, C		A MINE IN THE TOTAL	JI 00-0	Amended Re	turn-Section	on 5	12(a)(7) R	epeal		
•	Form 9	90-T	E	Exempt Orga				Tax Retur	n	OMB No. 1545-0687
		-	_	•	nd proxy tax und	ter so	` "	181	<b>っ</b>	2018
			For ca	dendar year 2018 or other tax ye	er beginning .irs.gov/Form990T for i	- olymed	, and ending		<u> </u>	2010
		ent of the Treasury levenue Service	•	Do not enter SSN numbe					3).	Open to Public Inspection for 50 (c)(3) Organizations Only
20	A	Check box if		Name of organization (	<del></del>				DEmp	loyer identification number doyees' trust, see
2020		address changed		./			· · · · · · · · · · · · · · · · · · ·			uctions:)
က		npt under section	Print	Byte Back,						2 <sub>7</sub> /2061398
0		501(c)(3 )	or Type	Number, street, and roon				_		lated business activity code instructions.)
P.R	$\overline{}$	08(e)220(e)	1	899 North C				0	4/	
⋖		08A530(a)		City or town, state or pro- Washington,		or foreiq	on postal code	,	/boo	1099
ATE	c Book v	29(a) value of all assets	E	F Group exemption number	<del></del>				Ви	1033
۳0	at end	Of VPOR	 27. :	G Check organization typ			n 501(c) trus	1 / 4010	a) trust	Other trust
Z X	H Enter			tion's unrelated trades or I		1		be the only (or first) i	<u> </u>	
POSTA PERSON	trade (	or business here	<b>.</b>		-			e, complete Parts I-1		
`Š	descri	ibe the first in the bl	ank spa	ce at the end of the previou	us sentence, complete P	arts I a	nd II, complete a Sched	ulc M for cach additi	onal trad	c or
, ,		ess, then complete f			**************************************			<u>/</u>		
78× ,		-	-	poration a subsidiary in an		nt-subs	sidiary controlled group	?	<u></u>	es X No
				tifying number of the parer	•				7202	V E20 220E
				l'he Organiza de or Business Ind		-	(A) Income	ohone number  (B) Expens	•	(G) Net
		oss receipts or sales		de or business mo	Jone	1	(A) income	1 ''		1
		oss receipts or sare: ss returns and allow			e Balance	1c		Ser Maria	30	Part Land
				A, line 7)		2	/	Sale of the Assessment		
		oss profit. Subtract				3	1	Companyor action		
	4a Ca	pital gain net incom	e (attac	th Schedule D)		4a /		and the Allen		
				art II, line 17) (attach Form	•	4b		AND A STORY OF SERVICE	Aux tops	
	c Ca	pital loss deduction	for trus	sts		/4c		main and re	47, 4, 44	
	5 Inc	come (loss) from a p	partners	ship or an S corporation (a	ttach statement)	5		GOLD PLEASURE	(1)性域	
		ent income (Schedul				6				
				ne (Schedule E)		7				
•			•	and rents from a controlled	,	-				
•				on 501(c)(7), (9), or (17) o one (Schodule I)		9 10				<del></del>
		puned exempt activities (Silvertising income (Si		me (Schedule I)	/	11		+		<b></b>
				is; attach schedule)				THE STATE OF THE S	WENT OF	
		otal. Combine lines			/	13	0			
	Part			ot Taken Elsewher	re (See instructions f	or limit	ations on deductions	s.)		· · · · · · · · · · · · · · · · · · ·
				utions, deductions must						
	14 C	compensation of office	cers, di	rectors, and trustees (Sche	edule K)				14	
	15 S	ataries and wages		<i>i</i>					15	
	16 R	epairs and maintena	псе	······		[	14(13),0		16	
	17 B	20 0901S				1	JJ		17	
	18 In 19 Ta	illerest (allact) Striet avec and fronces	1016) (SI	ee instructions) '					19	
	20 C	aves and arcuses.	ns /Sec	instructions for limitation	nitec)	•		•••••	20	
	21 D	eoreciation (attach f	Form 45	562)'	Tuko)		i 21 !		# 77 ) - 24 )	
<u>-</u>	<b>22</b> Le	ess depreciation cla	imed or	Schedule A and elsewher	e on return		22a		22b	
5	23 D	epletion							23	1
	24 C	ontributions to defe	rred co	mpensation plans	NEC		KEA		24	
•	25 E	mployee benefit pro	grams	/chedule I)		· · · ·			25	
	<b>26</b> E	xcess exempt expen	ises (So	chedule I)		13.	2020		26	
5	27 E	xcess readership co	sts (Sc	hedule J) nedule)	<u> </u>				27	
	28 O	mer deductions (att	ach sch	neovie)	8Ý.					
				14 through 28			O from fine 12	•••••	30	0.
				ncome before het operaunt loss arising in tax years bet	-				31	Tanahak Marin ada alai Esta
				ncome. Subtract line 31 fro		-			32	C.

Farm 990-1		061398	Page 2
Part I	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	. 33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	. 35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	_ 36	
37	lines 33 and 34  Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	.   38	0.
Part F	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trests Taxable at Trest Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy text. See instructions		
42	Alternative minimum tax (trusts only)		
43	Tax on Honcompliant Facility Income. See instructions		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		0.
Part \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
	General business credit. Attach Form 3800 45c	7.4	
	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		
	Total credits. Add fines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul	e) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	-	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		0.
50 a	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b	<b>□' ' </b>	
	Tax deposited with Form 8868 50c	7	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	7 1	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
a	Backup withholding (see instructions) 50e  Credit for small employer health insurance premiums (attach Form 8941) 50f  Other credits, adjustments, and payments: Form 2439 510	7 .	
•	Form 4136 X Other 1,873. Total 500 1,873	3.	
51	Total payments. Add lines 50a through 50g See Statement 2	5	1,873.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>►</b> 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	1,873.
55	Enter the amount of fine 54 you want: Credited to 2019 estimated tax	<b>►</b> 55	1,873.
Part \	/ Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		14.
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	knowledge an	d belief, it is true,
Sign	— Does Signed by:	May the IRS	discuss this return with
Here	Elizabeth lindsey 1/1/2020 CEO		shown below (see
	Signature of officer Date Title	instructions)	? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	it PTIN	
Paid	Hemali Kane RA # 3/20/20 self-employ		400000
Prepa	ref remail rane, mi		1337292
Use C	Firm's name ▶ Rogers & Company PLLC Firm's EIN	<u>▶ 58</u>	3-2676261
	8300 Boone Boulevard, Suite 600	/===	
	Firm's address ► Vienna, VA 22182 Phone no.	(703)	893-0300
823711 01	-cg-19		Form 990-T (2018)

Form 990-T (2018) Byte Back, Inc

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	tuation N/A						
1 Inventory at beginning of year 1			6	Inventory at end of year	r		6			
2 Purchases	nases2			Cost of goods sold. Su	btract (	ine 6				
3 Cost of labor	3 from line 5.			from line 5. Enter here a	ne 5. Enter here and in Part L,					
4a Additional section 263A costs			] ;	line 2			7	<u> </u>		
(attach schedule)	4a	8 Do the rules of section								
b Other costs (attach schedule)	schedule) 4b property produced o					for resale) apply to			.1	
5 Total. Add lines 1 through 4b	. 5									
Schedule C - Rent Income ( (see instructions)	From Real	Property an	d Per	sonal Property	Leas	ed With Real Pro	pert	y) 		
1. Description of property										
(1)					-					
(2)				····································						
(3)										
(4)										
	2. Rent recerv	ed or accrued		`		T				
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%	tian	` of rent for	personal p	nal property (if the percenta roperty exceeds 50% or if d on profit or income)	age	3(a) Deductions directly columns 2(a) ar	conne nd 2(b)	cted with the income in (attach schedule)		
(1)			-							
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total iscome. Add totals of columns a here and on page 1, Part I, line 6, column	2(a) and 2(b). En (A)	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.	
Schedule E - Unrelated Deb			instruc	tions)	•					
			1 -			3. Deductions directly con				
_				Gross income from allocable to debt-	(9)	to debt-finance Straight line depreciation	ea pro	(b) Other deductions		
1. Description of debt-fin	anced property			financed property	(=)	(attach schedule)	1	(attach schedule)	,	
			-				i			
(1)			1				1			
(2)										
(3)		<del></del>	1				T			
(4)										
4. Amount of average acquisition debt on or effocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis flocable to inced property in schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 8 x total of column 3(a) and 3(b))		
(1)				%						
(2)			1	%						
(3)				%			$oxed{oxed}$			
(4)			1	%						
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (E		
Totals				<b>&gt;</b>		0			0.	
Total dividends-received deductions in							-		0.	
								Form <b>990-T</b> /	2018)	

Form 990-T (2018) Byte B	ack, Inc						06139	
Schedule F - Interest, A	Innuities, Roya		<del> </del>			ations (see	nstruction	s) ·
	' '		Controlled C	<del>~</del>		1 -		
Name of controlled organizati ,	rdent/f				tal of specified ments made	5. Part of column included in the coorganization's gro	ontrolling	Deductions directly connected with income an cotumn 5
(1)				-	•	<u> </u>		
(2)			<u> </u>	1		<u> </u>		
(3)			•					
(4)				1				
lonexempt Controlled Organiz	zations			<u></u>				
7. Taxable Income	8. Net unrelated moor (see instruction		of specified pay made	ments	on the control	mn 9 that is include ing organization's s income		ductions directly connected income a calumn 10
(1)		<del></del>						
(2)					<b></b>			
(3)		•			1			
(4)						***		
	•		. •		Enter here and	nns 5 and 10. I on page 1, Part I, column (A).	Enter h	od columns 6 and 11. ere and on page 1, Part I, Ene 6, column (8).
Katalo						0	1	0.
otals Schedule G - Investme				(17) ()	l		<u> </u>	
(see instr			17, (3), 01	(17) 0	3. Deductio	•		5. Total deductions
	iption of income		2. Amount of income		directly conne (attach sched	octed 9.5	iet-asides in schedule)	and set-asides (col. 3 ptus col. 4)
(1)			1					
(2)			<del>                                     </del>		<b>_</b>		<del></del>	
(3)			ļ	<del></del>	<b></b>			· · · · · · · · · · · · · · · · · · ·
(4)		<del></del>	Enter here and	on name 1	and with the second	(137 Maritimetral Strate (6 Act	PROBLEM SECTION OF	Enter here and on page 1
Cotals	•		Part I, Ime 9, o					Part I, line 9, column (B).
Schedule I - Exploited (see instru	•		er Than Ad		ing Income	S CONTRACTOR CONTRACTO	Mil-vier Minteres (M)	
•		3. Expenses	4. Net incor		_			7. Excess exempt
1. Description of exploited activity	2. Gross urrelated business income from trade or business	directly connected with production of unrelated business income	from unrelate business (c minus colun gain, comput through	okumn 2 nn 31), lfa be coks. 5	5. Gross inco from activity is not unrelat business inco	that attri	Expenses butable to olumn 5	expenses (column 6 minus column 5, but not more than column 4).
(1)	•		<del>                                     </del>					<del></del>
(2)					ļ	.		1
(3)			1					1
(4)		1	1		٠,			
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).						Enter here and on page 1, Part II, line 26.
「otais ►	0.	0						0.
Schedule J - Advertisii							h	
Part   Income From F	Periodicals Rep	orted on a Co	nsolidated	l Basis	,			
1. Name of periodical	2. Gross advertising income	3. Direct advertising cost	or(loss)(osc)(osc)(osc)	tising gain col. 2 minus pan, compu turough 7.	5. Circutat		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) -			ALGEORIA DE	Call Control	<u> </u>			
(2)					*			
(3)					W -			
(4)			$\dashv$					
<u> </u>			2-101-1137-25-10-0	is meanifully				1
Totals (carry to Part II, line (5))	▶	0.	).					0.

Form 990-T (2018) Byte Back, Inc 52-20613

[Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)				,		
Totals from Part I	0.	0.	North Williams, Street	W-1416 C		0.
	Enter here and on page 1, Part I, fine 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0,

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, fine 14		<b>&gt;</b>	0.

Form 990-T (2018)

Footnotes Statement 1

## Amended Return

The return is being amended to remove the increase in UBTI under Section 512(a)(7) per Taxpayer Certainty and Disaster Tax Relief Act of 2019 found in Division Q of the Further Consolidated Appropriations Act, 2020 (H.R. 1865) signed into law on December 20, 2019.

The Act retroactively repeals Section 512(a)(7) of the Internal Revenue Code that expanded the definition of unrelated business taxable income to include certain transportation and parking fringe benefits provided to employees.

Line numbers changed on Amended 990-T	
Line 12 Other income decreased	9,224.
Line 13 Total decreased	9,224.
Line 30 Unrelated business taxable income before NOL	
decreased	9,224.
Line 32 Unrelated business taxable income decreased	9,224.
Line 33 Total of unrelated business taxable income decreased	9,224.
Line 36 Total of unrelated business taxable income	
before specific deduction decreased	9,224.
Line 38 Unrelated business taxable income decreased	8,224.
Line 39 Organizations taxable as corporations decreased	1,727.
Line 44 Total decreased	1,727.
Line 46 Subtract line 45e from line 44 decreased	1,727.
Line 48 Total tax decreased	1,727.
Line 50g Other credits, adjustments, and payments increased	1,873.
Line 52 Estimated tax penalty decreased	73.
Line 53 Tax due decreased	1,800.
Line 54 Overpayment increased	1,873.
Line 55 Refunded increased	1,873.
nine 22 vermined increased	2,0.3.

Refund Requested

1,873.

Form 990-T	Other Credits and Payments	Statement	2
Description	Amount		
Tax paid with orig Penalty paid with		1,80	00.
Total included on	Form 990-T, Page 2, Part V, line 50g	1,87	73.