBER	1.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning , and ending

Name of Organization HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSION Employer Identification Number 20-4208381

Part V - Line 42a

Individual Name DAVID COLLINS

or

Business Name

Street Address 301 COURT AVENUE

U.S. Address

Zip code 56470- City PARK RAPIDS State MN

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (218) 732-2256

Fax Number

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 DEVELOPMENT	Business or activity to which this form relates FOR	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	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	500000
6 (a) Description of property (b) Cost (busn. 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	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

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	

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 2013	17	1275
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 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a 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	1275
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.

2013 DETAIL STATEMENTS

HUBBARD COUNTY REGIONAL ECONOMY
20-4208381

STATEMENT #1 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

AFFILIATIONS/DUES.....	920
DEPRECIATION.....	1,275
EQUIPMENT MAINTENANCE.....	2,224
TRAVEL.....	2,527
MISCELLANEOUS.....	275
OFFICE MAINTENANCE.....	46
OFFICE SUPPLIES.....	2,534
WORKMEN'S COMP.....	699
MARKETING.....	7,349
WEBSITE.....	1,910

TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 19,759

STATEMENT #2 - OTHER ASSETS BEG YR (EOEZ PG 2 LINE 24A)

ACCOUNTS RECEIVABLE.....	47,540
PREPAID EXPENSES.....	650
EQUIPMENT, NET OF DEPR.....	2,956

TOTAL CARRIED TO EOEZ PG 2 LINE 24A..... 51,146

STATEMENT #3 - OTHER ASSETS END YR (EOEZ PG 2 LINE 24B)

ACCOUNTS RECEIVABLE.....	47,540
PREPAID EXPENSES.....	650
EQUIPMENT, NET OF DEPR.....	2,956

TOTAL CARRIED TO EOEZ PG 2 LINE 24B..... 51,146

STATEMENT #4 - TOTAL LIABILITIES BEG YR (EOEZ PG 2 LINE 26A)

CNB VISA.....	740
PAYROLL LIABILITIES.....	2,545
SIMPLE PLAN PAYABLE.....	340
PR EDA LOAN.....	25,000

TOTAL CARRIED TO EOEZ PG 2 LINE 26A..... 28,625

STATEMENT #5 - TOTAL LIABILITIES END YR (EOEZ PG 2 LINE 26B)

CNB VISA.....	740
PAYROLL LIABILITIES.....	2,545
SIMPLE PLAN PAYABLE.....	340
PR EDA LOAN.....	25,000

TOTAL CARRIED TO EOEZ PG 2 LINE 26B..... 28,625