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Part II Balance Sheets

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,795	22 89,324
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	13,795	25 89,324
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,795	27 89,324

Part III Statement of Program Service Accomplishments

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

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

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

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

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 (describe in Schedule O)

(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)

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

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

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		0
39b	Gross receipts, included on line 9, for public use of club facilities		0
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> <u>JOAN MCCARTHY</u> Telephone no <input type="checkbox"/> <u>(216) 566-8884</u> 1120 CHESTER AVENUE 470 Located at <input type="checkbox"/> <u>CLEVELAND, OH</u> ZIP + 4 <input type="checkbox"/> <u>44114</u>		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		No

	Yes	No
46		No

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

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

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

(a) Name and 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

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-01-08 Date		
	M Joan McCarthy Chapter Administrator Type or print name and title			
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> DONNA WEAVER	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> COHEN & COMPANY LTD OFFICES LISTED AT WWWCOHENPCOM, OH 44115			EIN <input type="checkbox"/>
				Phone no <input type="checkbox"/> (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 990-EZ, Special Condition Description:****Special Condition Description****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
TARIK ADAM 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
BENJAMIN CALKINS 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	VP MEMBERSHIP 1 0	0	0	0
SAM GERACE 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	VP MARKETING 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	PRESIDENT 1 0	0	0	0
CLAY RANKIN 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	VP PROGRAMS 1 0	0	0	0
JONATHAN MURRAY 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	SECRETARY 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	DIRECTOR 1 0	0	0	0
CHRIS SKLARIN 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	VP CONFERENCE 1 0	0	0	0
MIKE BUNKER 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	VP PROGRAMS 1 0	0	0	0
MATTHEW COX 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
BRIAN DUNCAN MD 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
LYNN ANN GRIES 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
STEVE HAYNES 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0

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(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
WENDY JARCHOW 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
KAREN SPILIZEWSKI 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
NEIL WYANT 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OHIO VENTURE ASSOCIATION
C/O JOAN MCCARTHY

Employer identification number

34-1434174

Identifier	Return Reference	Explanation
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description ADMINISTRATIVE FEE Amount 2025
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description MISCELLANEOUS EXPENSE Amount 271
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description SPEAKER EXPENSE Amount 1252
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description PARKING Amount 3576