	~			Poturn (of Organizatio	n Exomo	f Erom li	hoom			OMB No. 1545-0047
Form	99	<i>1</i> 0		2021							
			Under	section 501(c),	527, or 4947(a)(1) of t	he Internal Reve	nue Code (ex	cept pri	vate founda	tions)	2021
Denart	ment of	the Treasury		Do not en	ter social security nu	mbers on this fo	rm as it may l	be made	e public.		Open to Public
		ue Service		► Go to v	www.irs.gov/Form990	for instructions	and the late	st inforr	mation.		Inspection
A F	or the	2021 calend	ar y <u>ear, o</u>	r tax year begin	ning		, 2021, a	nd endi	ing		, 20
B c	heck if a	applicable:	C Nar	me of organizatior OH	IO ECONOMIC DE	VELOPMENT A	SSOC		1	D Emplo	yer identification number
A	ddress o	change	Doi	ng business as							20-2105810
П N	ame cha	ange	Nur	mber and street (or P.	O. box if mail is not delivered	to street address)		Room/su	ite	E Teleph	ione number
∏ Ir	itial retu	Irn	400	W WILSON E	BRIDGE RD				120		(614)221-1900
ΠF	inal retu	rn/terminated			vince, country, and ZIP or fore	ian postal code				G Gross	
Па	mended	return		THINGTON, C		0				\$	394,094
H		n pending		me and address of pri					H(a) Is this a gr		
	ppnouno	in portaining			noipui onicon				H(b) Are all su		
. т	2 2 -020m	npt status:	501(c)(3)	X 501(c) (6) (insert no.)	947(a)(1) or	527				t. See instructions
	/ebsite:		.ohioe				521		H(c) Group ex		
			Corporation		ociation Other ►		L Year of formati				al domicile: OH
Par		Summar						011. 200		ate of lega	
1 0	1			anization's miss	ion or most significant (octivitioo: mb a		-6 -6			de Development
		-	-	-	ion or most significant a						nic Development
e,						mic prosper	ity in th	e Sta	te or Or	lio by	advancing the
Governance		practice	of eco	onomic deve	lopment.						
are	_										
Š	2			-	discontinued its opera					1	
ۍ م	3		0	0	erning body (Part VI, lin	,				3	9
Activities &	4		•	0	s of the governing body)			4	9
vitie	5	Total numbe	r of individ	uals employed ir	n calendar year 2021 (F	Part V, line 2a)				5	11
Acti	6										
-	7a	Total unrelat	ed busine	ss revenue from	Part VIII, column (C), li	ne12				7a	0
	b	Net unrelate	d business	s taxable income	from Form 990-T, Part	I, line 11				7b	0
									Prior Year		Current Year
	8	Contributions	and grant	ts (Part VIII, line	1h)			•			81,895
ne	9										
Revenue	10	0 Investment income (Part VIII, column (A), lines 3, 4, and 7d)									0
Re	11	Other revenu	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12	Total revenue	e - add line	es 8 through 11 (must equal Part VIII, co	olumn (A), line 12)				394,094
	13	Grants and s	imilar amo	ounts paid (Part	X, column (A), lines 1-3	3)					0
	14				K, column (A), line 4)						0
	15	Salaries, oth	er compen		0						
es	16a				column (A), line 11e)	. ,					0
Expenses				-	lumn (D), line 25) 🕨						
Ц. Д	17				nes 11a-11d, 11f-24e)						421,991
-	18			, , , , , , , , , , , , , , , , , , , ,	equal Part IX, column						421,991
	19				18 from line 12						(27,897)
<u>ر</u>					· · · · ·				nning of Curre	nt Year	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X lir	ne 16)						,630	422,238
Bala	21			,						,381	42,469
let A und	22			,	line 21 from line 20 .					,249	379,769
Par	_	Signatu				••••		•	100	, 249	575,705
		<u> </u>			rn, including accompanying so	chedules and statemer	its, and to the best	of my know	wledge and belie	ef.itis	
					icer) is based on all informatio			- , -			
		T	fer P	di do							
Sig	1		ifer Pr e of officer	rice						Date	
-		, s								Dati	-
Here	-		ifer Pr print name an		TIVE DIRECTOR						
		Print/Type pre			Preparer's signature		Date				PTIN
					i ieparei s signature			~~	Check	- "	
Paic		Wade St			-		06-20-20		self-emp	loyed	P01340967
-	barer		•	Steen &					Firm's EIN 🕨		
Use	Only	Firm's address	6 Þ	222 E To				F	hone no.		
					OH 43215						32-9399
May	the IRS	S discuss this	return with	n the preparer sh	own above? See instru	ictions					X Yes 🔄 No

Form	990 (2021)	OHIO ECONOMIC D	DEVELOPMENT ASS	OC			20-2105810	Page 2
Pa	t III S	tatement of Prograr	n Service Accon	nplishments				
	CI	neck if Schedule O contain	is a response or note t	o any line in this Part				🗌
1	Briefly desc	ribe the organization's mis	sion:					
	The miss	sion of the Ohio	Economic Devel	opment Associa	ation (OEDA) is	to increas	e economic	
	prosper	ity in the State	of Ohio by adv	ancing the pra	actice of econo	mic develo <u>p</u>	ment.	
2		anization undertake any sig						
	prior Form	990 or 990-EZ?					🗌 Yes	x No
	If "Yes," de	scribe these new services	on Schedule O.					
3	Did the org	anization cease conducting	g, or make significant o	hanges in how it cond	lucts, any program			
	services?						🗌 Yes	x No
	lf "Yes," de	scribe these changes on S	chedule O.					
4	Describe th	e organization's program s	service accomplishmer	nts for each of its three	e largest program servi	ces, as measured	d by	
	expenses.	Section 501(c)(3) and 501((c)(4) organizations are	e required to report the	e amount of grants and	allocations to oth	ners,	
	the total exp	penses, and revenue, if any	/, for each program se	rvice reported.				
4a	(Code:) (Expenses	\$	including grants of	\$) (Revenue	\$)
	OEDA's	various programs	focus on profe	ssional develo	opment, certifi	cation, and	l training;	providing
	network	ing and connectio	n opportunitie	s; and acting	as the informa	tion safety	net for e	conomic
	develop	ment and legislat	ive news.					
4b	(Code:) (Expenses	\$	including grants of	\$) (Revenue	\$)
4c	(Code:) (Expenses	\$	including grants of	\$) (Revenue	\$)
						_		
4d	Other progr	am services (Describe on	Schedule O.)					
	(Expenses		including grants of	\$) (Revenue \$)	
4e		am service expenses 🕨		,755				
	, , ,	•		-			For	m 000 (2021)

	990 (2021) OHIO ECONOMIC DEVELOPMENT ASSOC 20-21058	10	Р	Page 3
Pa	t 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)? If "Yes,"			
	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		
7	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- /		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		x
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		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? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form		21058	10	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
			-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part. II.		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		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? If "Yes," complete Schedule R, Part I.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
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)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		
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? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1		
_	reportable gaming (gambling) winnings to prize winners?		1c	x	

	990 (2021) OHIO ECONOMIC DEVELOPMENT ASSOC 20-21	058	10	F	Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	r		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•••	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•••	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	[5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	-	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
u	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	•••	vu		~
D.	gifts were not tax deductible?		6b		
7		• •	00		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-		
	and services provided to the payor?		7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•••	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	••	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	F	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•••	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	- H	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	••	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	•••	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	[9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
-	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	•••	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
			13a		
а		• • •	IJa		
h	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	- F	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	••	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	••	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

	n 990 (2021) OHIO ECONOMIC DEVELOPMENT ASSOC 20-21058			age b
Pa	ITT 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 instruction			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	<u> </u>
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Catting C404 required on experimentary to prove the Former 4002 (4004 or 4004 A if explicitly) 000 and 000 T (Capting F04(c))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain on Schedule O)			
19	Describe on 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, address, and telephone number of the person who possesses the organization's books and records			
	TRACEY HOGAN, ACCENT ON MANAGEMENT (614)221-1900, 400 W WILSON BRIDGE RD, OH 43085			

Form 990 (20	21) OHIO ECONOMIC DEVELOPMENT ASSOC	20-2105810	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	mpensated Employe	es, and						
	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

	g		1		(C)	,		,,,		
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related organizations W-2/	compensation
	(list any	or	Ind		Ке	em	Fo	organization (W-2/ 1099-MISC/	1099-MISC/	from the organization and
	hours for related	lividu direc	tituti	Officer	y en	ploy	Former	1099-NEC)	1099-NEC	related organizations
	organizations	tor tr	onal		Key employee	ee				
	below	Individual trustee or director	Institutional trustee		ee	Ipen				
	dotted line)	U	ee			Highest compensated employee				
(1) TRACEY HOGAN	16.00									
SECRETARY			х					0	0	0
(2) JENNIFER PRICE	40.00									
EXECUTIVE DIRECTOR			х					0	0	0
(3) JASON KESTER	4.00									
INVESTORS CHAIR				х				0	0	0
(4) HORTON HOBBS	4.00									
TREASURER				х				0	0	0
(5) GLENDA BUMGARNER	4.00									
PRESIDENT ELECT				х				0	0	0
(6) HARRY EADON	4.00									
ECON DEV POLICY CHAIR				х				0	0	0
(7) MICHAEL LOGES	4.00									
PAST PRESIDENT				х				0	0	0
(8) ELLEN HEINZ	4.00									
PROFESSIONAL DEV CHAIR				х				0	0	0
(9) TIM MAYLE	4.00									
PRESIDENT				х				0	0	0
<u>(10)</u>										
(11)										
(12)										
(13)				_						
<u>(14)</u>										
			_							Earma 000 (0004)

	90 (2021) OHIO ECONOMIC DEV										0-2105	810	Pa	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar		_	est Co	omp	ensated Employe	es (contin	iued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	son is	nan one s both ai /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	able ation ated	com	(F) ated amo of other opensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-M 1099-N	ISC/	organ	ization a organiza	
<u>(</u> 15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(24)														
(25)														
1b	Subtotal	· · · · · ·		•••	•••	•••		• •						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		· · ·	•••	•••	•••	· · ·	• ►	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ted to those I								of			Yes	C No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	•	•					•						
5	individual	compensatio	on from	any	unre	elate	ed org	aniz	ation or individual			4 5		x x
	on B. Independent Contractors	4				41				00 af				
1	Complete this table for your five highest compensation from the organization. Report comp										ax vear.			
	(A) Name and business addres								(B) Description of service			(C) Compensa	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation from	-		thos ▶		ted a	above) wh	10					

Form 99	90 (20	21) ОНІО	ECC	NOMIC DE	EVEL(OPMENT ASSOC			20-21058	310 Page 9
Part	VIII	Statement of Rev	enu	le						
		Check if Schedule O co	ontair	ns a respons	e or n	ote to any line in this	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns .			1a					sections 512–514
	b	Membership dues			1b	81,895				
nts	c	Fundraising events			1c	61,895				
Gra	d	Related organizations .			1d					
fts, Am	e	Government grants (contr			1e					
nilar nilar	f	All other contributions, gif			10					
Sin	'	and similar amounts not in	-		1f					
buti	g	Noncash contributions inc								
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g	\$				
a C	h	Total. Add lines 1a-1f			-	1	81,895			
						Business Code	· · · · ·			
	2a	MEETINGS REVENUE				611710	103,207	103,207		
Program Service Revenue	b	PROGRAMS & SERVIC	ES	REV		611710	64,078	64,078		
Serv	c	SPONSORSHIPS				611710	104,000	104,000		
s n	d	WEBINARS				611710	38,998	38,998		
gra Re	е	MISC REVENUES				611710	1,916	1,916		
Pro	f	All other program service	revei	nue						
	g	Total. Add lines 2a-2f .					312,199			
	3	Investment income (includi	ing d	ividends, inte	erest, a	and				
		other similar amounts) .				F				
		Income from investment of		•	•					
	5	Royalties	<u></u>	••••		· · · · · · ►				
				(i) Rea	I	(ii) Personal				
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6c							
	d	Net rental income or (loss))			· · · · · · •				
	7a	Gross amount from		(i) Securiti	es	(ii) Other				
		sales of assets other than inventory	7a							
		Less: cost or other basis	10							
0		and sales expenses	7b							
nu		Gain or (loss)								
Other Revenue		Net gain or (loss)		1						
er R		Gross income from fundra								
Ğ		events (not including \$								
•		of contributions reported o	n lin	е	-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from	fund	raising event	ts.	>				
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19		9a	1				
		Less: direct expenses .			9b					
	С	Net income or (loss) from	gami	ing activities	•••	· · · · · · •				
	10a	Gross sales of inventory, I	ess							
		returns and allowances .			10a					
		Less: cost of goods sold			10k					
	C	Net income or (loss) from	sales	s of inventor	у					
						Business Code				1
e	11a									
anu	b					1				
Miscellanous Revenue	C d									
Mis		All other revenue Total. Add lines 11a-11d								
		Total revenue. See instru					394,094	312,199	0	0

Form 990 (2021) OHIO ECONOMIC DEVELOPMENT ASSOC

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

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 n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising							
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and											
	foreign individuals. See Part IV, lines 15 and 16											
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 accruals and contributions (include											
-	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10												
11	Fees for services (nonemployees):											
a	Management	195,962		195,962								
b		4,083		4,083								
c c		9,447		9,447								
о И		5,117		5,11/								
e	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
, ,	Other. (If line 11g amount exceeds 10% of line 25, column											
g	(A) amount, list line 11g expenses on Schedule O.)											
12	Advertising and promotion											
13	Office expenses	10 594		19,584								
14	Information technology	19,584		19,564								
15	Royalties											
16	Occupancy											
17	Travel											
18	Payments of travel or entertainment expenses											
10	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	176,755	176,755									
20		170,755	170,755									
20	Payments to affiliates											
21	Depreciation, depletion, and amortization											
22												
23 24	Other expenses. Itemize expenses not covered											
24	above (List miscellaneous expenses on line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O.)											
а	MISC ADMIN EXPENSES	8,535		8,535								
b		-										
D D	BOARD EXPENSES & TRAVEL	7,625		7,625								
d												
	All other expenses											
е 25	All other expenses	401 001	176 755	245 226								
25 26	Joint costs. Complete this line only if the	421,991	176,755	245,236	0							
-0	organization reported in column (B) joint costs											
	from a combined educational campaign and											
	fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)											

	990 (20	,	20	0-2105	810 Page 11
Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			[]
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	440,375	1	415,821
	2	Savings and temporary cash investments	6,225	2	6,226
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	4,030	9	191
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	450,630	16	422,238
	17	Accounts payable and accrued expenses	270	17	
	18	Grants payable		18	
	19		44,111	19	42,469
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
SS	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	44,381	26	42,469
		Organizations that follow FASB ASC 958, check here E			
ŝ		and complete lines 27, 28, 32, and 33.			
nce nce	27	Net assets without donor restrictions	344,023	27	375,177
3ala	28	Net assets with donor restrictions	62,226	28	4,592
Б		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	406,249	32	379,769
	33	Total liabilities and net assets/fund balances	450,630	33	422,238

EEA

Form **990** (2021)

Form	990 (2021) OHIO ECONOMIC DEVELOPMENT ASSOC	20-21058	10	P	age 12
Pa	rt 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		394	,094
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		421,	,991
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(27	,897)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		406	,249
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8		1,	,417
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		379	,769
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		. 3a		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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2021)

SCHEI			Political Compaign a	ndlobbying	n Activi	tion	OMB No. 1545-0047
(Form §		For (Political Campaign a Drganizations Exempt From Income		-		2021
			•		.,	or Form 990-EZ.	
	ent of the Treasury	Comple	ete if the organization is described be Go to www.irs.gov/Form990 for it				Open to Public Inspection
-	evenue Service	orod "Voc '	on Form 990, Part IV, line 3, or Form				•
-	-		: Complete Parts I-A and B. Do not com		40 (FUILICA	a Campaign Activ	nues), men
		0	•	•	Do not com	volata Dart I D	
			on 501(c)(3)) organizations: Complete F plete Part I-A only.	ans I-A and C below	. Do not con	ipiele Part I-D.	
	0		, ,	000 E7 Bort VI lin	o 47 (l obby	ing Activition) the	n
	-		" on Form 990, Part IV, line 4, or Form that have filed Form 5768 (election unc				
		-		. ,,	•	•	
		-	that have NOT filed Form 5768 (election				
			' on Form 990, Part Ⅳ, line 5 (Proxy 1	ax) (See separate li	nstructions)	or Form 990-EZ, I	Part V, line 35C (Proxy
, ,	e separate instru						
), or (6) org	anizations: Complete Part III.			Energia van islandifi	
	organization					Employer identifi	cation number
	ECONOMIC DEV				- \ !	20-2105810	
Part I			e organization is exempt und				ganization.
			organization's direct and indirect politica	l campaign activities	in Part IV. S	ee instructions for	
	definition of "politi	•	0				
			penditures. See instructions				
			ampaign activities. See instructions				
Part I-			e organization is exempt und				
			se tax incurred by the organization unde				
			se tax incurred by organization manage				
3	If the organizatior	n incurred a	section 4955 tax, did it file Form 4720 f	or this year?			🔄 Yes 🔄 No
4a	Was a correction	made?					🗌 Yes 🗌 No
b	If "Yes," describe						
Part I-	-C Comp	lete if the	e organization is exempt und	er section 501(c), except	section 501(c	:)(3).
1	Enter the amount	directly exp	pended by the filing organization for sec	tion 527 exempt func	tion		
ä	activities					▶ \$	
2	Enter the amount	of the filing	organization's funds contributed to othe	er organizations for s	ection		
:	527 exempt funct	ion activitie	s			► \$	
			ditures. Add lines 1 and 2. Enter here ar				
I	line 17b					▶ \$_	
4	Did the filing orga	anization file	Form 1120-POL for this year?				🗌 Yes 🗌 No
5	Enter the names,	addresses	and employer identification number (EIN	I) of all section 527 p	olitical organ	izations to which th	he filing
(organization made	e payments	. For each organization listed, enter the	amount paid from the	filing organi	zation's funds. Also	o enter
t	the amount of poli	itical contrib	outions received that were promptly and	directly delivered to	a separate p	olitical organizatior	n, such
ä	as a separate seg	gregated fu	nd or a political action committee (PAC). If additional space i	is needed, pr	ovide information ir	n Part IV.
	(a) Name		(b) Address	(c) EIN	(d) Amo	unt paid from	(e) Amount of political
					• • •	ganization's	contributions received and
					funds. If r	none, enter -0	promptly and directly
							delivered to a separate political organization.
							If none, enter -0
<i>(</i>)							
(1)							
(2)				-			
(3)				-			
(4)				1			
(5)				1			
(6)				1			
For Pane	rwork Reduction 4	Act Notice s	ee the Instructions for Form 990 or 990-E	Z.	I		Schedule C (Form 990) 2021
EEA							

Sch	nedul	e C (Forn	n 990) 2021 O	HIO ECONOMIC D	EVELOPMENT ASSOC	20-21058	10 Page 2
Ρ	art	II-A	•	-	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
			section 501(h)).			
Α	Ch	eck 🕨	if the filing org	anization belongs to a	n affiliated group (and list in Part IV each affiliated group	member's name,	
			address, EIN,	expenses, and share of	of excess lobbying expenditures).		
В	Ch	eck 🕨	if the filing org	anization checked box	A and "limited control" provisions apply.		
				Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
			(The term "	expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
	1a	Total lo	bbying expenditure	s to influence public o	pinion (grassroots lobbying)		
	b	Total lo	bbying expenditure	s to influence a legisla	ative body (direct lobbying)		
	С	Total lo	bbying expenditure	s (add lines 1a and 1b)		
	d	Other e	exempt purpose exp	enditures			
	е	Total e	xempt purpose exp	enditures (add lines 10	and 1d)		
	f	Lobbyi	ng nontaxable amou	unt. Enter the amount	from the following table in both		
	_	column	S.				
		If the a	mount on line 1e, o	column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not ove	er \$500,000		20% of the amount on line 1e.		
		Over \$	500,000 but not ove	er \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
		Over \$	1,000,000 but not o	ver \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		Over \$	1,500,000 but not o	ver \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
_		Over \$	17,000,000		\$1,000,000.		
	g	Grassr	oots nontaxable am	ount (enter 25% of lin	e 1f)		
	h	Subtrac	ct line 1g from line 1	a. If zero or less, ente	r-0		
	i	Subtrac	ct line 1f from line 1	c. If zero or less, enter	·-0		
	j	If there	is an amount other	than zero on either lin	e 1h or line 1i, did the organization file Form 4720		
		reportir	ng section 4911 tax	for this year?		<u></u> [Yes No
				4-Yea	r Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Schedu	le C (Form 990) 2021 OHIO ECONOMIC DEVELOPMENT ASSOC		2105			age 3
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	filed	Form	5768	;	
	(election under section 501(h)).					
Fara	ach "Vee" reasons on lines to through ti below, provide in Dort IV a detailed	(i	a)		(b)	
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No	•	mount	
uesch		res	NO	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
	Total. Add lines 1c through 1i					
1	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
2a						
b	If "Yes," enter the amount of any tax incurred under section 4912		-			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(C)(5),	, or se	ection	1	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•••	2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		х
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(_
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" ()R (b) Part	: III-A,	line :	3, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members	•••	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year	••	2a			
b	Carryover from last year		2b			
с	Total	••	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			-
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Part		••	v			
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A	lines	1 and			
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	, 11103				

SCHEDULE O (Form 990)

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2021
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

OHIO ECONOMIC DEVELOPMENT ASSOC

Employer identification number 20-2105810

01. Management duties delegation (Part VI, line 3)

THE DAY TO DAY MANAGEMENT OF OEDA IS THE RESPONSIBILITY OF JENNIFER PRICE, EXECUTIVE

DIRECTOR OF OEDA, WITH SUPPORT FROM ACCENT ON MANAGEMENT.

02. Members or stockholder classes and rights (Part VI, line 6)

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ESTABLISHING THE VARIOUS CLASSES OF MEMBERSHIP.

ALL PERSONS INTERESTED IN ECONOMIC DEVELOPMENT IN OHIO ARE ELIGIBLE FOR MEMBERSHIP.

03. Member election for additional members (Part VI, line 7a)

THE MEMBERS OF OEDA ELECT/APPOINT THE BOARD OF DIRECTORS.

04. Governing body decisions (Part VI, line 7b)

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ALL DECISIONS OF THE ORGANIZATION.

05. Form 990 governing body review (Part VI, line 11)

THE BOARD TREASURER AND/OR OFFICERS REVIEW THE FORM 990 BEFORE FILING.

06. Conflict of interest policy compliance (Part VI, line 12c)

ALL BOARD MEMBERS ARE INFORMED OF THE CONFLICT OF INTEREST POLICY AND ACKNOWLEGDE

COMPLIANCE WITH THE POLICY.

07. CEO, executive director, top management comp (Part VI, line 15a)

THE OEDA BOARD EVALUATES COMPENSATION AND BENEFITS FOR INDIVIDUALS IN SIMILAR POSITIONS IN

SIMILAR ORGANIZATIONS TO EXECUTIVE DIRECTOR OF OEDA. BASED ON THEIR EVALUATION THE OEDA

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
OHIO ECONOMIC DEVELOPMENT ASSOC	20-2105810

BOARD ESTABLISHES THE COMPENSATION AND BENEFITS PACKAGE FOR THE EXECUTIVE DIRECTOR. THE

BOARD CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE.

08. Governing documents, etc, available to public (Part VI, line 19)

ALL DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE UPON REQUEST.

Form 8879-TE	IRS <i>e-file</i> Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning , 2021, and ending	, 20	2021
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records.		
Name of filer	Go to www.irs.gov/Form8879TE for the latest information	EIN or SSN	
OHIO ECONOMIC DE Name and title of officer or p		20-2105810	
Jennifer Price,	EXECUTIVE DIRECTOR		
Part I Type of	Return and Return Information		
CP and Form 5330 filers 5a, 6a, 7a, 8a, 9a, or 10a 5b, 6b, 7b, 8b, 9b, or 10	um for which you are using this Form 8879-TE and enter the applicable amount, if any may enter dollars and cents. For all other forms, enter whole dollars only. If you che a below, and the amount on that line for the return being filed with this form was blar b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the ret	eck the box on line 1 nk, then leave line 1 k	a, 2a, 3a, 4a, o, 2b, 3b, 4b,
1a Form 990 check	there ► 🕱 b Total revenue, if any (Form 990, Part VIII, column (A), lir	ne 12) 1	b 394,094
2a Form 990-EZ ch		,	?b
3a Form 1120-POL	. check here. ► 🔲 b Total tax (Form 1120-POL, line 22)	3	Bb
4a Form 990-PF ch	neck here b Tax based on investment income (Form 990-PF, Part \	/, line 5) 4	lb
5a Form 8868 chee	ck here ▶ □ b Balance due (Form 8868, line 3c)	5	ib
6a Form 990-T che			ib
7a Form 4720 chee			
8a Form 5227 chee			
9a Form 5330 chec			
10a Form 8038-CP ()b
Under penalties of perjur	tion and Signature Authorization of Officer or Person Subject t y, I declare that I am an officer of the above entity or I am a person s	o Iax ubject to tax with res	
complete. I further declar intermediate service prov acknowledgement of rec the date of any refund. If (direct debit) entry to the retum, and the financial in 1-888-353-4537 no later processing of the electro the payment. I have selec electronic funds withdraw PIN: check one box only X I authorize Ste	to enter my PIN ERO firm name	turn. I consent to allo and to receive from a ssing the return or re a en electronic funds e federal taxes owed S. Treasury Financia notal institutions invol- and resolve issues r nd, if applicable, the c 12345 Enter five numbers, b do not enter all zeros	ow my the IRS (a) an efund, and (c) withdrawal on this I Agent at ved in the related to consent to as my signature ut
retum's disclosure As an officer or pe filed retum. If I ha	ating charities as part of the IRS Fed/State program, I also authorize the aforemention e consent screen. erson subject to tax with respect to the entity, I will enter my PIN as my signature on the ve indicated within this return that a copy of the return is being filed with a state agend ate program, I will enter my PIN on the return's disclosure consent screen.	ne tax year 2021 elec	tronically
Signature of officer or perso	•	Date► 05-13-2	022
Part III Certifica	ation and Authentication		
	your six-digit electronic filing identification		
number (EFIN) followed	by your five-digit self-selected PIN. 319397 29558		
	Don't enter a umeric entry is my PIN, which is my signature on the 2021 electronically filed return in in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform eturns.	dicated above. I conf	
ERO's signature ►	Date►	06-20-2022	
	ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To	Do So	

EEA

Description Amount EXEC DIRECTOR COMPENSATION & BENEFITS \$ 117,256 EXEC DIR TRAVEL AND EXPENSES 7,615 ASSOCIATION MANAGEMENT FEES 7,615 OFFICE EXPENSES 7,615 OFFICE EXPENSES 7,615 Description Total: \$ 195,967 Description Amount CONF, CONVENTIONS & MEETINGS \$ 19,584 Description \$ 19,584 CONF, CONVENTIONS & MEETINGS \$ 68,200 MENDING EXPENSES \$ 68,200 MISC PROGRAM EXP \$ 5,756 MISC PROGRAM EXP \$ 176,755 CASH ACCOUNTS Amount	990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2021 Page 1
MANAGEMENT Amount Amount EXEC DIR TRAVEL AND EXPENSES 7,612 ASSOCIATION MANAGEMENT FEES 71,083 Total: \$ 195,963 OFFICE EXPENSES Description Amount Description Amount Description CONF, CONVENTIONS & MEETINGS Description MEETINGS EXPENSES CONF, CONVENTIONS & MEETINGS Description MEETINGS EXPENSES PROGRAM EXP Sound MISC PROGRAM EXP CASH ACCOUNTS Description Amount MISC PROGRAM EXP CASH ACCOUNTS Description Amount MEEDIN CASH ACCOUNTS Description Amount \$ 411,222 JOBS OHIO	Name(s) as shown on return	IC DEVELOPMENT ASSOC	
Description & BENEFITS \$ 117,256 EXEC DIR TRAVEL AND EXPENSES \$ 7,613 ASSOCIATION MANAGEMENT FEES Total: \$ 195,963 OFFICE EXPENSES Description			
EXEC DIRECTOR COMPENSATION & BENEFITS EXEC DIR TRAVEL AND EXPENSES ASSOCIATION MANAGEMENT FEES OFFICE EXPENSES Description DESCRIPTION MEETINGS EXPENSES Description MEETINGS EXPENSES Description MEETINGS EXPENSES Description MEETINGS EXPENSES Description MEETINGS EXPENSES DESCRIPTION MEETINGS EXPENSES DESCRIPTION MEETINGS EXPENSES DESCRIPTION MEETINGS EXPENSES DESCRIPTION MEETINGS EXPENSES DESCRIPTION MEETINGS EXPENSES CONF, CONVENTIONS & MEETINGS DESCRIPTION MEETINGS EXPENSES DESCRIPTION MISC PROGRAM EXP CASH ACCOUNTS DESCRIPTION CASH ACCOUNTS DESCRI		MANAGEMENT	
EXEC DIRECTOR COMPENSATION & BENEFITS EXEC DIR TRAVEL AND EXPENSES ASSOCIATION MANAGEMENT FEES OFFICE EXPENSES Description DESCRIPTION MEETINGS EXPENSES Description MEETINGS EXPENSES Description MEETINGS EXPENSES Description MEETINGS EXPENSES Description MEETINGS EXPENSES DESCRIPTION MEETINGS EXPENSES DESCRIPTION MEETINGS EXPENSES DESCRIPTION MEETINGS EXPENSES DESCRIPTION MEETINGS EXPENSES DESCRIPTION MEETINGS EXPENSES CONF, CONVENTIONS & MEETINGS DESCRIPTION MEETINGS EXPENSES DESCRIPTION MISC PROGRAM EXP CASH ACCOUNTS DESCRIPTION CASH ACCOUNTS DESCRI			_ .
EXEC DIR TRAVEL AND EXPENSES 7,61 ASSOCIATION MANAGEMENT FEES 71,08' Total: \$		ND COMDENSATION & DENEETTS	
ASSOCIATION MANAGEMENT FEES 71,08' Total: \$			
OFFICE EXPENSES Description CONF, CONVENTIONS & MEETINGS Description MEETINGS EXPENSES CONF, CONVENTIONS & MEETINGS Description MEETINGS & SERVICES S CASH ACCOUNTS Description HNB CASH ACCOUNTS Description HNB S CASH ACCOUNTS Description Amount S Amount Amount Amount Amount A		MANAGEMENT FEES	71,08
Description Amount DFFICE EXPENSES \$ 19,58 Total: \$ 19,58 CONF, CONVENTIONS & MEETINGS Description Amount MEETINGS EXPENSES \$ 68,200 PROGRAMS & SERVICES \$ 68,200 TRAINING EXPENSES \$ 57,63 MISC PROGRAM EXP 57,763 Total: \$ 176,755 Description Amount Amount \$ 411,225 JOBS OHIO SCHOLARSHIP FUND		Tota	al: \$ <u>195,96</u>
OFFICE EXPENSES \$ 19,584 Total: \$ 19,584 CONF, CONVENTIONS & MEETINGS Amount MEETINGS EXPENSES \$ 68,200 PROGRAMS & SERVICES \$ 68,200 TRAINING EXPENSES \$ 57,634 MISC PROGRAM EXP 5,756 CASH ACCOUNTS Description Amount SCASH ACCOUNTS Description Amount \$ 411,229 JOBS OHIO \$ 411,229 SCHOLARSHIP FUND 1,65		OFFICE EXPENSES	
OFFICE EXPENSES \$ 19,584 Total: \$ 19,584 CONF, CONVENTIONS & MEETINGS Description Amount MEETINGS EXPENSES \$ 68,200 PROGRAMS & SERVICES 45,169 TRAINING EXPENSES 57,634 MISC PROGRAM EXP 57,756 CASH ACCOUNTS Description HNB \$ 411,229 JOBS OHIO 2,939 SCHOLARSHIP FUND 1,657	Description		Amount
CONF, CONVENTIONS & MEETINGS Description Amount MEETINGS EXPENSES \$ 68,200 PROGRAMS & SERVICES 45,169 TRAINING EXPENSES 57,634 MISC PROGRAM EXP 5,756 Total: \$ 176,759 Amount CASH ACCOUNTS Description Amount HNB \$ 411,229 JOBS OHIO 2,939 SCHOLARSHIP FUND 1,657	OFFICE EXPEN	ISES	<u> </u>
Description Amount MEETINGS EXPENSES \$ 68,200 PROGRAMS & SERVICES 45,169 TRAINING EXPENSES 57,634 MISC PROGRAM EXP 5,756 CASH ACCOUNTS Amount Description HNB \$ 411,229 JOBS OHIO 2,939 SCHOLARSHIP FUND 1,657		Tota	al: \$19,58
Description Amount MEETINGS EXPENSES \$ 68,200 PROGRAMS & SERVICES 45,169 TRAINING EXPENSES 57,634 MISC PROGRAM EXP 5,756 CASH ACCOUNTS Amount Description HNB \$ 411,229 JOBS OHIO 2,939 SCHOLARSHIP FUND 1,657		CONF. CONVENTIONS & MEETINGS	
MEETINGS EXPENSES \$ 68,200 PROGRAMS & SERVICES 45,169 TRAINING EXPENSES 57,634 MISC PROGRAM EXP 5,750 Total: \$ 176,759 Amount Kescription Amount HNB 2,939 JOBS OHIO 2,939 SCHOLARSHIP FUND 1,657	Deeenistion		3
PROGRAMS & SERVICES 45,169 IRAINING EXPENSES 57,634 MISC PROGRAM EXP 5,756 Total: \$ 176,759 CASH ACCOUNTS Amount PROGRAM EXP \$ 411,229 Opescription HNB \$ 411,229 JOBS OHIO 2,939 SCHOLARSHIP FUND 1,657		PENSES	
TRAINING EXPENSES 57,634 MISC PROGRAM EXP 5,756 Total: \$ 176,759 CASH ACCOUNTS Amount #NB \$ 411,229 JOBS OHIO 2,935 SCHOLARSHIP FUND 1,657		SERVICES	<u> </u>
Total: \$ 176,755 CASH ACCOUNTS Description Amount HNB \$ 411,229 JOBS OHIO 2,935 SCHOLARSHIP FUND 1,657	TRAINING EXE	PENSES	57,63
CASH ACCOUNTSDescriptionAmountHNB\$ 411,229JOBS OHIO2,939SCHOLARSHIP FUND1,657	MISC PROGRAM	<u> </u>	5,75
Description Amount HNB \$ 411,229 JOBS OHIO 2,939 SCHOLARSHIP FUND 1,657		Tota	aı: ə <u> </u>
HNB \$ 411,229 JOBS OHIO 2,939 SCHOLARSHIP FUND 1,657		CASH ACCOUNTS	
JOBS OHIO2,939SCHOLARSHIP FUND1,657	Description		
SCHOLARSHIP FUND 1,65	HNB		
			<u> </u>
	SCHULARSHIP		
			ui. v115702