Department of the Treasury

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A I	For the	2017 calendar year, or tax year beginning JUL			EC 31, 2017				
	Check if	C Name of organization	1/ 2027		D Employer identific	eation number			
В	pplicable				D Employer Identino	ation number			
_	Addres	Byte Back, Inc							
<u> </u>	change Name				52_2	061398			
<u> </u>	chang		ud to otrast address)	Doom/ourto					
F	return Final	Number and street (or P.O. box if mail is not delivere	-	Room/suite	E Telephone number				
L_	return/ termin	 :		850		529-3395			
_	ated Amend	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	1,722,945.			
Ļ	lreturn	Washington, DC 20002	1 11 - 1 1		H(a) Is this a group re				
_	Application pendir	-	peth Findsey	\sim	for subordinates				
	same as C above								
I Tax-exempt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 1527 If "No," attach a list (see instructions)									
		e: > www.byteback.org			H(c) Group exemption				
		organization: X Corporation Trust Associa	ation Other	<u>L</u> Year	of formation: 1997 M	State of legal domicile: DC			
P	art I	Summary							
a)	1	Bnefly describe the organization's mission or most sign							
3 2018 Activities & Governance	1	improve economic opportunit							
Ĕ	2	Check this box 🕨 🔲 if the organization discontinu	ued its operations or dispo	sed of more	than 25% of its net as	sets.			
ě	3	Number of voting members of the governing body (Par	rt VI, line 1a)	-	3	<u> </u>			
<u>ن</u> مح	4	Number of independent voting members of the govern	ing body (Part VI,		. 4	16			
ထမ္တ	5	Total number of individuals employed in calendar year	2017 (Part V, line		. 5	36			
	6	Total number of volunteers (estimate if necessary)			6	<u> </u>			
cti	7 a	Total unrelated business revenue from Part VIII, column	n (C), line 12	-	7a	0.			
S2_	Ь	Net unrelated business taxable income from Form 990	-T, line 34		7b	0.			
	Ţ		OFIVED		Prior Year	Current Year			
30.	8	Contributions and grants (Part VIII, line 1h)	CEIVED		2,193,952.	894,083.			
IED A	9	Program service revenue (Part VIII, line 2g)	27¢) 6 2018 (S) , 10c, and 11e)		8,422.	3,409.			
	10	Investment income (Part VIII, column (A), lines 3, 4, land	g 7g) 6 2018		1,974.	607,185.			
₹ "	11	Other revenue (Part VIII, column (A), lines 5,6d, 8c, 9c,	, 10c, and 11e)		0.	0.			
Z	12	Total revenue - add lines 8 through 11 (must equal Par			2,204,348.	1,504,677.			
SCANNED AUG		Grants and similar amounts paid (Part IX, column (A),			0.	0.			
Ø	14	Benefits paid to or for members (Part IX, column (A), lir		0.	0.				
ű	15	Salaries, other compensation, employee benefits (Part		1,103,256.	622,412.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)		0.	0.			
De C	b	Total fundraising expenses (Part IX, column (D), line 25		85.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11i			572,437.	507,456.			
	1	Total expenses Add lines 13-17 (must equal Part IX, co			1,675,693.	1,129,868.			
	19	Revenue less expenses Subtract line 18 from line 12	, ,,		528,655.	374,809.			
Jo.				Be	ginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)			2,173,591.	2,615,405.			
Net Assets or	21	Total liabilities (Part X, line 26)			674,731.	_ 739,750.			
Net	22	Net assets or fund balances Subtract line 21 from line	20		1,498,860.	1,875,655.			
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, incli	uding accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is				·			
_		1 Cha shou			6/29	/18			
Si	gn	Signatuje of officer			Date				
	ere	Elizabeth Lindsey, Execu	tive Director						
		Type or print name and title							
		Print/Type preparer's name Pre	pa rpr's signatur e] [Date Check	PTIN			
Pa	id	10/1/11			06/25/18 self-employed P00158766				
	eparer	Firm's name Kositzka, Wicks an	d Company		Firm's EIN	54-1342298			
	e Only	Firm's address 5270 Shawnee Road,							
-	•	Alexandria, VA 223			Phone no. (7	03) 642-2700			
M:	av the I	RS discuss this return with the preparer shown above?				X Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form **990** (2017)

Form 990 (2017)

Byte Back, Inc
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	}		
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ĺ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ł		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			l i
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			·
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		Λ
' '	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	.,,		-
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 169 If "Yes," complete Schedule D, Part IX	11đ		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 <u>1e</u>	X	
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
14a		14a		Х
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 valued at \$100,000			7,5
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>~</u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
ים	complete Schedule G, Part III	19		х
	complete conedule d, r alt iii		990 (

١	Dort IV	Chacklist	of Required	Sahadulas	(a a a 4
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			Yes	<u>_No_</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_ X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		:	1
	Schedule J	23		_ X _
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 complete			
	Schedule K. If "No", go to line 25a	24a_		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ł
	Schedule L, Part I	25b		X
26	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? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		}
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ļ
	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, Ine 1	34		X
35a		35a		X
b				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		Ì	1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		47	
	Note, All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(201=
		Form	230	(2017)

Par		<u> </u>		age o
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 13			
	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	Х	
2a	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 2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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		X
b	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?	5 <u>a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		_X_
b	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).			
а	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		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282? .	7c		<u> </u>
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		<u>X</u>
g	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?	<u>7h</u>		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b				
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	· · · · · · · · · · · · · · · · · · ·			
	organization is licensed to issue qualified health plans			
C		44	-	v
14a		14a		<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2017)
		FUH	93U	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sect	ion A. Governing Body and Management								
_			1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16						
	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	16						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other						
	officer, director, trustee, or key employee?			2_		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4	_X_	X			
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	ļ					
	more members of the governing body?			7a	_	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
	persons other than the governing body?			7b_		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:						
а	The governing body?		•	8a	_ <u>X</u> _				
b	Each committee with authority to act on behalf of the governing body?			8b	<u>X</u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached a	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9_		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenue	e Code)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		441	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	napter	s, aπiliates,	10b					
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	a ta can	flicte?	12a 12b	X				
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120_					
C	in Schedule O how this was done	res, u	escribe	12c	Х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al hv ir	denendent	17	- 41				
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		laopanaont						
9	The organization's CEO, Executive Director, or top management official	•		15a	Х				
h	Other officers or key employees of the organization			15b		Х			
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					_ -			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a						
	taxable entity during the year?			16a		x			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation						
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		· · · · · · · · · · · · · · · · · · ·						
	exempt status with respect to such arrangements?			16b		[_			
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ None								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only)	avaılab	le				
	for public inspection. Indicate how you made these available. Check all that apply		• • • • • • • • • • • • • • • • • • • •						
	X Own website X Another's website X Upon request Other (explain	ın Sci	hedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	l finan	cial				
	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 be	ooks ar	nd records >						
	The Organization - 202-529-3395								
	899 North Capital Street NE, No. 850, Washington,	DC	20002						
73200	6 11-28-17			Form	990	(2017)			

Part VII 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• 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

(A)	(B)	İ		(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box.	, unle:	ss pe	rson i	s bot	han	compensation	compensation	amount of
	week		Jer all	uau	recto	i/ilus	160)	from	from related	other
	(list any hours for	Irecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related) e o c	ige			nsate(1 1	(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	al tru:		yee	шре		(** =: / 00000)		and related
	below	Individual trustee or director	Institutional trustee	la l	Key employee	est co loyee	횰			organizations
	line)	npul	Inst	Officer	Key	Highest compensated employee	Former			
(1) Mario Burney	0.15									
Director		X			L.,			0.	0.	0.
(2) Jackie Kazil	1.50									
Director		X						0.	0.	0.
(3) Vera Rhoads	1.50								_	_
Director		X	Ш				$\vdash \dashv$	0.	0.	0.
(4) Steven Seiden	0.15							_	_	_
Director		X						0.	0.	0.
(5) Brian Sichi	1.50	ļ						_	_	_
Director		X				L.		0.	0.	0.
(6) Dorothy Weiss	0.50	1						_		_
Audit Committee Chair		X					\sqcup	0.	0.	0.
(7) Erin Horne-McKinney	0.50	1								_
Governance Committee Chair		X				_		0.	0.	0.
(8) Scott Driskill	2.00	4							_ !	_
Development Committee Chair		X			ļ	<u> </u>		0.	0.	0.
(9) William Fastow	1.50					'		_		_
Facilities Committee Chair		X	L.,			L-	<u> </u>	0.	0.	0.
(10) Keith Clark	5.00									
Chair of the Board		X_		X	_	L		0.	0.	0.
(11) Jonathan Brooks	1.50	1								
Vice-Chair of the Board		X		X				0.	0.	0.
(12) John Crain	2.50									
Treasurer and Interim Fina		X		X		_		0.	0.	0.
(13) Desy Osunsade	1.00]					
Secretary		X	_	X			L	0.	0.	0.
(14) Belen Perez-Ovando	1.50					} ,				
Director		X	L		<u>_</u> _	L_		0.	0.	0.
(15) Alex Pham	1.00	1			[1				
Director		X				<u> </u>		0.	0.	0.
(16) Tea Gennaro	1.50									
Director		X		<u>L</u> _			L.	0.	0.	0.
(17) Elizabeth Lindsey	40.00									
Executive Director		<u> </u>	<u> </u>	X	L			119,973.	0.	2,542.
										Form 990 (2017)

732007 11-28-17

Form **990** (2017)

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

0

Form 990 (2017)

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
क क	1 a	Federated campaigns	1a	1,743.				5,2 5,7
E	b		1b					
ا ﴿ يُ	C	C. and an arrange	1c					
# i	d	Deleted sussembles	1d					
B, G	e	Government grants (contribute		360,877.				
P S	f	All other contributions, gifts, gran						
Per E		similar amounts not included above	, , ,	531,463.	!			
들이	g	Noncash contributions included in lines	1a-1f \$					Į
Contributions, Gifts, Grants and Other Similar Amounts	<u>h</u>	Total. Add lines 1a-1f		•	894,083.			
				Business Code				}
မွ	2 a	Program-related	sales	900099	3,409.	3,409.		
ه چَ	b	·						
S S	С	·	_					
e a	d	l						<u> </u>
Program Service Revenue	е	·		 				
ਕ	f	All other program service reve	nue	L				
	g	Total. Add lines 2a-2f			3,409.			
	3	3 Investment income (including dividends, interest, ar			4-0			
		other similar amounts)		>	453.			453.
	4	Income from investment of tax	x-exempt bond p	proceeds				
Ĺ	5	Royalties .		<u> </u>		<u> </u>		
			(i) Real	(II) Personal				}
	6 a		ļ	 				
	b	Less: rental expenses	 					1
	С	• • •	L	<u> </u>				
		Net rental income or (loss)		() ()				
	7 a	Gross amount from sales of	(ı) Securities	(ii) Other				1
j		assets other than inventory	}	825,000.				
	b	Less cost or other basis	<u> </u>	210 250				
l		and sales expenses	<u> </u>	218,268. 606,732.				}
		Gain or (loss)	L	000,734.	606,732.			606,732.
	0	• • •	a avanta (nat		000,752.		<u> </u>	000,752.
ine.	8 a	 Gross income from fundraising including \$ 	g events (not of]				ļ
ver		contributions reported on line						
Other Reven		Part IV, line 18	•					
her		Less. direct expenses	a b			,		
ō		Net income or (loss) from fund		—				
	_	Gross income from gaming ac	•					
	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Part IV, line 19	а	.[]	']		1
		Less: direct expenses	b					
	,	Net income or (loss) from gam		•				1
		Gross sales of inventory, less	-					
,		and allowances	а		l			
	Ł	Less cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	•		<u> </u>		
		Miscellaneous Revenu		Business Code				
	11 8	a						
	1	b						L
	l	·						
	(d All other revenue						
		e Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions.			1,504,677.	3,409.	0.	607,185.

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t		(C)	
Do 1 7b, 8	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	1			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			ĺ	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	Ļ			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	62 541	20 475	14 017	0 040
	trustees, and key employees	63,541.	39,475.	14,217.	9,849
6	Compensation not included above, to disqualified]			
	persons (as defined under section 4958(f)(1)) and		ı		
_	persons described in section 4958(c)(3)(B)	468,126.	347,473.	81,617.	39,036
7	Other salaries and wages	400,120.	341,413.	01,011.	39,030
8	Pension plan accruals and contributions (include		j		
_	section 401(k) and 403(b) employer contributions) Other employee benefits	46,950.	25,153.	17,892.	3,905
9	Payroll taxes	43,795.	31,435.	8,401.	3,959
10	Fees for services (non-employees):	43,133.	31,433.	0,401.	
11				Ì	
a b	·	891.		891.	
C	4	37,298.		37,298.	
d	Γ	3.72300		<u> </u>	
e	Duefor a second from discourage company. Con Dart IV. June 17				
f	Investment management fees				
g g	0.0 ((6) 44				
3	column (A) amount, list line 11g expenses on Sch 0.)	45,645.	42,458.	3,097.	90
12	Advertising and promotion	6,364.	864.	3,520.	1,980
13	Office expenses	55,736.	45,935.	8,077.	1,724
14	Information technology	66,381.	63,786.	2,110.	485
15	Royalties				
16	Occupancy	195,838.	118,893.	75,508.	1,437
17	Travel	8,361.	6,411.	1,845.	105
18	Payments of travel or entertainment expenses	-		1	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,479.	421.	2,968.	6,090
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,255.	35,118.	6,697.	440
23	Insurance	5,808.	3,459.	2,306.	43
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 0.)				
á	Equipment and software	12,844.	5,572.	4,008.	3,264
	Professional developmen	11,239.	6,611.	4,331.	297
	Student events	4,040.	4,040.		
	Bank and license fees	2,578.		1,887.	691
	All other expenses	2,699.	894.	1,515.	290
25	Total functional expenses. Add lines 1 through 24e	1,129,868.	777,998.	278,185.	73,685
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ľ			
	Check here If following SOP 98-2 (ASC 958-720)	ļ			

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Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
\neg	1	Cash - non-interest-bearing	869,503.	_1	785,287
	2	Savings and temporary cash investments	40,921.	2	654,433
	3	Pledges and grants receivable, net	688,269.	3	390,237
	4	Accounts receivable, net		4	8,975
- {	5	Loans and other receivables from current and former officers, directors,		1	
1		trustees, key employees, and highest compensated employees. Complete	ļ)	
ł		Part II of Schedule L		5	
}	6	Loans and other receivables from other disqualified persons (as defined under		Ì	
ŀ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ŀ	
}		employers and sponsoring organizations of section 501(c)(9) voluntary		l	
တ္က		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
Í	9	Prepaid expenses and deferred charges	40,783.	9	31,341
	10a	Land, buildings, and equipment. cost or other			
		basis. Complete Part VI of Schedule D 10a 916, 337.			
	ь	Less. accumulated depreciation 10b 177, 355.	454,447.	10c	738,982
	11	Investments - publicly traded secunties		11	
	12	In vestments - other securities See Part IV, line 11		12	
	13	In vestments · program-related. See Part IV, line 11		13	
	14	In tangible assets		14	
	15	Other assets See Part IV, line 11	79,668.	15	6,150
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	2,173,591.	16	<u>2,615,405</u>
	17	Accounts payable and accrued expenses	465,599.	17	155,115
	18	Grants payable		18	
	19	Deferred revenue .	80,500.	19	
	20	Tax-exempt bond liabilities		20_	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
ij	Ì	key employees, highest compensated employees, and disqualified persons			
Liabilities	İ	Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	128,632.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ļ	parties, and other liabilities not included on lines 17-24). Complete Part X of	_		
		Schedule D .	0.	25	584,635
	26	Total liabilities. Add lines 17 through 25	674,731.	26	739,750
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ë	Ì	complete lines 27 through 29, and lines 33 and 34.	5 00 055		4 205 640
anc	27	Unrestricted net assets	782,277.		1,307,642
Bal	28	Temporarily restricted net assets	716,583.	28	568,013
힏	29	Permanently restricted net assets		29	
Ξ	1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
Net Assets or Fund Balances	1	and complete lines 30 through 34.	I		
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds	4 440	32_	1 000 100
Z	33	Total net assets or fund balances	1,498,860.	33	1,875,655
	34	Total liabilities and net assets/fund balances	<u>2,173,591.</u>	34	2,615,405 a Form 990 (2017

orm	990 (2017) Byte Back, Inc	<u> 52-</u>	<u>-2061398</u>	Pa	ge 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
-		İ			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,12	9,8	68.
3	Revenue less expenses Subtract line 2 from line 1	3	37	4,8	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,49		
5	Net unrealized gains (losses) on investments	5		1,9	86.
6	Donated services and use of facilities	6			
7	Investment expenses	7	· · · · · · · · · · · · · · · · · · ·		
8	Prior period adjustments	8	<u> </u>		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_ 		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u> </u>	<u>5,6</u>	<u>55.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			,	<u>لعا</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	ļ	Į	Į
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			Ì	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1	
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		}]]
b	Were the organization's financial statements audited by an independent accountant?		_2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs	•		
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		ł		1
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au		 	
	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	1	}	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u> _	000	
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization						Ì	Employer identification numb		
		Byte	Back, Inc						2-2061398
Par	t I	Reason for Public (Charity Status (All organizations must co	mplete th	s part) Se	e instructions	<u> </u>	-
The c	rgan	ization is not a private found	ation because it is (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chi	urches, or associatio	n of churches described	In sectio	n 170(b)(1)(A)(i).		$\land \land$
2		A school described in secti						•	0'
3		A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(i	ii).		
4		A medical research organization	ation operated in coi	njunction with a hospital	described	I in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state.							
5		An organization operated for		llege or university owned	l or opera	ed by a g	overnmental u	nıt describ	ped in
1		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	•						
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (C		VAVAV D. (O-malata Davi	. 11. 5				
8	믁	A community trust describe							and an a
9		An agricultural research org				-		_	_
		or university or a non-land-g	grant college or agric	ulture (see mstructions).	Litter the	name, ch	y, and state or	tile colleg	e or
10		university An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	nort from	contributi	ons members	hin fees a	and gross receipts from
10		activities related to its exen		•				•	· ·
		income and unrelated busin	•	•					-
		See section 509(a)(2). (Cor		(1000 000 tion ov r tably in				,	a.to. oa.io oo, io.o.
11		An organization organized a		vely to test for public sa	fety. See :	section 50	09(a)(4).		
12		An organization organized a	•	•	-			rry out the	purposes of one or
_		more publicly supported or							
		lines 12a through 12d that							
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or truste	es of the s	supporting
		organization You must o	complete Part IV, Se	ections A and B.					
b	L.	Type II. A supporting org	anızatıon supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving
		control or management of	of the supporting org	anızatıon vested ın the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	•						
С	<u> </u>	Type III functionally interest						ly integrate	ed with,
	_	its supported organizatio		•	•	-	•		
d	<u>_</u>	Type III non-functionally							
		that is not functionally inf	-					an attent	iveness
	_	requirement (see instruct	•	•				# T	
е	_	Check this box if the orga					a type i, type	II, Type III	
	 4	functionally integrated, o	• •	mally integrated support	ng organi	zation			<u></u>
T		ter the number of supported of byide the following information	•	od organization(s)					
9		(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the organized in	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				above (see instructions))			 		
			1						
							1		i
			1						
-									
_							<u> </u>		
Tak									1

Schedule A (Form 990 or 990-EZ) 2017 Byte Back, Inc 52-2061398 Page 2 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and		į.					
	membership fees received (Do not							
	ınclude any "unusual grants ")	2,097,075.	1,979,848,	1,828,492,	1,390,108,	894,083.	8 189 606.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to		1					
	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	2,097,075,	1,979,848,	1,828,492,	1,390,108.	894,083.	8 189 606.	
	The portion of total contributions					1		
_	by each person (other than a		1					
	governmental unit or publicly		}					
	supported organization) included							
	on line 1 that exceeds 2% of the	1	İ					
	amount shown on line 11,							
	column (f)		ļ				380,965.	
6	Public support. Subtract line 5 from line 4						7 808 641.	
	ction B. Total Support	l ,	, <u>,</u>			<u>-</u>	7,000,041.	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	2.097.075.	1,979,848,	1 828 492.	1,390,108,	894,083.	8 189 606	
•	Gross income from interest,	2,037,073,					0,100,000,	
J	dividend s, payments received on							
	securities loans, rents, royalties,		1					
	and income from similar sources	157.	2,430.	4,021.	652.		7,260.	
9	Net income from unrelated business		2,130.				7,200.	
9	activities, whether or not the							
	business is regularly carried on							
40	Other income. Do not include gain							
10	or loss from the sale of capital			Ì				
	assets (Explain in Part VI)							
	Total support. Add lines 7 through 10						9 106 866	
11	Gross receipts from related activities,	ota (oca instructio				12	8,196,866. 3,409.	
12		•	•	1 fourth or fifth to	v voar op a poetio		3,407.	
13	=	=	mst, second, triir	i, iourtii, or iiitii ta	A year as a section	11 30 1(0)(3)	ightharpoonup	
Se	organization, check this box and stor ction C. Computation of Publ	ic Support Per	centage					
_	Public support percentage for 2017 (olumn (fl)		14	95.26 %	
				oldinin (i))		15	95.15 %	
15				line 13 and line 1	A ie 33 1/3% or n			
100	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 and							
	stop here. The organization qualifies as a publicly supported organization • X							
•	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							
47			· · ·		12 160 or 16b /	and line 14 is 10%	or more	
1/6	a 10% -facts-and-circumstances tes	-						
	and if the organization meets the "fact		•	•	•	t vi now the organ	Za(U 	
	meets the "facts-and-circumstances"	-				170 and line 15 in i	▶ ∟	
ı	10% -facts-and-circumstances tes	•						
	more, and if the organization meets the						▶ □	
	organization meets the "facts-and-cire		-					
<u>18</u>	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 Byte Back, Inc

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (Or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and			,		}	
membership fees received. (Do not						
include any "unusual grants.")			<u> </u>	<u> </u>	 	
2 Gross receipts from admissions, merchandlise sold or services performed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose		 	 	ļ	 	
3 Gross receipts from activities that					1	
are not an unrelated trade or bus-		1	}	}		
iness under section 513	 _	 	 	 		
4 Tax revenues levied for the organ-			-			
ization'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 7a Amounts included on lines 1, 2, and		 		 	 	
3 received from disqualified persons				1	ł	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on \$\text{ line 13 for the year}						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6			<u> </u>			
10a Gross in come from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses			Ì			
acquired after June 30, 1975				<u> </u>		
c 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						
or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>		<u> </u>	L
14 First five years. If the Form 990 is for	the organization	's first, second, th	ırd, fourth, or fıfth t	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						_
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2017 (lii	ne 8, column (f) o	divided by line 13,	column (f))		15	9
16 Public support percentage from 2016					16	9
Section D. Computation of Inves	tment Incom	ne Percentage	<u> </u>			
17 Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by I	ine 13, column (f))		17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2017. If the						17 is not
more than 33 1/3%, check this box an						▶ L
b 33 1/3% support tests - 2016. If the						and
line 18 is not more than 33 1/3%, chec						>
20 Private foundation. If the organization	n did not check a	box on line 14, 19	<u>9a, or 19b, check t</u>			
732023 10-06-17				Sc	hedule A (Form 990	or 990-EZ) 201

16

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	ľ		1
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1	ĺ	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	ļ	<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status			ł
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	[[
	organization was described in section 509(a)(1) or (2).	_2_	ļ.,	<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			1
	(b) and (c) below.	3 <u>a</u>	<u> </u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	j		ł
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	ļ		
	organization made the determination.	3b	ļ	<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		Ì	ł
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
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	<u> </u>	<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	ļ	1	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		<u> </u>
С	Did the organization support any foreign supported organization that does not have an IRS determination	ļ)	ļ
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part Vi what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	ì		Ì
	purposes.	4c	<u> </u>	L
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 Part VI, including (i) the names and EIN	Ì		
	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	ļ		
	was accomplished (such as by amendment to the organizing document)	<u>5</u> a	ļ	ـــــ
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	}		1
	designated in the organization's organizing document?	5b	<u> </u>	ـــــ
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>	 	—-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	Ì	1	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	ľ	1	
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also	{		ĺ
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	1]	ļ
	Part VI.	6	 	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	f	1	1
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	ł	}	ļ
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	 	—
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1		1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	88	-	├
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			İ
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ŀ
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	—	
b				
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	<u>9b</u>	+	∔ -
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	1	1	ł
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>	 	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1	İ
	supporting organizations)? If "Yes," answer 10b below	_10a	-	
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		1

determine whether the organization had excess business holdings)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

				_				
Schedule	A	(Form	990	or	990-	·EZ)	201	17

2

3

4

5

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

2_

Schedule A (Form 990 or 990-EZ) 2017

and 4c.

8 Breakdown of line 7
 a Excess from 2013
 b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Byte Back, Inc

Employer identification number 52-2061398

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)	<u> </u>		
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year .			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring	
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line	7
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a certification	ied histori	c structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conse	
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	<u> </u>
C	Number of conservation easements on a certified historic str		20	; <u> </u>
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	i i	
_	listed in the National Register	1	20	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organizati	on during the tax
_	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	• •		Yes No
_	violations, and enforcement of the conservation easements		anyatian a	
6	Staff and volunteer hours devoted to monitoring, inspecting,	manding of violations, and emorcing conse	ervacion e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on assem	ents during the year
7	S	aming of violations, and emorating conservati	on easen	ients during the year
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170/h	n)(4)(B)(i)	
0	and section 170(h)(4)(B)(ii)?	to satisfy the requirements of economy roof	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expense s	statement	
Ŭ	include, if applicable, the text of the footnote to the organiza			
	conservation easements			
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and b	alance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ce of pub	lic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic 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		•	\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gaın, prov	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		>	\$
<u>b</u>	Assets included in Form 990, Part X			<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2017

732051 10-09-17

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 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance								<u>52-20</u>			age 2	
check all that apply). a Pathic exhibition b Scholarly research c Orber Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 Dump the year, did the organization solicit or receive denations of art, historical freasures, or other similar assets to be solicit or pase funds rather than to be maintained as part of the organization of collection? 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, or escrow or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability. C Beginning balance C Beginning balance G Beginning balance C Beginning balance C Beginning balance G Bothetion duming the year E Ending balance D Bothetion duming the year E Ending balance B Detroution duming the year E Ending balance B Detroution duming the year E Ending balance B Detroution duming the year E Endowment Funds. Complete if the organization has been provided on Part XIII B Beginning of year balance C Ontributions B Beginning of year balance C Ontributions A Rathing S Beginning of year balance C Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quase-endowment 96 C Temporary restricted endowment 98 E Temporary restricted endowment 96 E Temporary in the entire designation in steel organization state as required on Schedule R? E Temporary in the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quase-endowment 96 E Temporary restricted endowment 96 E Temporary in the stiff or facilities and programs B Dear of year balance Part Y L Land, Buildings, and Equipment. Complete the organizations steed as required on Schedule R? E Temporary in the stiff organization is bead as required on Schedule R? E Tempo	Pan	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	<u>er Simil</u>	ar Asse	ts (contin	ued)	
Public exhibition d Loan or exchange programs	3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following tha	at are a s	ignificant	use of its	collection	n item	IS
b Scholarly research e ☐ Other ☐ Cher ☐ Cher ☐ Preservation for future generations ☐ Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII ☐ During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization scelection? ☐ Yes ☐ Niver ☐ N		(check all that apply).										
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table □ Beginning balance □ Beginning balance □ Distributions during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year distribution during the year dis	а	Public exhibition	c	יוַבן וּ	Loan or exc	hange progra	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 90, Part IV, line 9, or reported an amount on Form 90, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 909, Part X. line 21. 1b If "Yes." explain the arrangement in Part XIII and complete the following table C Beginning balance C Beginning balance C Beginning balance I Distributions during the year I Ending balance D Bothetic tions during the year I Ending balance B Distributions during the year I Endowment Funds. Complete if the organization has been provided on Part XIII B Beginning of year balance C Andround Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Call the organization and the explaination has been provided on Part XIII B Beginning of year balance C Although the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	b	Scholarly research	e	• [] •	Other							
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to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Net	4	Provide a description of the organization's co	ollections and explai	in how th	ey further t	he organizati	on's exe	mpt purp	ose in Par	t XIII		
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 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if Yes, * explain the arrangement in Part XIII and complete the following table Amount 1c Amoun	5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	er sımıla	r assets		_		_
reported an amount on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10 1a Beginning of year balance 1b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board de signated or quasi-endowment ▶ % 5 Perman ent endowment ▶ % 5 Perman ent endowment ▶ % 6 Temporanity restricted endowment ▶ % 6 Temporanity restricted endowment ▶ % 6 Temporanity restricted endowment ▶ % 6 Temporanity restricted endowment ▶ % 6 Temporanity restricted endowment ▶ % 6 Temporanity restricted endowment ▶ % 6 Temporanity restricted endowment ▶ % 7 Temporanity restricted endowment ▶ % 8 Describe in Part XIII, the intended uses of the organizations listed as required on Schedule R? 2 Describe in Part XIII, the intended uses of the organization's endowment funds Part VI Endon Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describin of property (a) Cost or other basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) basis (orther) ba		to be sold to raise funds rather than to be m	aintained as part of	the orgai	nization's co	ollection?				Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the	organizatio	n answered	"Yes" on	Form 990	0, Part IV,	lıne 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10 a Beginning of year balance b Contributions Contribution												
b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year f Ending balance 2a Dot the Organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability. b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance b Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as a Board designated or quasi-endowment Search of year balance c Tempor anily restricted endowment Means of the estimated percentage of the current year end balance (line 1g, column (ai) held as a Board designated or quasi-endowment Search of year balance b Contributions c Atterer endowment In the possession of the organization that are held and administered for the organization by. i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations b If "Yes" on line 3a(i), are the related organization's endowment funds Complete if the organizations answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation (d) Book value basis (nivestiment) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Easenfold improvements (e) Easenfold improvements (e) Easenfold improvements (f) Easenfold improvements (f) Easenfold improvements (f) Easenfold improvements (f) E	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not	included		_		_
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c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the Organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years	þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able							
d Additions during the year Distributions during the year Ending balance Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Note of Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Beginning of year balance Complete if the organization answered Yes' on Form 990, Part IV, line 10 (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back organization answered Yes' on Form 990, Part IV, line 10 (b) Pnor year (c) Two years back (d) Three years back (e) Four years back organization answered Yes' on Form 990, Part IV, line 10 (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back organization structure years back organization answered Yes' on Form 990, Part IV, line 10 (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back organization years back organ										Amount	t	
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1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additions during the year						_1d				
Dig the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Administrative expenses	е	Distributions during the year						_1e				
b ft "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back	f	Ending balance						1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (2a	Did the Organization include an amount on F	orm 990, Part X, line	21, for e	escrow or co	ustodial acco	ount liabi	lity?		Yes		No
ta Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	_ b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has <u>been</u>	provided on	Part XIII	<u> </u>]
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Perman ent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are their endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related present in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 493,726 9,817 483,909 c Leasehold improvements 493,726 9,817 483,909 d Equipment 257,491 112,091 145,400 e Other 165,120 55,447 109,673	Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	rm 990, Parl	t IV, line	10				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment			(a) Current year	(b) P	nor year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
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d Grants Or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board diesignated or quasi-endowment ▶	c	Net investment earnings, gains, and losses						•				
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g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasiendowment ▶	4	· -		1		<u> </u>						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶	,	•										
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b Perman ent endowment \		• -	rent year end balan		g, column (c	iji nola as						
Temporarily restricted endowment ▶		_	04									
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Part VI	b	-	•							_3b_		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation				owment t	<u>funds</u>							
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Schedule D (Form 990) 2017

	dule D (Form 990) 2017 Byte Back, Inc	A STATE OF THE PARTY OF THE PAR	52-2061398	Page 4
Par			ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1-1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	00		
a	Net unrealized gains (losses) on investments Donated services and use of facilities	2a 2b		
b	Recoveries of prior year grants	2c 2c		
c d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included 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. (This must equal Form 990, Part I, line 12		5	
Pai	t XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add line s 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
	· ·		•	
С	Add lines 4a and 4b		4c	
c 5_	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	4c 5	
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.		5	
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	KI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	4; Part IV, lines 1b and 2b;	5	KI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	ΚI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	KI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	KI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	KI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	KI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	ΚI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	ΚI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	ΚI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	KI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	ΚI,
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5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	ΚI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	ΚI,
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5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	KI,
5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	KI,
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5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	XI,
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5 Pa	Add line's 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 1	4; Part IV, lines 1b and 2b;	5	XI,

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Byte Back, Inc

Employer identification number 52-2061398

Form 990, Part I, Line 1, Description of Organization Mission:
Washington DC area by providing computer training and employment
readiness skills.
Form 990, Part VI, Section A, line 4:
The Board of Directors discussed changing the Organization's year end from
June 30 to December 31. The official vote to make this change and amend the
bylaws accordingly took place in early 2018.
Form 990, Part VI, Section B, line 11b:
Each member of the Board of Directors receives a copy of Form 990 to review
and has the opportunity to discuss it at a Board Meeting.
Form 990, Part VI, Section B, Line 12c:
All Board members are required to sign a Conflict of Interest statement.
When a potential conflict arises, the matter is referred to the Governance
Committee for review.
Form 990, Part VI, Section B, Line 15a:
The executive director's compensation includes a review of executive
director salaries at comparable organizations in our region and approval by
the Board of Directors.
Form 990, Part VI, Section C, Line 19:
The financial statements, Form 990, governing documents and the conflict of
interest policy are available to the public upon request. The financial LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (FOrm 990 or 990-EZ) (2017)	
Name of the organization Byte Back, Inc	Employer identification number 52 - 2061398
statements and Form 990 are posted on the Byte Back websi	te
Form 990, Part XII, line 2c:	
There have been no changes to the policies or procedures.	