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Form 990-EZ

Short Form

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

OMB No 1545-1150

2014

Open to Public Inspection

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.

A For the 2014 calendar year, or tax year beginning 09-01-2014, and ending 08-31-2015

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization OHIO VENTURE ASSOCIATION CO M JOAN MCCARTHY
Number and street (or P O box, if mail is not delivered to street address) Room/suite 1120 CHESTER AVENUE NO 470
City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH 44114

D Employer identification number

34-1434174

E Telephone number

(216) 566-8884

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify)

I Website: N/A

J Tax-exempt status (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 \$ 53,370

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

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 27,695, 25,675, 53,370, 27,922, 2,150, 26,361, 56,433, -3,063, 29,325, 0, 26,262.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	29,325	22 26,262
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	29,325	25 26,262
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)	29,325	27 26,262

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

Check if the organization used Schedule O to respond to any question in this 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, optional for others)
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 \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 0
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TARIK ADAM DIRECTOR	1 00	0	0	0
BENJAMIN CALKINS VP MEMBERSHIP	1 00	0	0	0
SAM GERACE DIRECTOR	1 00	0	0	0
JAMES WEISMAN VP SPECIAL PROGRAMS	1 00	0	0	0
CLAY RANKIN DIRECTOR	1 00	0	0	0
JONATHAN MURRAY SECRETARY	1 00	0	0	0
MICHAEL STUBLER TREASURER	1 00	0	0	0
HOWARD BOBROW DIRECTOR	1 00	0	0	0
CHRIS SKLARIN PRESIDENT	1 00	0	0	0
JOHN ETTORRE VP COMMUNICATIONS	1 00	0	0	0
LYNN-ANN GRIES DIRECTOR	1 00	0	0	0
KAREN SPILIZEWSKI VP PROGRAMS	1 00	0	0	0

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed OH
42a The organization's books are in care of M JOAN MCCARTHY Telephone no (216) 566-8884
Located at 1120 CHESTER AVENUE 470 CLEVELAND, OH ZIP + 4 44114

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47		
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 as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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.

Sign Here *****
 Signature of officer
 Date 2016-01-12
 M JOAN MCCARTHY CHAPTER ADMINISTRATOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name MELLISSA REED
 Preparer's signature
 Date 2016-01-11
 Check if self-employed
 PTIN P00542298
 Firm's name COHEN & COMPANY LTD
 Firm's EIN 34-1912961
 Firm's address OFFICES LISTED AT
 WWWCOHENPCOM, OH 44115
 Phone no (800) 229-1099

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.**

2014

**Open to Public
Inspection**

Name of the organization
OHIO VENTURE ASSOCIATION CO M JOAN MCCARTHY

Employer identification number

34-1434174

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	