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**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

**2014**

Form **990-EZ**

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](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the 2014 calendar year, or tax year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20

**B** Check if applicable:

<input type="checkbox"/> Address change	<b>C</b> Name of organization HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT	<b>D</b> Employer identification number 20-4208381
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite  
 301 COURT AVENUE  
 City or town, state or province, country, and ZIP or foreign postal code  
 PARK RAPIDS MN 56470

**E** Telephone number  
(218) 732-2256

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  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) --  501(c)(3)  501(c)(6) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 132,500

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input type="checkbox"/>	
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	132,500
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</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) . . . . .	<b>6b</b>	
<b>c</b> Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	132,500	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	108,208
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,620
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	2,344
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	1,264
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	17,871
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	131,307	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	1,193
	<b>19</b> 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) . . . . .	<b>19</b>	41,067
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	226
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	42,486

SCANNED JUN 17 2015

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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

Form with questions 33-45b and Yes/No columns. Includes questions about significant activities, organizational changes, business income, political expenditures, loans, tax shelter transactions, and donor advised funds.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>46</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>47</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>48</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
<b>49a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
<b>49b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**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 . . . ▶

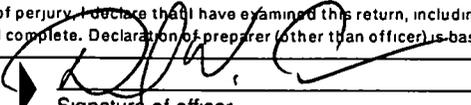
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 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

<b>Sign Here</b>	 Signature of officer <b>DAVID W COLLINS</b> Type or print name and title	Date 5-14-2015 EXECUTIVE DIRECTOR
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name REBECCA TOSO	Preparer's signature 	Date 05/13/15	Check <input type="checkbox"/> 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 O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization	Employer identification number
HUBBARD COUNTY REGIONAL ECONOMIC DEVELOPMENT COMMISSI	20-4208381

FORM 990 EZ, PART I, LINE 16, OTHER EXP - DEPRECIATION: 1111

FORM 990 EZ, PART I, LINE 16, OTHER EXP - AFFILIATIONS/DUES: 860

FORM 990 EZ, PART I, LINE 16, OTHER EXP - EQUIPMENT MAINTENANCE: 1,773

FORM 990 EZ, PART I, LINE 16, OTHER EXP - MISCELLANEOUS: 542

FORM 990 EZ, PART I, LINE 16, OTHER EXP - TRAVEL: 1,819

FORM 990 EZ, PART I, LINE 16, OTHER EXP - OFFICE SUPPLIES: 2,216

FORM 990 EZ, PART I, LINE 16, OTHER EXP - MARKETING: 6,990

FORM 990 EZ, PART I, LINE 16, OTHER EXP - WORKMEN'S COMP INSURANCE:  
700

FORM 990 EZ, PART I, LINE 16, OTHER EXP - WEBSITE: 1,860

FORM 990 EZ, PART II, LINE 24, OTHER ASSETS - ACCOUNTS RECEIVABLE:  
BEGINNING OF YEAR: 32,500, END OF YEAR: 34,218

FORM 990 EZ, PART II, LINE 24, OTHER ASSETS - PREPAID EXPENSES:  
BEGINNING OF YEAR: 658, END OF YEAR: 650

FORM 990 EZ, PART II, LINE 26, OTHER LIABILITIES - CNB VISA: BEGINNING  
OF YEAR: 444, END OF YEAR: 953

FORM 990 EZ, PART II, LINE 26, OTHER LIABILITES - PAYROLL TAXES  
PAYABLE: BEGINNING OF YEAR: 2,891, END OF YEAR: 2,780

FORM 990 EZ, PART II, LINE 26, OTHER LIABILITIES - SIMPLE PLAN  
PAYABLE: BEGINNING OF YEAR: 340, END OF YEAR: 0

FORM 990 EZ, PART II, LINE 26, OTHER LIABILITIES - ACCOUNTS PAYABLE:  
BEGINNING OF YEAR: 0, END OF YEAR: 471

FORM 990 EZ, PART I, LINE 20 - PRIOR PERIOD ADJUSTMENT: 226

FORM 990 EZ, PART II, LINE 24, OTHER ASSETS - EQUIPMENT, NET OF DEPR:  
BEGINNING OF YEAR: 1681, END OF YEAR: 1744

**2014 FORM 990 PRIMARY EXEMPT PURPOSE**

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

OPEN TO PUBLIC INSPECTION For calendar year 2014, 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

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC INSPECTION For calendar year 2014, or tax period beginning , and ending

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

Part III - Statement of Program Service Accomplishments

Grants and allocations Amount includes foreign grants Program service expenses 130,431

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.

**2014 FORM 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 2014, 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	0	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
PAUL UTKE SECRETARY/TREASURER	1.00	0	0	0
ROD NORDBERG BOARD MEMBER	1.00	0	0	0
ED SMITH BOARD MEMBER	1.00	0	0	0
MATT DOTTA BOARD MEMBER	1.00	0	0	0

2014 FORM 990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC INSPECTION For calendar year 2014, 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 .....

**2014 DETAIL STATEMENTS**

HUBBARD COUNTY REGIONAL ECONOM  
20-4208381

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

AFFILIATIONS/DUES.....	860
DEPRECIATION.....	1,111
EQUIPMENT MAINTENANCE.....	1,773
TRAVEL.....	1,819
MISCELLANEOUS.....	542
OFFICE SUPPLIES.....	2,216
WORKMEN'S COMP.....	700
MARKETING.....	6,990
WEBSITE.....	1,860

TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 17,871

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

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE.....	32,500	34,218
PREPAID EXPENSES.....	658	650
EQUIPMENT, NET OF DEPR.....	1,681	1,744

TOTAL CARRIED TO EOEZ PG 2 LINE 24A..... 34,839 36,612

STATEMENT #3 - TOTAL LIABILITIES BEG YR (EOEZ PG 2 LINE 26A)

	BEGINNING	ENDING
CNB VISA.....	444	953
PAYROLL LIABILITIES.....	2,891	2,780
SIMPLE PLAN PAYABLE.....	340	0
ACCOUNTS PAYABLE.....	0	471

TOTAL CARRIED TO EOEZ PG 2 LINE 26A..... 3,675 4,204

STATEMENT #4 - ASSETS INCLUDED (SCH D, PG 1 LINE 2B)

PRIOR PERIOD ADJUSTMENT..... 226

TOTAL CARRIED TO SCH D, PG 1 LINE 2B..... 226

# Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return <b>HUBBARD COUNTY REGIONAL ECONOMEFOR</b>	Business or activity to which this form relates <b>FOR</b>	Identifying number <b>20-4208381</b>
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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) . . . . .	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	500000
<b>6 (a) Description of property</b>	<b>(b) Cost (busn. use only)</b>	<b>(c) Elected cost</b>
7 Listed property. Enter the amount from line 29. . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562. . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	<b>11</b>	500000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶ . . . . .	<b>13</b>	

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) . . . . .	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

**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 2014 . . . . .	<b>17</b>	876
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 2014 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 SEE STATEMENT						235
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 . . . . .	<b>21</b>	
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 . . . . .	<b>22</b>	1111
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**