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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 09-01-2009, and ending 08-31-2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: OHIO VENTURE ASSOCIATION, C/O JOAN MCCARTHY. D Employer identification number: 34-1434174. E Telephone number: (216) 566-8884. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Cash (checked), Accrual, Other (specify).

I Website: J Tax-Exempt status (check only one): 501(c)(6) (checked), 4947(a)(1), 527. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$63,487.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 63,487. Expenses total: 69,363. Net Assets total: 5,104.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 10,980. Total liabilities: 0. Net assets or fund balances: 5,104.

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

What is the organization's primary exempt purpose?
 THE OHIO VENTURE ASSOCIATION PROVIDES A PROFESSIONAL FORUM FOR THE EXCHANGE OF IDEAS ON, AND APPROACHES TO, VENTURE DEVELOPMENT IN THE REGION OVA BRINGS TOGETHER FROM PUBLIC, PRIVATE, ACADEMIC AND GOVERNMENT ACTIVITES, INDIVIDUALS INTERESTED IN NUTURING THE DEVELOPMENT OF NEW, YOUNG, SMALL COMPANIES THE SOLE PURPOSE OF OVA IS TO PROVIDE A FORUM FOR THE INTERCHANGE OF IDEAS AND INFORMATION ON ACTIVITES OF OTHERS RELATED TO ENTREPRENEURIAL ENDEAVORS

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE PRIMARY ACTIVITY OF OVA IS TO CONDUCT LUNCHEON PROGRAMS DESIGNED TO INTRODUCE MEMBERS TO EACH OTHER AND TO PROMOTE DIALOGUE AMONG THEM, TO PRESENT SPEAKERS ON SUBJECTS OF IMPORTANCE IN VENTURE DEVELOPMENT, AND TO OFFER AN OPPORTUNITY TO SELECTED COMPANIES, WHICH SEEK VENTURE CAPITAL OR MANAGEMENT SUPPORT, TO DESCRIBE THEIR BUSINESS
 (Grants \$) If this amount includes foreign grants, check here . . .

28a

29
 (Grants \$) If this amount includes foreign grants, check here . . .

29a

30
 (Grants \$) If this amount includes foreign grants, check here . . .

30a

31 Other program services (attach schedule)
 (Grants \$) If this amount includes foreign grants, check here . . .

31a

32 Total program service expenses (add lines 28a through 31a)

32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school 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?		
49b 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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.

Please Sign Here

Signature of officer: ***** Date: 2011-01-10

Type or print name and title: M JOAN MCCARTHY CHAPTER ADMINISTRATOR

Paid Preparer's Use Only

Preparer's signature: ALANE L BOFFA Date: _____

Check if self-employed:

Preparer's identifying number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: COHEN & COMPANY LTD OFFICES LISTED AT WWWCOHENPCACOM, OH 44115

EIN: _____

Phone no: (800) 229-1099

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

Additional Data**Software ID:****Software Version:****EIN:** 34-1434174**Name:** OHIO VENTURE ASSOCIATION
C/O JOAN MCCARTHY**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LLOYD BELL 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	SECRETARY 1 0	0	0	0
TARIK ADAM 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
BENJAMIN CALKINS 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
SAM GERACE 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
ROBERT DONALDSON 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE EMERITUS 1 0	0	0	0
W DAVID BROWN 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	VP PROGRAMS 1 0	0	0	0
GARY BOWLING 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
ROBERT FELBER 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	VP PUBLIC RELATIONS 1 0	0	0	0
JAMES WEISMAN 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	VP SPECIAL PROGRAMS 1 0	0	0	0
CLAY RANKIN 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
JONATHAN MURRAY 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	PRESIDENT 1 0	0	0	0
MICHAEL STUBLER 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TREASURER 1 0	0	0	0
HOWARD BOBROW 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
RAY LEACH 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
CHARLES STACK 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
KEVIN MAYER 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
CHRIS SKLARIN 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0

TY 2009 Other Expenses Schedule

Name: OHIO VENTURE ASSOCIATION

C/O JOAN MCCARTHY

EIN: 34-1434174

Description	Amount
ADMINISTRATIVE FEE	2,120
MISCELLANEOUS EXPENSE	269
SPEAKER EXPENSE	4,605
PARKING	2,377
Supplies	3,719
Conferences and Conventions	23,801