Fårm 990-T	Exc		าization Bus						OMB No 1545-0687
•		. (ar	nd proxy tax unde	er se	ction 603	3(e))			2040
	For catenda	ar year 2018 or other tax yea	ar beginning		, and en	iding		_	2018
Department of the Treasury Internal Revenue Service	▶ Do		irs gov/Form990T for in s on this form as it may					50	pen to Public Inspection for 11(c)(3) Organizations Only
A Check box if address changed	Na	me of organization (D Employer identification number (Employees' trust, see instructions)						
B Exempt under section	Print R	EV1 VENTUR		-1658220					
X 501(c) 3)	I Ivno I		or suite no. If a P O. box	k, see in	structions				ed business activity code tructions)
408(e) 220(e)	``	275 KINNEA		_					
408A L530(a)			rince, country, and ZIP or	r foreigr	n postal code				0.0
529(a)		OLUMBUS, O						5259	90
C Book value of all assets at end of year		Group exemption numb		orntion		1/o\ truct	401/2	truet	Other trust
14,222,2 H Enter the number of the			501(c) corp	1		1(c) trust	the only (or first) up		Other trust
trade or business here		,		<u> </u>	- -		the only (or first) un complete Parts I-V.		nan one
describe the first in the b			s sentence, complete Pa	rts I an			•		•
business, then complete		it the end of the previou	is semence, complete i a	ii to i air	u II, complete	a ochodan	o W Tor caorradomor	101 11 11 10 10	"
I During the tax year, was		tion a subsidiary in an a	iffiliated group or a parer	nt-subsi	diary controlle	ed group?	▶ [Yes	X No
If "Yes," enter the name a			_		,	3			
J The books are in care of						Teleph	one number 🕨 6	14-3	40-1683
Part I Unrelated	d Trade	or Business Inc	ome ,		(A) Inco	ome	(B) Expense:	s	(C) Net
1a Gross receipts or sale	șs								
b Less returns and allow	wances		c Balance	1c					
2 Cost of goods sold (S	Schedule A, I	line 7)	\ .	2					
3 Gross profit Subtract	line 2 from	line 1c	7	3					
4a Capital gain net incom	•	•		4a					
		II, line 17) (attach Form	4797)	4b 4c				-	
c Capital loss deduction for trusts					20	076	STMT 1		-29,976.
						<u>,976.</u>	STMT		-25,570.
6 Rent income (Schedu	•	Cabadula E)		<u>6</u> 7					
7 Unrelated debt-financ8 Interest, annuities, ro	•	•	organization (Schedule F)	8		<u> </u>	EOEN/SE		
	-		ganization (Schedule G)				KECEN'EL	}	
10 Exploited exempt acti			gamzanon (constant a)	10		2		181	
11 Advertising income (S	-	(3011000101)		11			10V 2 1 2019		
12 Other income (See in:		ittach schedule)		12				88	
13 Total. Combine lines				13	-29	9760	GDEN L	Г	-29,976.
			e (See instructions fo						
(Except for d	contributio	ns, deductions must	be directly connected	d with t	the unrelated	busines	s income)		
14 Compensation of off	ficers, directi	ors, and trustees (Sche	dule K)					14	
15 Salaries and wages								15	
16 Repairs and mainten	nance							16	
17 Bad debts								17	
18 Interest (attach sche	idule) (see ir	nstructions)						18	
19 Taxes and licenses	(С	ntrustiana far limitation	ruloo)					20	
20 Charitable contributi21 Depreciation (attach)		structions for limitation	rules)		1	21		20	
) chedule A and elsewher	e on return		ŀ	22a		22b	
23 Depletion	aimica om oo	module / tario discurrici			·			23	
24 Contributions to defe	erred compe	ensation plans						24	
25 Employee benefit pro								25	
26 Excess exempt expe		dule 1)						26	
27 Excess readership co	osts (Sched	ule J)						27	
28 Other deductions (at	ttach schedu	ıle)						28	
29 Total deductions A								29	0.
			loss deduction. Subtrac					30	-29,976.
			jinning on or after Janua	ry 1, 20)18 (see instru	ictions)		31	20.075
		me. Subtract line 31 fro						32	-29,976. Form 990-T (2018)
823701 01-09-19 LHA FO	or Paperwor	rk Reduction Act Notice	, see instructions						701111 330-1 (2018)

	(= 1 11/	REVI VENTORED			<u> </u>	<u> </u>			
Part I]]	otal Unrelated Business Taxab	ole Income						
33	Total	of unrelated business taxable income compute	ed from all unrelated trades or businesse	s (see instructions)	33	-2	9,9	76.
34	Amou	ints paid for disallowed fringes				34			
35		ction for net operating loss arising in tax years	heginning before January 1, 2018 (see i	nstructions)		35			
36		of unrelated business taxable income before s							
30			pecific deductions Subtract file 33 from t	ile Sulli Oi		100	_ 2	9,9	76
		33 and 34				36			
37	-	fic deduction (Generally \$1,000, but see line 3				37	 	1,0	00.
38		ated business taxable income. Subtract line 3	37 from line 36. If line 37 is greater than	line 36,		1			
	enter	the smaller of zero or line 36				38	<u> </u>	9,9	<u>76.</u>
Part I	∨ 7	ax Computation		-					
39	Organ	nizations Taxable as Corporations Multiply li	ne 38 by 21% (0 21)		•	. 39			0.
40		s Taxable at Trust Rates See instructions for		ount on line 38 fron	n:				
70		Tax rate schedule or Schedule D (For	'			. 40			
		•	111 1041)			. 41	 		
41	-	tax See instructions					 		
42		ative minimum tax (trusts only)				42			
43		n Noncompliant Facility Income See instruct				43			
44	Total	Add lines 41, 42, and 43 to line 39 or 40, while	chever applies			44			0.
Part \	V 1	ax and Payments					_		
45 a	Foreic	in tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	45a					
b	-	credits (see instructions)	,	45b					
		al business credit Attach Form 3800		45c					
C			4 0007\	45d					
		for prior year minimum tax (attach Form 880	1 01 8627)	450	-	┥			
е		credits Add lines 45a through 45d				45e	-		
46		act line 45e from line 44				46	 		0.
47	Other	taxes Check if from. Form 4255	Form 8611 Form 8697 Form	n 8866 📖 Othe	f (attach schedule)	47			
48	Total	tax Add lines 46 and 47 (see instructions)				48_			<u>0.</u>
49	2018	net 965 tax liability paid from Form 965-A or F	orm 965-B, Part II, column (k), line 2			49			0.
50 a		ents A 2017 overpayment credited to 2018		50a					
	-	estimated tax payments		50b					
				50c					
		eposited with Form 8868	- (-			
		n organizations: Tax paid or withheld at sourc	e (see instructions)	50d		\dashv			
		ip withholding (see instructions)		50e		_			
		for small employer health insurance premium	is (attach Form 8941)	50f					
9	Other	credits, adjustments, and payments: Fo	rm 2439						
		Form 4136 Otl	her Total	▶ 50g		_			
51	Total	payments. Add lines 50a through 50g				51		_	
52		ated tax penalty (see instructions). Check if Fo	rm 2220 is attached			52			
53		ue. If line 51 is less than the total of lines 48, 4			•	53			
54		eayment If line 51 is larger than the total of lin		Ч		54			
	•	•			afundad .	55			
55		the amount of line 54 you want: Credited to 2			lefunded >	33	<u> </u>		
Part \		Statements Regarding Certain			,		-	T	
56	-	\prime time during the 2018 calendar year, did the σ						Yes	No
	over a	financial account (bank, securities, or other)	in a foreign country? If "Yes," the organiz	ation may have to	file				
	FinCE	N Form 114, Report of Foreign Bank and Finar	ncial Accounts If "Yes," enter the name o	f the foreign count	ry				
	here	•							X
57		g the tax year, did the organization receive a di	stribution from, or was it the grantor of.	or transferor to, a	foreian trust?				Х
0,		s," see instructions for other forms the organiz			g				
		the amount of tax-exempt interest received or							
58		der penalties of perjury, I declare that I have examined		and statements and i	n the hest of my ki	nowledge	and belief it is	true	<u> </u>
Sian	col	der penalties of perjury. I declare that I have examined rect, and complete be laration of preparer (other than	taxpayer) is based on all information of which p	preparer has any know	ledge				
Sign		<u> </u>	1 1 1		Γ	May the I	RS discuss thi	s return	with
Here		/ n	11/14/209 CFO				rer shown belo		ا ،
		Signature of afficer	Date ' ' Title	,		ınstructio	ns)? X Y	es	No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf PT	IN		
Paid			1	. , , ,	self- employe	d			
	. ::	SCOTT W. EICHAR	Austr E	11/13/19		I	01289	694	
Prepa	41 C1	Firm's name ► GBQ PARTNERS	LLC	<u> </u>	Firm's EIN		20-212		
Use (חכ		TREET, SUITE 700						
		Firm's address COLUMBIIS			Phone no	611	-221_1	120	
		rinnia guursaa 📂 titiitiyi 🗖 📑	OIL 9224177003		1 1 110110 110	υ±⇔-	441		

Schedule A - Cost of Good	s Sold. Enter r	nethod of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year	1		_ 6	Inventory at end of yea	ır		6		
2 Purchases	2		_ 7	Cost of goods sold Su	ıbtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	l	1	
4a Additional section 263A costs				line 2			_ 7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
 Other costs (attach schedule) 	4b		_	property produced or a	l for resale) apply to				
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real I	Property an	d Pe	rsonal Property	Lease	ed With Real Pro	per	ty) 	
1 Description of property									
(1)								·	
(2)									
(3)									
(4)	_								
	2 Rent receive	d or accrued		<u> </u>					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for	personal	sonal property (if the percental property exceeds 50% or if led on profit or income)	age	3(a) Deductions directly columns 2(a) a		nected with the income (attach schedule)	ın
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	j			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ictions)	т				
			١,	Gross income from		3 Deductions directly conto debt-finan			
1 Description of debt-fit	nanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)			 	•			-		
(2)				- 1, Lan					
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis ocable to ced property schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	olumns
(1)			 	%	-				
(2)				%		- · · · ·			
(3)				%					
(4)				%					
			•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions in	ncluded in column	8				>	•		0.

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Schedule F - Interest, A		-			Controlled O							
Name of controlled organizat	ion	2 Emp identific numb	ation		elated income instructions)	4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		olling	g connected with income	
(1)				-								
(2)												
(3)			-									
(4)												
Nonexempt Controlled Organia												
7 Taxable Income		related incom	a (loss)	0 Total	of specified payi	ments	10 Part of colu	mn 9 that	is included	11 Dec	ductions directly connected	
Taxable meditie		ee instructions		3 70.0.	made		in the controlls				income in column 10	
(1)												
(2)												
(3)			-									
(4)				-	_							
17				,			Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals									0.		0	
Schedule G - Investme (see instr		ne of a S	Section	n 501(c)(7), (9), or	(17) Or	ganization	1	•			
1 Descr	ription of incor	me			2 Amount of	ıncome	3 Deduction directly connect (attach scheduler)	ected	4 Set-a (attach so		5 Total deductions and set-asides (col 3 plus col 4)	
(1)	_											
(2)												
(3)			-									
(4)										· -		
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (8)	
Totals				•	Ì	0.					0	
Schedule I - Exploited		Activity	Incon	ne, Othe	r Than Ad		ng Income	•			<u> </u>	
1 Description of exploited activity	2 G. unrelated income trade or b	business e from	directly with p of ur	xpenses connected roduction nrelated ss income	4 Net incon from unrelated business (co minus colum gain, comput through	I trade or dumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that ted	6. Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	_			-								
(2)												
(3)	_											
(4)												
	Enter here page 1, line 10,	Part I, col (A)	page	ere and on 1, Part I, 0, col (B)		L					Enter here and on page 1, Part II, line 26	
rotals ► Schedule J - Advertisi	na Inco	0.	otu cot: -	0.							0	
Part I Income From I					solidated	Basis						
1 Name of periodical		2 Gross advertising income	adv	3 Direct vertising costs	or (loss) (c		5 Circulat		6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			+							-		
(2)			+		_							
(2)			-	_	\dashv							
(4)	- -		+	-	\dashv		 					
(4)			-		 		 					
Totals (carry to Part II, line (5))	•	().	0							0 Form 990-T (201	

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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)					•		
(2)	Ì						
(3)			-				
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, coi (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.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS		STATI	EMENT	1
DESCRIPTION			INCOME	
F13 WORKS, LLC - ORDINARY BRAND THUNDER - ORDINARY LENTECHS LLC - ORDINARY LENTECHS LLC - ORDINARY ORIS INTEL, LLC - ORDINAR' ORIS INTEL, LLC - INTERES'	BUSINESS INCOME (LOSS) USINESS INCOME (LOSS) USINESS INCOME (LOSS) Y BUSINESS INCOME (LOSS)		-33,58 2,06 -17 -17 1,87	55. 72. 72.
TOTAL INCLUDED ON FORM 99	0-T, PAGE 1, LINE 5		-29,97	6.