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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No 1545-1150  
**2008**  
**Open to Public Inspection**

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning 09-01-2008, and ending 08-31-2009**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization  
 OHIO VENTURE ASSOCIATION  
 C/O JOAN MCCARTHY  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 1120 CHESTER AVENUE  
 City or town, state or country, and ZIP + 4  
 CLEVELAND, OH 44114

**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  Accrual  
 Other (specify) ▶

**I Website:** \_\_\_\_\_  
**J Organization type** (check only one) —  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** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 61,922

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

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)
<b>2</b>	Program service revenue including government fees and contracts	<b>11</b>	Benefits paid to or for members	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
<b>3</b>	Membership dues and assessments	<b>12</b>	Salaries, other compensation, and employee benefits	<b>20</b>	Other changes in net assets or fund balances (attach explanation)
<b>4</b>	Investment income	<b>13</b>	Professional fees and other payments to independent contractors	<b>21</b>	Net assets or fund balances at end of year (combine lines 18 through 20)
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>14</b>	Occupancy, rent, utilities, and maintenance		
<b>5b</b>	Less cost or other basis and sales expenses	<b>15</b>	Printing, publications, postage, and shipping		
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>16</b>	Other expenses (describe)		
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	<b>17</b>	<b>Total expenses</b> (add lines 10 through 16)		
<b>6a</b>	Gross revenue (not including \$ of contributions reported on line 1)				
<b>6b</b>	Less direct expenses other than fundraising expenses				
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
<b>7a</b>	Gross sales of inventory, less returns and allowances				
<b>7b</b>	Less cost of goods sold				
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
<b>8</b>	Other revenue (describe)				
<b>9</b>	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	12,481	<b>22</b> 10,980
<b>23</b> Land and buildings	0	<b>23</b> 0
<b>24</b> Other assets (describe)	0	<b>24</b> 0
<b>25</b> <b>Total assets</b>	12,481	<b>25</b> 10,980
<b>26</b> <b>Total liabilities</b> (describe)	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	12,481	<b>27</b> 10,980

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

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 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 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, or 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
See Additional Data Table				

**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**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
LLOYD BELL 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	VICE PRESIDENT - PROGRAMS 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	PRESIDENT 1 0	0	0	0
TIMOTHY G BIRO 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
ROBERT DONALDSON 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 1 0	0	0	0
W DAVID BROWN 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	SECRETARY 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	VICE PRESIDENT - MARKETING 1 0	0	0	0
JAMES WEISMAN 1120 CHESTER AVENUE 470 CLEVELAND, OH 44114	TRUSTEE 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	VICE PRESIDENT - PUBLIC POLICY 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

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	No
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	No
<b>35</b> <i>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, attach a statement explaining your reason for not reporting the income on Form 990-T</i>		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i> . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <span style="float:right; border: 1px solid black; padding: 2px;"><b>37a</b></span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> 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 unpaid at the start of the period covered by this return? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> <i>501(c)(7) organizations.</i> Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	0
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	0
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>40b</b>	
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ _____		
<b>42a</b> The books are in care of ▶ <u>JOAN MCCARTHY</u> Telephone no ▶ <u>(216) 566-8884</u> 1120 CHESTER AVENUE 470 Located at ▶ <u>CLEVELAND, OH</u> ZIP + 4 ▶ <u>44114</u>		
<b>b</b> 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)?	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <span style="border: 1px solid black; padding: 2px;"><b>43</b></span>		
<b>44</b> Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>	No

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>49b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

**Please Sign Here**

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.

Signature of officer: \*\*\*\*\* Date: 2010-02-14

M JOAN MCCARTHY CHAPTER ADMINISTRATOR  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: ALANE L BOFFA Date: \_\_\_\_\_ Check if self-employed:

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

Preparer's PTIN (See Gen Inst X): \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: (800) 229-1099

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

**TY 2008 Other Expenses Schedule****Name:** OHIO VENTURE ASSOCIATION

C/O JOAN MCCARTHY

**EIN:** 34-1434174

<b>Description</b>	<b>Amount</b>
ADMINISTRATIVE FEE	2,300
ADVERTISING	289
PARKING	2,289
SPEAKER EXPENSE	1,060
MISCELLANEOUS EXPENSES	181
Supplies	3,434
Conferences and Conventions	22,299