Ć				29898	32′	01714
Form 990-17	Exempt Organization Bu			ax Retur	n	OMB No 1545-0687
	(and proxy tax un	der secti	on 6033(e)) , and ending	<u></u>	_	2017
Department of the Treasury Internal Revenue Service	Go to www irs gov/Form990T for Do not enter SSN numbers on this form as it may				,	Open to Public Inspection fo 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name REV1 VENTURES	changed and	see instructions)	<u>-</u>	(Emp	oyer identification number lloyees' trust, see uctions)
B Exempt under section	Print FORMERLY KNOWN AS TEC	HCOLUM	BUS			1-1658220
X 501(c)(3) 408(e) 220(e)	Type Number, street, and room or suite no If a P 0 b					ated business activity codes instructions)
408A 530(a)	City or town, state or province, country, and ZIP	or foreign po	stal code			
529(a)	COLUMBUS, OH 43212					
C Book value of all assets at end of year	F Group exemption number (See instructions) 195. G Check organization type ► X 501(c) co	ornoration	501(c) trust	401/:	a) trust	Other trust
13,455,0	n's primary unrelated business activity	Diporation	30 I(c) IIdst	101/0	1/11/031	Content trust
	the corporation a subsidiary in an affiliated group or a pai	rent-subsidiar	y controlled group?	•	Ye	es X No
	and identifying number of the parent corporation					
	► DAVID DILLMAN					340-1683
Part I Unrelate	d Trade or Business Income		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sal	•					
b Less returns and allo2 Cost of goods sold (3)		10 2				
2 Cost of goods sold (33 Gross profit Subtract		3				
4 a Capital gain net incor		4a				
	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deductio	n for trusts	4c				
	artnerships and S corporations (attach statement)	5		·		
6 Rent income (Sched		6				
	ced income (Schedule E)	7 8				
	yalties, and rents from controlled organizations (Sch. F) f a section 501(c)(7), (9), or (17) organization (Schedule (
	ivity income (Schedule I)	10				
11 Advertising income (11				
12 Other income (See in	structions, attach schedule)	12				
13 Total. Combine line		13	0.			<u> </u>
Part II Deduction (Except for	ons Not Taken Elsewhere (See instructions contributions, deductions must be directly connect	for limitation ted with the	ns on deductions) unrelated business	income)	- ₁	1
•	ficers, directors, and trustees (Schedule K)				14	
15 Salaries and wages			RECEIVE	D_{-}	15	
16 Repairs and mainte	iance	امرا		188	16	
17 Bad debts18 Interest (attach school	edule)	C115	NOV 13 20	18 -08(18	
19 Taxes and licenses					19	
20 Charitable contribut	ions (See instructions for limitation rules)		OGDEN,	UT _	20	
21 Depreciation (attach	Form 4562)	L	21		_	
•	aimed on Schedule A and elsewhere on return		22a		22b	
23 Depletion	La companya da sa da sa				23	
	erred compensation plans				24	
25 Employee benefit pr26 Excess exempt expr	-				26	
27 Excess readership of	·				27	
28 Other deductions (a					28	
29 Total deductions A	dd lines 14 through 28				29	0.
	taxable income before net operating loss deduction. Subtr	act line 29 fro	m line 13		30	0.
	eduction (limited to the amount on line 30)	,			31	
	taxable income before specific deduction. Subtract line 31				32	1,000.
	Generally \$1,000, but see line 33 instructions for exceptio taxable income Subtract line 33 from line 32. If line 33 in the same section is a section of the same section.		line 32 antar the con-	aller of zero or	33	1,000.
34 Unrelated business line 32	taxable income Subtract line 33 if Off line 32 if line 33 i	o givaici illall	52, cinci tile Sille	21101 UI 2010 UI	34	0.
	or Paperwork Reduction Act Notice, see instructions			_	<u>a</u> 1	Form 990-T (2017

Part II	I Tax (Computation					r 		
35	Organizatio	ns Taxable as Corporations See instr	uctions for tax computation						
	Controlled g	group members (sections 1561 and 156	63) check here 🕨 🔲 See instruction	s and					
а	Enter your s	hare of the \$50,000, \$25,000, and \$9,5;	925,000 taxable income brackets (in that o	order)		İ			
	(1) \$	(2) [\$	(3) \$			1			
b	Enter organ	ization's share of (1) Additional 5% ta	x (not more than \$11,750) \[\]						
	(2) Addition	nal 3% tax (not more than \$100,000)	\$				ŀ		
С		on the amount on line 34			•	- 35c			0.
36	Trusts Taxa	ble at Trust Rates See instructions fo	r tax computation. Income tax on the amo	unt on line 34 fro	m	1	İ		
	Tax ra	te schedule or Schedule D (Fo	rm 1041)		•	36			
37	Proxy tax S	See instructions	•		•	37			
38	•	minimum tax				38			
39		-Compliant Facility Income See instru	uctions			39			
40		ines 37, 38 and 39 to line 35c or 36, wh				40		-	0.
Part I		and Payments		-					
41a	Foreign tax	credit (corporations attach Form 1118;	trusts attach Form 1116)	41a					
		s (see instructions)		41b					
С	General bus	siness credit Attach Form 3800		41c					
d	Credit for pi	rior year minimum tax (attach Form 880	01 or 8827)	41d					
		s Add lines 41a through 41d		·		41e	·	`	
42		e 41e from line 40				42			0.
43	Other taxes	Check if from Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Oth	er (attach schedule) 43			
44		dd lines 42 and 43				44			0.
45 a	Payments	A 2016 overpayment credited to 2017		45a					
b	2017 estima	ated tax payments		45b					
		ed with Form 8868		45c					
	-	anızatıons: Tax paıd or withheld at sour	ce (see instructions)	45d	•				
		nholding (see instructions)		45e					
	•	mall employer health insurance premiur	ms (Attach Form 8941)	45f			İ		
			orm 2439						
•	Form		ther Total	▶ 45g					
46		ents. Add lines 45a through 45g				46			
47		ax penalty (see instructions) Check if F	orm 2220 is attached 🕨 🔲			47			
48		line 46 is less than the total of lines 44			>	48			0.
49		nt If line 46 is larger than the total of li			>	49			0.
50	Enter the ar	nount of line 49 you want Credited to	2018 estimated tax		Refunded 🕨	50			
Part V	State	ements Regarding Certain	Activities and Other Inform	ation (see inst	ructions)				
51	At any time	during the 2017 calendar year, did the	organization have an interest in or a signa	ture or other auth	ority			Yes	No
	over a finan	cial account (bank, securities, or other)) in a foreign country? If YES, the organiza	tion may have to	file				
	FinCEN For	n 114, Report of Foreign Bank and Fina	ancial Accounts If YES, enter the name of	the foreign count	ry				
	here 🕨								X
52	During the t	ax year, did the organization receive a c	distribution from, or was it the grantor of,	or transferor to, a	foreign trust?				Х
	If YES, see	instructions for other forms the organiz	zation may have to file						
53	Enter the ar	nount of tax-exempt interest received o	r accrued during the tax year ► \$	-					
	Under per	halties of perjury, I declare that I have examine	d this return, including accompanying schedules in taxpayer) is based on all information of which p	and statements, and	to the best of my k	nowledge a	nd belief, it is	true,	
Sign	Correct, an		(,)	,	[May the IR	S discuss this	s return v	with
Here		Lhe	Date CFO			the prepar	er shown belo	w (see	. 1
	Sigh	ature of officer	Date 1 Title	· · · · · · · · · · · · · · · · · · ·	.,	instruction	s)? X Ye	s	No
	Print	/Type preparer's name	Preparer's signature	Date	Check	if PTI	N		
Paid	1		1 1 2	.	self- employe	- 1			
Prepa	rer SCC	OTT W. EICHAR	Scottw. Ein	11/6/18	<u> </u>		01289		
Use C	, , , , , , , , , , , , , , , , , , ,	's name ► GBQ PARTNERS			Firm's EIN 1	<u>2</u>	0-212	<u>230</u>	6
			STREET, SUITE 700						
	Firm	's address ► COLUMBUS,	ОН 43215-2663		Phone no	614-	221-1		
			 -				Form 99	90-T ((2017)

Form 990-T (2017) FORMERLY KNOWN AS TECHCOLUMBUS

•								
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	,		_		
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6		
2 Purchases	2	-	7 Cost of goods sold Su					
3 Cost of labor	3		from line 5 Enter here	and in I	Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty	/)	
(see instructions)								
1 Description of property								
(1)			<u> </u>					
(2)		10-						
(3)	-							
(4)				-				
	2 Rent receiv	ed or accrued						
(a) From personal property (if the perent for personal property is more 10% but not more than 50%	e lhan	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age ·	3(a) Deductions directly columns 2(a) ar		ited with the income attach schedule)	∌ iu
(1)	· · ·		. "					
(2)								
(3)		•	-					
(4)	1							
Total	0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	-		0.
Schedule E - Unrelated Del		I Income (see	instructions)		· · · · · · · · · · · · · · · · · · ·			
			2 Gross income from		3 Deductions directly con to debt-finance			•
1 Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(0	8 Allocable deduction 6 x total of c 3(a) and 3(b))	columns
(1)		•	%	-				
(2)			%					
(3)			%					
(4)			%		-			
	•			4	inter here and on page 1, Part I, line 7, column (A)		nter here and on pa Part I, line 7, column	
Totals			▶		0			0.
Total dividends-received deductions in	cluded in columi	า 8			•			0.
Total arriading resolved deductions in		-						

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Schedule F - Interest,	Annuitie	s, Roya	lties, a					zatio	ns (see in:	struction	is)
				Exempt (Controlled O	rganızatı	ons				·
1 Name of controlled organizat	ion	2 Em identifi num	cation	3 Net unr (loss) (see	elated income instructions)		al of specified nents made	includ	rt of column 4 ded in the con zation's gross	trolling	6 Deductions directly connected with income in column 5
(1)								 			<u> </u>
(1)				 				1			
(2)							_ 	-			
(3)			_	1							
(4)		L		L				,		j	
Nonexempt Controlled Organi	l			1 -		r				l	
7 Taxable Income		nrelated incor ee instruction		y Total	of specified paying made	nents	10 Part of colu in the controll gross	mn 9 tha ing orga s incomi	nization's		ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c		e 1, Part I,	Enter h	id columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme (see instr		me of a	Section	1 501(c)(7), (9), or	(17) Or	ganizatior	1		٠	
1 Descr	ription of inco	me			2 Amount of	income	3 Deduction directly connected (attach scheduler)	cted	4 Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)							•				
(2)											
(3)											
(4)											
,			-		Enter here and Part I, line 9, co		-	•	,	٠.	Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.				,	0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othei	Than Ad	vertisi	ng Income	•			•
·			0 -		4 Net incom	e (loss)					7 -
1 Description of exploited activity	2 G unrelated incom trade or l	business e from	directly of with pro of uni	penses connected oduction related s income	from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	Enter her page 1 line 10,	Part I,	page 1	re and on , Part I, col (8)		Į.		-	٠.		Enter here and on page 1 Part II, line 26
Totals •		0.		0.						•	0.
Schedule J - Advertising	ng Incor	ne (see ii	nstruction	ns)							
Part I Income From F	Periodic	als Rep	orted o	n a Con	solidated	Basis		•			
1 Name of periodical		2 Gross advertising income		3 Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulat income		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)											
(3)					_						`
(4)					7		-				
<u>'''</u>			+						-		
Totals (carry to Part II, line (5))		(o .	0							0.

	Francisco Deviadiante Departed on a Consulta Designa
Part II	Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in
	columns 2 through 7 on a line by line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-	1	
(2)					<u>-</u>	
(3)						
(4)						
Totals from Part I	0.	0.			. ` .	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	, .		-`. , »	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.		•		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0

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