Form **990** 

Department of the Treasury

DLN: 93493032014619

2017

OMB No 1545-0047

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public

Interna	ii Kevei	nue Service		_	, ,		Inspection		
A F	or the	e <b>2017</b> ca	alendar year, or tax year begi	nning 11-01-2017 , and ending 10-	31-2018				
☐ Ad	dress o	pplicable change	C Name of organization The DevOps Collective Inc			<b>D Employ</b> 46-0941	er identification number		
☐ Ini	me cha itial ret	-	Doing business as						
☐ An	nended	d return on pending	Number and street (or P O box If 150 Las Vegas Blvd N	mail is not delivered to street address) Room/s	uite	E Telephon	e number		
			City or town, state or province, col Las Vegas, NV 89101	untry, and ZIP or foreign postal code		<b>G</b> Gross red	ceipts \$ 533,797		
		Ī	F Name and address of princip	al officer	H(a) Is	this a group ret	turn for		
			James Petty 150 Las Vegas Blvd N 1109 Las Vegas, NV 89101		<b>Н(Ь)</b> Аг	ibordinates? e all subordinat cluded?	Yes ✓ No  Yes □ No		
<b>I</b> Ta	x-exen	npt status	<b>✓</b> 501(c)(3)	(insert no ) 4947(a)(1) or 527	1		ıst (see instructions)		
J W	ebsit	e: www	w devopscollective org	· · · · · · · · · · · · · · · · · · ·	1	roup exemption	, ,		
<b>K</b> Forr	n of or	rganızatıon	✓ Corporation ☐ Trust ☐ Ass	sociation ☐ Other ▶	<b>L</b> Year of f	ormation 2015	<b>M</b> State of legal domicile NV		
Pa	rt I	Sumi	mary		-				
Governance	0		scribe the organization's mission ational resources, open-source a	or most significant activities ipplication and code, and advocacy for th	e DevOps S	pace, and offer	these free of charge to the		
Ē	-								
e v		Claration bloom				350/ -5-t t-			
	3	Number of	of voting members of the govern	iscontinued its operations or disposed of ing body (Part VI, line 1a)	more than a	25% of its net as	<b>3</b> 5		
Activities &	1			of the governing body (Part VI, line 1b)			4 5		
He.	5	Total num	nber of individuals employed in c	alendar year 2017 (Part V, line 2a)			5 0		
Ę	6	Total num	nber of volunteers (estimate if ne	ecessary)			6		
∢	7a	Total unre	elated business revenue from Pa	rt VIII, column (C), line 12			<b>7a</b> 0		
	ь	Net unrel	ated business taxable income fro	om Form 990-T, line 34			<b>7b</b> 0		
						Prior Year	Current Year		
Q,	8	Contribut	ions and grants (Part VIII, line 1	h)			C		
Ravenue	9	Program :	service revenue (Part VIII, line 2	g)		360,6	575 533,797		
λċ	10	Investme	ent income (Part VIII, column (A)		(				
	11	Other rev	enue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)			C		
	12	Total reve	enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), line 12)		360,6	575 533,797		
	13	Grants ar	nd sımılar amounts paıd (Part IX,	column (A), lines 1-3 )		50,0	50,000		
	14	Benefits p	oald to or for members (Part IX,	column (A), line 4)		C			
8	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A), lines 5–10)			C		
US(	16a	Professio	nal fundraising fees (Part IX, col	umn (A), line 11e)			C		
Expenses	Ь	Total fundr	alsing expenses (Part IX, column (D),	line 25) ▶0					
Ξi	17	Other exp	oenses (Part IX, column (A), line	s 11a-11d, 11f-24e)		253,4	719,818		
	18	Total exp	enses Add lines 13-17 (must ed	ual Part IX, column (A), line 25)	Part IX, column (A), line 25)				
	19	Revenue	less expenses Subtract line 18 f	rom line 12		57,2	-236,021		
Ce S					Beginn	ing of Current Y	ear End of Year		
Net Assets or Fund Balances	30	Total	ote (Part V. line 16)		-	204.0	200 60 147		
A B			ets (Part X, line 16)		-	294,8	309 60,147 913 2,272		
ž Š	1		s or fund balances Subtract line			293,8			
	22		ature Block	21 110111 111110 20		293,0	750 37,073		
				nined this return, including accompanying	a schedules	and statements	and to the best of my		
know	ledge	and belie		e Declaration of preparer (other than off					
any k	nowle	edge							
		*****	*			2019-01-31			
Sign	ı	Signati	ure of officer			Date			
Here	2		Petty CFO						
		Type or	r print name and title						
			rınt/Type preparer's name Varren Taryle		Date 2019-01-28		PTIN P00449727		
Paid	d	<u> </u>	·	<u> </u>	2017-01-20	self-employed			
Pre	pare	71 <u>⊢</u>	irm's name Taryle Accounting CP			Firm's EIN ► 32-			
Use	On	ly   <sup>⊩</sup>	ırm's address ▶ 8700 E Vısta Bonıta D			Phone no (480) 9	<del>J</del> 48-9510		
			Scottsdale, AZ 8525	5			<u>_</u>		
May t	he IR	S discuss	this return with the preparer sho	own above? (see instructions)	<u>.</u>	<u>.</u>	☑ Yes ☐ No		
For P	aper	work Red	duction Act Notice, see the se	parate instructions.	Cat N	o 11282Y	Form <b>990</b> (2017)		

Form	990 (2017)					Page <b>2</b>
Par	t IIII Statement	of Program Service	e Accomplish	nments		
			nse or note to a	ny line in this Part III		<u> 🗆</u>
1	Briefly describe the o	rganization's mission				
Offer	educational resources	, open-source application	n and code, an	d advocacy for the DevO	ps Space, and offer these free of cl	narge to the public
2	Did the organization	undertake any significai	nt program serv	rices during the year whi	ch were not listed on	
	the prior Form 990 or	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Sch	edule O			
3	Did the organization	cease conducting, or ma	ake significant o	hanges in how it conduc	ts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule	e O			
4	Section 501(c)(3) and		ns are required	to report the amount of	argest program services, as measur grants and allocations to others, th	
4a	(Code	) (Expenses \$	691,638	including grants of \$	50,000 ) (Revenue \$	533,797 )
	See Additional Data					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					
	-					
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	(0000	, (Emparieda 4		molecum grantes of \$	, ( ¢	,
	-					
	Out.	(D	I- 0 )			
4d	Other program service (Expenses \$	ces (Describe in Schedu incli	le O ) iding grants of :	ŧ	) (Revenue \$	)
	• • •		691,63	*	/ (Incremise of	,
<u>4e</u>	Total program serv	rice expenses ►	091,6.	00		

**Checklist of Required Schedules** 

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . .

Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes." complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Section 501(c)(3) organizations.

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

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18

19

Yes

Yes

or X as applicable

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Page 3 No No

Nο

Nο

No

Nο

No

Nο

No

No

Nο

No

Nο

Nο

No

No

Nο

Nο

Nο

Nο

No

Nο

Νo

No

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Par	Checklist of Required Schedules (continued)		
		Yes	No
	2 1 1 2 7 6 1 2 7 6 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

20a

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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Yes

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Νo

Nο

Νo

Νo

Nο

Νo

Nο

No

Page 4

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

22

Pari	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		No
	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
·	In rest, to fine su of sis, and the organization me rount occor in the first in the	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		
		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
02	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
ט	12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
		1		
	Enter the amount of reserves on hand			
c	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

orm	990 (2017)			Page <b>6</b>
Part	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	nes
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	2.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
.3	Did the organization have a written whistleblower policy?	13		No
.4	Did the organization have a written document retention and destruction policy?	14		No
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Ço.	ction C. Disclosure	16b		
.7	List the States with which a copy of this Form 990 is required to be filed			
	NV Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
.9	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  > James Petty 150 Las Vegas Blvd N 1109 Las Vegas, NV 89101 (615) 428-7013			
				- /2247

Part VII

(F)

(E)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

year List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(C)

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Name and Title	Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Jason Helmick Director	2 00	Х						0	0	0
	0 00			$\vdash$						
(2) Richard Siddaway Director	0 00	Х						0	0	0
(3) Donald Jones	2 00			x				0	0	0
President	0 00									
(4) Jeffrey Hicks	2 00			x				0	0	0
Secretary	0 00									
(5) Teresa Wilson Treasurer	2 00			x				0	0	0
	0 00									
										Form <b>990</b> (2017)

(A)

Name and Title

compensation from the organization  $\blacktriangleright$ 

(B)

Average

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

(E)

Reportable

Page 8

		hours per week (list any hours for related			n of tor/t	ficer	and a		fro organiz	mpensation compensa from the from rela inization (W- inization (W- iniza		ted compens ns (W- from t		sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,103	9-M3C)	2,1035-1130	-,	relati organiza	ed
												4		
												+		
								$\vdash$				+		
												+		
								$\vdash$				+		
												+		
												+		
												+		
c ·	Sub-Total	art VII, Sectio		· ·			<b>*</b>			0		0		0
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rec	eived mo	re than \$1	00,000			
												$\equiv$	Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .	,		ee, k	ey e •	mple •	oyee,	or hi	ghest co	mpensated • • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the			NI-
5	Did any person listed on line 1a receiver services rendered to the organization								-		vidual for	5		No No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization Report compe											mpen:	sation	
	· · · · · · · · · · · · · · · · · · ·	(A) and business addre									(B) ription of services		(C Compen	
												$\longrightarrow$		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

Position (do not check more

(D)

Reportable

Part	VI	II Statement of	Revenue								
		Check If Schedule	e O contains a	a respo	onse or note	to any l	(A) Total revenue	Rela ex	( <b>B)</b> ited or empt	(C) Unrelated business	(D) Revenue excluded from
									enue	revenue	tax under sections 512-514
s s	1:	a Federated campaigr	ns	1a							
ant		<b>b</b> Membership dues .	•	<b>1</b> b							
ير ق		<b>c</b> Fundraising events		1c							
ifts, or A		<b>d</b> Related organization	าร	1d							
<u>1</u> 0 €		e Government grants (co	ntributions)	1e							
Sir	1	f All other contributions, and similar amounts no	gifts, grants,								
Contributions, Gifts, Grants and Other Similar Amounts		above  g Noncash contributio in lines 1a-1f \$		1f							
Con		Total.Add lines 1a-1	f	<del>.</del> .							
	┵					usiness (	Code				
Program Service Revenue	<b>2</b> a	Powershell Tickets					541519 5	33,797	533,	797	
£ ₹											
Ce l	Ь			_							
eΓΥ	d	· 		_							
S	e			_							
grar	f	All other program ser	vice revenue								
Ρ̈́	g	Total.Add lines 2a-2f			<b>&gt;</b>	53	33,797				
		Investment income (in			nterest, and	other					
	9	sımılar amounts)				<b>&gt;</b>					
		Income from investme									
	5	Royalties г									
	6=	Gross rents	(ı) Real		(II) Pers	onai					
	-	l Gross remes									
	Ŀ	Less rental expenses									
		Rental income or									
		(loss)									
	C	l Net rental income or ר	, ,			<b>&gt;</b>					
	7a	Gross amount from sales of assets other than inventory	(ı) Securit	ies	(II) Oth	ner					
		Less cost or other basis and sales expenses									
		Gain or (loss)									
		I Net gain or (loss) . Gross income from fu				<b>&gt;</b>					
Other Revenue	0.	(not including \$contributions reported See Part IV, line 18	d on line 1c)	of							
Re		Less direct expenses		b							
ıer		: Net income or (loss)			ents	<b>&gt;</b>					
Off	9a	Gross income from ga See Part IV, line 19									
				a							
		Less direct expenses  Net income or (loss)		b activit	IES .						
		Gross sales of invento		activit		<b>•</b>					
		returns and allowance	es	a							
		Less cost of goods s		b							
	-	Net income or (loss) Miscellaneous		invent	Business	Code					
	11		revende		Business						
	Ŀ	·									
											+
	_	i All other revenue .									
		Total. Add lines 11a-				<b>&gt;</b>					
		2 Total revenue. See			- •	e		-			
	12	. 10tai 1 <b>evenue.</b> 5ee	misu uctions	• •		<b>•</b>	533,79	7	533,797		0 0 Form <b>990</b> (2017)
											Form 990 (2017)

Part IX	Statement of Functional Expenses
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Form 990 (2017) Page <b>10</b>								
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	nızatıons must comp	lete column (A)	_				
Check if Schedule O contains a response or note to any	line in this Part IX			🗆				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses				
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	50,000	50,000	-					
2 Grants and other assistance to domestic individuals See Part IV, line 22								
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16								
4 Benefits paid to or for members								
<b>5</b> Compensation of current officers, directors, trustees, and key employees								
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 Other salaries and wages								
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)								
9 Other employee benefits								
10 Payroll taxes								
11 Fees for services (non-employees)								
<b>a</b> Management	22,700	22,700						
<b>b</b> Legal								
c Accounting	6,815	6,815						
d Lobbying								
e Professional fundraising services See Part IV, line 17								
f Investment management fees								
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)								
12 Advertising and promotion	5,819	5,819						
13 Office expenses	26,940		26,940					
14 Information technology	22,126	22,126						
15 Royalties								
<b>16</b> Occupancy	18,412	18,412						
<b>17</b> Travel	37,157		37,157					
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .								
19 Conferences, conventions, and meetings	565,766	565,766						
<b>20</b> Interest								
21 Payments to affiliates								
22 Depreciation, depletion, and amortization								
23 Insurance	1,429		1,429					
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
a Bank Fees	1,339		1,339					
b Dues and Subscriptions	1,528		1,528					
	500		500					
c Licenses	500		500					
d Postage	666		666					
e All other expenses	8,621		8,621					
Total functional expenses. Add lines 1 through 24e	769,818	691,638	78,180	0				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here								

4

20

21

22 23

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31

32

33

34

913 25

913

13,546

280,350

293,896

294.809

Page **11** 

59,047

2.272

2,272

13,546

44,329

57,875

60.147

Form **990** (2017)

# Check if Schedule O contains a response or note to any line in this Part IX

Pledges and grants receivable, net . .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

Loans and other receivables from current and former officers, directors,

Accounts receivable, net . . .

		Beginning of year		End of year
1	Cash-non-interest-bearing	293,709	1	
2	Savings and temporary cash investments		2	

		trustees, key employees, and highest compensa II of Schedule L				5	
S	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations of Part II of Schedule L	n 4958 tions o (see in:	(c)(3)(B), and f section 501(c)(9) structions) Complete		6	
ets	7	Notes and loans receivable, net			7		
SSI	8	Inventories for sale or use		8			
4	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,909			
	ь	Less accumulated depreciation	10b	5,909		<b>10</b> c	
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,100	15	1,100
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	294,809	16	60,147
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	l						<u> </u>

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•	-	4

28

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31

32

33

34

Assets or

Net

☐ Both consolidated and separate basis

2c

3a

3b

No

Form 990 (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

#### Additional Data

Software ID: Software Version:

Hosted signature annual summit event. The event is a low cost, comercial free, multi-day event that brings together the best and brightest of teh Powershell focused DevOps

**EIN:** 46-0941130

Name: The DevOps Collective Inc.

## Form 990, Part III, Line 4a:

Form 990 (2017)

community

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493032014619
SC	HED m 99	ULE A		Public (	Charity Staturganization is a sect	ion 501(c)(3) d	organization o	ort	2017
	,		▶ Inf	ormation abou	► Attach to Form	990 or Form 99	0-EZ.	ections is at	Open to Public
Interna	ıl Reven	f the Treasury		ormation abou	•	ov/form990.	) and its instru		Inspection
		<b>he organiza</b> Collective Inc	tion					Employer identific	ation number
Do	T	Passas	ion Dublic	Charity Ctat	ve (All organization	a must samala	to this port ) (	46-0941130	
	rt I rganız				<b>us</b> (All organization : it is  (For lines 1 thro			see instructions.	
1	_	A church, c	onvention of	churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ) )		
3					vice organization desc	•	• •		
4		A medical r	esearch orga	·	ed in conjunction with			•	nter the hospital's
5		An organiza			t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>
6			( <b>iv).</b> (Comple tate, or local	•	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7		An organiza	ation that nor	mally receives	a substantial part of it				al public described in
8				(vi). (Complete thed in section	Part II ) 170(b)(1)(A)(vi)	(Complete Part I	Τ)		
9			•		escribed in <b>170(b)(1)</b>	, ,	· ·	with a land-grant coll	ege or university or a
	Ш				ee instructions Enter				
10	✓	from activit	ies related to income and	its éxempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ition organize	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported:	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	e purposes of one or )(3). Check the box
a		organizatio	n(s) the pow		ated, supervised, or cappoint or elect a majo				
b		<b>Type II.</b> A manageme	supporting on t of the sup	rganization sup	ervised or controlled i				
С		Type III f	unctionally i	integrated. A s	supporting organizatio ons) You must com				ted with, its
d		Type III n	on-function integrated	ally integrated The organization	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	in connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the II		pe I, Type II, Type II	functionally
f	Enter			ion-functionally I organizations	integrated supporting	organization			
g				_	ipported organization(	s)		_	_
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (vi) monetary support other (see instructions) inst		(vi) Amount of other support (see instructions)	
						Yes	No		
Tota	l					1			l

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part						ıfy under Part
III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
ection A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
Gifts, grants, contributions, and						

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c)2015	( <b>d)</b> 2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, e	c (see instruction	ns)			12	
13	First five years. If the Form 990 is for	=			=		
	check this box and $\boldsymbol{stop\ here}\ \ldots\ \ldots$						
S	ection C. Computation of Public						
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))					14	

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017 Section A. Public Support

persons that exceed the greater of \$5,000 or 1% of the amount on line

13 for the year c Add lines 7a and 7b

Schedule A (Form 990 or 990-EZ) 2017

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			263,344	360,675	533,797	1,157,81
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			263,344	360,675	533,797	1,157,81
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						

the organization fails to qualify under the tests listed below, please complete Part II.)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

_							
8	<b>Public support.</b> (Subtract line 7c from line 6)						1,157,816
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			263,344	360,675	533,797	1,157,816
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	7 '						

	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	0	263,344	360,675		533,797	1,157,816
14	First five years. If the Form 990 is fo	r the organization's first, secor	nd, thırd, fourth, or fıft	h tax year as a se	ction 501	(c)(3) orga	nızatıon,
	check this box and stop here						ightharpoons
Se	ction C. Computation of Public	Support Percentage					
15	Public support percentage for 2017 (lin	ne 8, column (f) divided by line	13, column (f))		15		100 000 %
16	Public support percentage from 2016 S	Schedule A, Part III, line 15			16		100 000 %
Se	ction D. Computation of Investi	ment Income Percentag	е				
17	Investment income percentage for 201	17 (line 10c, column (f) divide	d by line 13 column (f	:))	47		0.0/-

13	Total support. (Add lines 9, 10c,	0	263,344	360,675	533.	797 1,157,816		
	11, and 12)  First five years. If the Form 990 is for			,		, ,		
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here							
Se	ection C. Computation of Public	Support Percentage						
15	5 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))					100 000 %		
16	Public support percentage from 2016		16	100 000 %				
S	ection D. Computation of Invest	ment Income Percentage						
17	Investment income percentage for 20	<b>17</b> (line 10c, column (f) divided	by line 13, column (1	·))	17	0 %		
18	Investment income percentage from 2	2016 Schedule A, Part III, line 1	7		18	0 %		

19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is ▶□ not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 ightharpoonsPrivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	·			
	determination				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the					
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)					

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

	ret IV Supporting Organizations (continued)		-	age :	
110	Supporting Organizations (continued)		Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?		res	INO	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
u	governing body of a supported organization?	11a			
h	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI				
	ection B. Type I Supporting Organizations	11c			
_	detion 5. Type 2 supporting organizations	-	Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2			
_	Carling O. Tons II Commenting Operations				
	ection C. Type II Supporting Organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		103	-140	
_	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
S	ection D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3			
- 5	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)			
	a  The organization satisfied the Activities Test Complete line 2 below	•			
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below				
	c	ınetru	ctions)		
	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see	mstru	ctions		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b			
3	Parent of Supported Organizations Answer (a) and (b) below.	20			
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a			
	<ul> <li>b Did the organizations exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard</li> </ul>	3h			

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	)raani:	zatione	Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying true	_		Part VI) Soc
_	instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) $\frac{1}{2}$	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	d Type III supporting or	ganization (see

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in <b>Part VI</b> ) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
	Other distributions (describe in Part VI) See instruction  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to whole details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see (i) Underdistributions

details in <b>Part VI</b> ) See instructions	Terraine organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
<b>b</b> From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			
<b>d</b> From 2015			
e From 2016			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. . . . . . **b** Excess from 2014. . . . . c Excess from 2015. . . . . **d** Excess from 2016. . . . . e Excess from 2017. . . . .

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

#### **Additional Data**

# Software ID: Software Version:

**EIN:** 46-0941130

Name: The DevOps Collective Inc

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,
	Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
	instructions)

Facts And Circumstances Test

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## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

DLN: 93493032014619 OMB No 1545-0047

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** The DevOps Collective Inc 46-0941130 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Par	t III	Organizations Ma	aintaining Col	ections o	of Art, F	listori	cal Tr	eas	ures, or	Other	Similar A	ssets (	'continued)	
3		g the organization's acq s (check all that apply)	uisition, accessior	, and other	records,	check	any of	the fo	ollowing t	hat are a	significant	use of it	s collection	
а		Public exhibition				d		Loar	or excha	ange prog	rams			
b		Scholarly research				е		Othe	er					
С		Preservation for future	e generations											
4	Provi Part	de a description of the XIII	organızatıon's coll	ections and	l explain	how the	ey furth	er th	e organız	ation's ex	empt purpo	ose in		
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No													
Pa	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							_						
1a		e organization an agent ded on Form 990, Part I		an or other	ıntermed	iary for	contril	oution	ns or othe	er assets i	not	□ <b>Y</b>	es 🗌 No	
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table		[		ļ	Amount		
С	Begir	nning balance								1c				
d	Addıt	ions during the year								1d				
е	Distr	butions during the year	-							1e				
f	Endır	ng balance								1f				
<b>2</b> a	Dıd t	he organization include	an amount on Fo	rm 990, Par	t X, line	21, for	escrow	or cu	ustodial a	ccount lia	bility?	□ Y	es 🗆 No	
Ь	If "Ye	es," explain the arrange	ment in Part XIII	Check here	e if the ex	xplanatı	on has	beer	provided	d in Part >	(III		🗆	
Pa	rt V	Endowment Fund												_
				(a)Currer			rıor yea				(d)Three ye		(e)Four years back	_
<b>1</b> a	Beginn	ning of year balance .												_
b	Contril	butions												_
c	Net in	vestment earnings, gair	ns, and losses											_
d	Grants	or scholarships	•											_
е		expenditures for facilitie ograms	es											
f	Admın	istrative expenses .												
g	End of	year balance												
2	Provi	de the estimated percei	ntage of the curre	nt year end	balance	(line 1	g, colui	nn (a	i)) held a	s				
а	Board	d designated or quasi-e	ndowment 🟲											
b	Perm	anent endowment 🟲												
С	Temp	porarily restricted endov	wment 🕨											
	The p	percentages on lines 2a	, 2b, and 2c shou	d equal 100	0%									
3a	orgar	here endowment funds nization by	·	sion of the o	organızat	on that	t are h	eld ar	nd admini	stered for	the	-	Yes No	
		nrelated organizations					•						a(i) a(ii)	
Ь		elated organizations . es" on 3a(ii), are the rel		s listed as r	equired o	nn Sche	· · ·	,	• •			<u> </u>	3b	
4		ribe in Part XIII the inte	-					•	• •			' ∟	50	
	rt VI													—
		Complete of the org			" on For	m 990	, Part	IV, ا	ıne 11a.	See For	m 990, Pa	art X, lı	ne 10.	
	Descr	iption of property	(a) Cost or oth (investme		(b) Cost	or other	basis (d	ther)	(c) Acci	umulated d	epreciation		(d) Book value	
1a	Land													_
b	Buildir	ngs												_
		nold improvements							1					_
		nent		5,909					1		5,909			_
	Other													_
		lines 1a through 1e (Co	olumn (d) must ed	gual Form 9	90, Part .	X, colur	nn (B),	line	10(c))	1	<b>&gt;</b>			—

Part VII Investments—Other Securities. Complete if the organization See Form 990, Part X, line 12.	ition answe	ed les on Form 990	, rait IV, iiile IID.
(a) Description of security or category (including name of security)	(b) Book value		of valuation rear market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related.	•		
Complete if the organization answered 'Yes' on Form 990,			
(a) Description of investment (b) E	Book value		of valuation rear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on Fo	rm 990 Part	IV line 11d. See Form 99	O. Part V. lina 15
(a) Description	1111 990, Fait	IV, IIIIe III 3ee Foiiii 39	(b) Book value
(1) Trademark (2)			1,100
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			1,100
<b>Part X Other Liabilities.</b> Complete if the organization answered 'See Form 990, Part X, line 25.	es' on Forn	n 990, Part IV, line 11e	e or 11f.
(a) Description of liability     (1) Federal income taxes	<b>(b)</b> Boo	k value	
Credit Cards Payable		2,272	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶		2,272	
2. Liability for uncertain tax positions In Part XIII, provide the text of the footno	te to the orga	nızatıon's fınancıal statem	ents that reports the

2

Total revenue, gains, and other support per audited financial statements . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Page 4

а	Net unrealized gains (losses) on ir	nvestments	2a				
b	Donated services and use of facilit	ties	2b				
c	Recoveries of prior year grants .		2c				
d	Other (Describe in Part XIII ) .		2d				
e	Add lines 2a through 2d			. 2e			
3	Subtract line <b>2e</b> from line <b>1</b>			3			
4	Amounts included on Form 990, P	art VIII, line 12, but not on line <b>1</b>					
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII ) .		4b				
c	Add lines 4a and 4b			4c			
5	Total revenue Add lines 3 and 4c	c. (This must equal Form 990, Part I, line 12)		5			
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part		s per Retur	n.		
1	Total expenses and losses per aud	dited financial statements		1			
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25					
а	Donated services and use of facilit	ties	2a				
b	Prior year adjustments		2b				
c	Other losses		2c				
d	Other (Describe in Part XIII ) .		2d				
e	Add lines 2a through 2d			2e			
3	Subtract line $\mathbf{2e}$ from line $1$			3			
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:					
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII ) .		4b				
c	Add lines 4a and 4b			4c			
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18	)	5			
Par	t XIIII Supplemental Info	rmation					
	Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information						
	Return Reference	Explanation					

<u> </u>	orm 990) 2017	Page <b>5</b>	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2017

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .							OMB No 1545-0047  2017  Open to Public Inspection		
Name of the organization The DevOps Collective Inc						<b>Employ</b> 46-094	ver identification 11130	number	
Part I General Info	ormation on Grants	and Assistance							
the selection criteria u	sed to award the grants	or assistance?	the grants or assistance, see of grant funds in the Ur		for the grants or assistant	ce, and		<b></b> ✓ Yes	□ No
Part II Grants and Ot		nestic Organizations a	nd Domestic Governme		rganization answered "Yes	" on Form 990, P	art IV, line 21, f	for any recip	ient
(a) Name and address of organization or government	f (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass		n) Purpose of assistance	grant
(1) Tech Impact 417 N 8th St STE 203 Philadelphia, PA 19123	74-3062511		50,000					further high education	school
	other organizations liste	d in the line 1 table .	s listed in the line 1 table .					1 (Form 990	) 2017

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation Return Reference

Schedule I (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS				DLI	DLN: 93493032014619		
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		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 a www.irs.gov/form990.		ions on on.	OMB No 1545-0047  2017 Open to Public Inspection		
Name of the org The DevOps Collect	ctive Inc	olemental Informatio	n		Employer ider 46-0941130	ntification number	
Return Reference				Explanation			
Form 990 governing body review Part VI line 11	The office	ers of the organzation will re	eview teh tax return be	efore it is filed			

Return Reference Explanation

Governing Documents were not made available to the public

990 Schedule O, Supplemental Information

documents etc available to the public to public Part

VI line 19