

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

2014

OMB No 1545-0052

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	cale	ndar	year 2014, or ta	x year beginnir	ıg	2/1	3 , 2014,	and ending	12/	<u>′31</u>	, 2014	
			CH FOUNDAT						1	4	Employer identification num 46-4002747	nber
19	712	MON.	CARTHUR BL	VD. #210					Ī	В	Telephone number (see inst	
			CA 92612						Ļ		(949) 274-987	<u>'8</u>
									(C	If exemption application is	pending, check here
G	Che	ck all	that apply 2	Initial return		Initi	al return of a forn	ner public cha	rity	D 1	Foreign organizations, chec	k here
			_	Final return		_	ended return				2 Foreign organizations meet	
<u></u>	Cho	ole tree	oe of organization	Address chan		_	ne change) exempt private f	nundation		•	here and attach computation	
Н			tion 4947(a)(1)				Other taxable		ition	E	If private foundation status	
ī		narket	value of all assets a	t end of year	J Acc	ountii	ng method: X C	ash Acc	rual		under section 507(b)(1)(A)	, check here .
	(from	Part I	I, column (c), line 16	·			(specify)			F	If the foundation is in a 60 under section 507(b)(1)(B)	
	•	ΙΔr	nalysis of Re	187.	(Paπ <u>I</u> ,	_	mn (d) must be or			Т		(d) Disbursements
<u> </u>	41 (1)	¯E×	(penses (The t	total of amounts	ın	exp	Revenue and enses per books	(b) Net inve		١	(c) Adjusted net income	`for charitable
		coi	lumns (b), (c), a rily equal the an	ind (d) may not nounts in colum	neces- n (a)					- 1		purposes (cash basis only)
_			ee instructions)))		<u> </u>	F7 020		<u> </u>			2 % 12 / 22 40 40
		2	Contributions, gifts, grants Ck ► If the foun	, etc, received (attach sche idn is not required to attac		¥ \$ 6.	57,920.					
		_	Ш	•			***** 7**>***		X			
		_	Interest on savings and ter Dividends and interest from							\dashv		
		5 a	Gross rents									13 * 20 4
			Net rental income or (loss)			Ý	\$13.00 m - 1368 (\$4)	1000	4/ /	<i>".</i>		
	R		Net gain or (loss) from sal Gross sales price for			,		\$12	·	2.		***
,	V E N	7	assets on line 6a Capital gain net inco	me (from Part IV, lin	e 2)	 	*	· · · · · · · · · · · · · · · · · · ·		2.3	*	*
		8	Net short-term capita	al gain			- 938 - 338	₹ ⁰ 45 54				
S	U E		Gross sales less	5 				20 1 60 t N	,,,		3	· · · · · · · · · · · · · · · · · · ·
			allowances			,	<u> </u>				*, *	* *
		_	Less Cost of goods sold .			<u> </u>		* , * ,	** 5	` "	* •	- , , , ,
SCANNED		_	Gross profit or (loss) (attack Other income (attack			<u> </u>						
30		•	Curer meome (ataser	, seriedaic)	•							` ` `
<u></u>			Total. Add lines 1				57,920.			0.	0.	
(13 14	Other employee sala		ees, etc		0.			-		
& ~		15	Pension plans, empl		/ED							
2015	A		Legal fees (at ach so	hedule)		10						
91	M	b	Accounting fees (atta	ach sch)	2045	ll S	-					
o	N N	т с 17	Interest.	acu \$40 \ 3 0	2015	18						
O P E R A T	S T R	18	Taxes (attach scheduleXs Depreciation (attach	ee instrs)		 						
A A	R A T	19	Depreciation (attach sch) and depletion	OGDEM	, U I							
I N	į	20	Occupancy									
G	Ε	21	Travel, conferences,	-							<u> </u>	
A N D	X	22	Printing and publication Other expenses (atta			-		 				
	E		S	EE STATEM	ENT 1		41,733.					
	EXPEZSES	24	Total operating and expenses. Add lines				41,733.					
	S	25	Contributions, gifts, grant					7 . 3 6	· ·	`		*
		26	Total expenses and				41 722			Ο.	0.	0.
_		27	Add lines 24 and 25 Subtract line 26 from			 	41,733.			υ.	<u> </u>	, , , , , ,
			Excess of revenue	over expenses			, gardigen Variabio (desploye as son e common of Polifica			,	,	
			and disbursements Net investment inco		er -0-)		16,187.	*		0.		,
				ome (if negative, enter		,	, , , , , ,	;		<u> </u>	0.	

Par	+ 11	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		f year
, u	<u> </u>		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	_		2,116.	2,116.
	2	Savings and tempor	ary cash investments			
	3	Accounts receivable			<u> </u>	* * * *
		Less: allowance for	doubtful accounts			
	4	Pledges receivable		<u> </u>		
		Less: allowance for	doubtful accounts			
	5	Grants receivable	•			
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch)			
S		Less. allowance for	doubtful accounts >	_		
Š	8	Inventories for sale	or use			
A S S E T	9	Prepaid expenses ar	nd deferred charges			
Š	10 a	Investments — U S obligations (attach s	and state government chedule).			
	t	b Investments — corporate	stock (attach schedule)			
	(c Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment basis	buildings, and			
		Less, accumulated deprec (attach schedule)	iation			
	12	Investments - morto	gage loans.			
	13	Investments - other	(attach schedule) .			
	14	Land, buildings, and	equipment basis ►			
		Less: accumulated deprec (attach schedule)	elation •			
		Total assets (to be o	be SEE STATEMENT 2) completed by all filers —		14,071.	14,071.
	1		Also, see page 1, item I)	0.	16,187.	16,187.
ī	17	Accounts payable ar	nd accrued expenses		<u>-</u>	
A B	18	Grants payable				
Ī	19	Deferred revenue	Anna Annahan O alban dan uni Cadan anna			
Ļ	20	•	tors, trustees, & other disqualified persons			
Ť	21	Other liabilities (des	s payable (attach schedule)			
E	22	Other habilities (des				
<u> </u>	23	Total liabilities (add		0.	0.	
		and complete lines	llow SFAS 117, check here X24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted			16,187.	
ΤŇ	25	Temporarily restricted				
D	26	Permanently restrict			,	
A B A L A S A L A S A L A S A L A S A L A S A L A S A L A S A S		Foundations that do and complete lines	o not follow SFAS 117, check here > 27 through 31.			
FL	27	Capital stock, trust p	orincipal, or current funds .			
	28	Paid-in or capital surplus,	, or land, bldg , and equipment fund			
οE	29	Retained earnings, accum-	ulated income, endowment, or other funds.			
RS	30		fund balances (see instructions)	0.	16,187.	
	31	Total liabilities and (see instructions)	net assets/fund balances	0.	16,187.	
Par	t III	<u> </u>	ges in Net Assets or Fund Balanc		10,10,.	<u> </u>
	Total	net assets or fund ba	alances at beginning of year — Part II, colid on prior year's return)		igree with	
2		r amount from Part I,			2	16 197
3		increases not included in li			3	16,187.
3 4		lines 1, 2, and 3				16 107
5		ases not included in line 2 ((Itemize)		5	16,187.
-			alances at end of year (line 4 minus line 5)	Part II column (b)		16,187.
<u> </u>	· Jtu	doodto or fund be	and to the or year time + minus line of	, , are ii, column (b),		10,10/.

Total of line 1, column (d)

Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

Enter the net value of noncharitable-use assets for 2014 from Part X, line 5

Multiply line 4 by line 3

Enter 1% of net investment income (1% of Part I, line 27b)

Add lines 5 and 6

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Form 990-PF (2014)

	990-PF (2014) BYTELAUNCH FOUNDATION		4002			F	age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see	instru	ctions	;)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here						
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)						
t	b Domestic foundations that meet the section 4940(e) requirements in Part V,						0.
	check here. ► and enter 1% of Part I, line 27b						4
•	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)					<u> </u>	ئىـــــــــــــــــــــــــــــــــــــ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable		[
_	foundations only Others enter -0-).		2				_0.
3	Add lines 1 and 2	•	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -	0-)	4				<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
6	Credits/Payments:		\\ \frac{1}{2} \\ \fr	, h jir			
	2014 estimated tax pmts and 2013 overpayment credited to 2014		* ; .	No.		4	
	Exempt foreign organizations — tax withheld at source		š ; 4		W.		638
	: Tax paid with application for extension of time to file (Form 8868)		77 7 33			.X.x.	
	Backup withholding erroneously withheld [6d]			<u>شائد کند</u>		ž ;	لنقتث
7	Total credits and payments. Add lines 6a through 6d		7				<u> 0 . </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			_	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11				
	tíVII-A Statements Regarding Activities			—т	 1	V	T
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or disparticipate or intervene in any political campaign?	i it		}-	1 a	Yes	No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?				1 b		х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	d				, 1	, 3
	: Did the foundation file Form 1120-POL for this year?			Ī	1 c		X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				4.3°	2;	8 % E
	(1) On the foundation \$ 0. (2) On foundation managers \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed or			0.	*		
•	foundation managers \$ 0				₹		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			ľ	2	-A	X
	If 'Yes,' attach a detailed description of the activities			ļ	79.11		35
9	•			1			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	es			3	<u> </u>	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			F	4 a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			ľ	4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			ļ	5		X
	If 'Yes,' attach the statement required by General Instruction T.				7.1		1 32
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			- [,	
	By language in the governing instrument, or						*.,
	By state legislation that effectively amends the governing instrument so that no mandatory directions that corr	flict		1	,		
	with the state law remain in the governing instrument?			ĺ	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			ſ	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	▶		_ [
	CA			_			-
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			_	د. بشمستشر		
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation			ļ	8 b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j	(3) or	49420	၂)(5)			
	for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' co	mpiet	e Part	XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their na and addresses SEE STATE	mes MENT	ני		10	7,7	
BAA		MENT	ي	For	10 m 990	X PF (2014)
				1 01	230		

	The foliation of the first			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?. * N/A	13	Х	
	=======================================		-,-,=	
14	The books are in care of JHOANNA CRAIG Telephone no. (949) Located at 19712 MACARTHUR RLVD SUITE 210 TRVINF. CA ZIP + 4 > 92612	2/4	<u>-987</u>	8
16		_N/A		Π.
ı	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	H/ A		∐ N/A
			Yes	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If 'Yes,' enter the name of the foreign country			
Pa	rt VII-B: Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	7,873,	Yes	No
1	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	. 35	\$ 45. 3 40	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	200);£.'	٠.
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		. €. \$	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	x x ,	3. 11.	_]
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination			٠,٠ [
	of government service, if terminating within 90 days)	17.	1. Mark	* .
	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	N	/ <u>A</u> _
	Organizations relying on a current notice regarding disaster assistance check here.	1		\$\\
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1 c	<u> </u>	<u>ا ن</u> گ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	4.	, , saw	"
	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			A
	If 'Yes,' list the years ► 20 _ , 20 _ , 20		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	' (
				3
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions).	2 b	<u>~∵</u> N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	- ·	11	
	► 20 , 20 , 20	Ĩ,		
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No	΄,	,	
	b If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation	-	,	
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or	,	٠	
	by the Commissioner under section 4943(c)(/)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720, to		حثنثتم	لثسما
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)	3 b	N.	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		х
	L Did the fermidation makes and a second sec			
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of			
	the tax year beginning in 2014?	4 b		X_
BA	Δ	orm 99	0-PF	2014)

Form 990-PF (2014) BYTELAUNCH FOUNDAT				-400274	17 Page 6
Part VII-B Statements Regarding Activiti		4720 May Be Requ	uired (continue	ed)	
5 a During the year did the foundation pay or incur	•				
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	∐ Yes	X No	
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	X No				
(3) Provide a grant to an individual for travel,	X No				
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	nan a charitable, etc, or)	ganızatıon described	Yes	X No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes	X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of idescribed in Regulations section 53.4945 or in (see instructions)?	the transactions fail to o a current notice regard	qualify under the except ling disaster assistance	ions		5b N/A
Organizations relying on a current notice regard	rding disaster assistanc	e check here		► 📗	3 3 1 10 10
c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure response	he foundation claim exe sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regu	ılatıons section 53 4945	5-5(d).			
6 a Did the foundation, during the year, receive are on a personal benefit contract?			∐Yes	XNo	
b Did the foundation, during the year, pay premi	ums, directly or indirect	tly, on a personal benef	it contract?		6b X
If 'Yes' to 6b, file Form 8870		hitad tax abaltar transa	ation? Dyan	₩.	
7a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any proceed	· -				7 b
Part VIII Information About Officers, Di				N/A	
and Contractors	irectors, Trustees,	i odildation manaç	jers, ruginy r	aid Linp	loyces,
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee ber plans and defe compensatio	efit erred	Expense account, other allowances
MICHAEL CRAIG	CEO	0.		0.	0.
24232 BARK STREET	3.00				
LAKE FOREST, CA 92630					
JHOANNA CRAIG	SECRETARY	0.		0.	0.
24232 BARK STREET	3.00				
LAKE FOREST, CA 92630					
				1	
2 Compensation of five highest-paid employees (of	her than those included	on line 1 - see instruction	ns). If none, enter '	NONE.	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions employee ber plans and defe compensatio	nefit erred	Expense account, other allowances
NONE					
				-	
		 			
	<u> </u>	l	L		
Total number of other employees paid over \$50,000)			<u> </u>	0 OF (2014)

Form 990-PF (2014) BYTELAUNCH FOUNDATION	46-40	02747 Page 7
Part VIII Information About Officers, Directors, Trustees, Found and Contractors (continued)	dation Managers, Highly Paid E	Employees,
3 Five highest-paid independent contractors for professional services (see in		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		ļ <u> </u>
	 	
Total number of others receiving over \$50,000 for professional services		0
Partix: A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 N/A		
		_
2		-
		_
3		
"		_
		-
4		
-		<u> </u>
PanilX:B Summary of Program-Related Investments (see instru	ctions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2.	Amount
1		_
<u>N/A</u>		_
		<u> </u>
2		-
		-
All other program-related investments See instructions.		
3		
		_

Form **990-PF** (2014)

Total. Add lines 1 through 3

BAA

BAA

Form **990-PF** (2014)

<u>Pa</u>	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: Average monthly fair market value of securities.	1 a	
t	Average of monthly cash balances .	1 b	1,061.
(Fair market value of all other assets (see instructions)	1 c	14,071.
•	Total (add lines 1a, b, and c)	1 d	15,132.
•	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	15,132.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	227.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,905.
6	Minimum investment return. Enter 5% of line 5 SHORT YEAR MODIFIED PERCENTAGE 4.411 %	6	657.
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ting f	oundations
	and certain foreign organizations check here ► and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	657.
2 a	Tax on investment income for 2014 from Part VI, line 5	2. 3	
ŀ	Income tax for 2014. (This does not include the tax from Part VI)		
•	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments. Subtract line 2c from line 1 .	3	657.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5_	657.
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	657.
Pai	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	
1	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)	 За	
	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
J		لــــــا	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ındatıoı	1

Part:XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				657.
2 Undistributed income, if any, as of the end of 2014:a Enter amount for 2013 only				
b Total for prior years: 20 , 20 , 20		0	U.	
3 Excess distributions carryover, if any, to 2014				
a From 2009 .				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part				
XII, line 4: \$ a Applied to 2013, but not more than line 2a				
 Applied to undistributed income of prior years (Election required — see instructions) 		0.		
c Treated as distributions out of corpus				
(Election required – see instructions)	0.			
d Applied to 2014 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the	U.			0.
same amount must be shown in column (a))				
C =				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from			<u> </u>	
line 2a. Taxable amount — see instructions		3.0	0.	
f Undistributed income for 2014. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2015				657.
7 Amounts treated as distributions out of	23.6%			
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions)	0.			
8 Excess distributions carryover from 2009 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				11.00
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014	47 78M82			

Form 990-PF (2014) BYTELAUNCH FOUND				46-4002747	Page 10
Part XIV Private Operating Foundat					N/A
1a If the foundation has received a ruling or dete is effective for 2014, enter the date of the i	rmination letter that ruling	it is a private operat	ing foundation, and th	e ruling	
b Check box to indicate whether the foundati	-	rating foundation d	escribed in section	4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed.	<u> </u>				<u>-</u>
d Amounts included in line 2c not used directly for active conduct of exempt activities					·
Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	 				
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided					
in section 4942(j)(3)(B)(iii) (3) Largest amount of support from					
an exempt organization				 	
(4) Gross investment income Part XV Supplementary Information	(Complete this	part only if the	foundation had	\$5 000 or more	in
assets at any time during th	e year — see in	structions.)	. Touridation had	ψ 3,000 οι πιοις	•••
1 Information Regarding Foundation Manag		<u> </u>			
a List any managers of the foundation who have close of any tax year (but only if they have SEE STATEMENT 4	e contributed more the contributed more	han 2% of the total o than \$5,000) (See	contributions received section 507(d)(2))	by the foundation befo	ore the
b List any managers of the foundation who own	10% or more of the	stock of a corporate	on (or an equally large	e nortion of the owner	ship of
a partnership or other entity) of which the NONE	foundation has a 1	0% or greater inter	est.	s portion of the owner.	STAP OF
2 Information Regarding Contribution, Gran	t Gift Loop Cab	Jarohin etc Bro			
Check here X if the foundation only ma requests for funds If the foundation make complete items 2a, b, c, and d	kes contributions to	preselected charitab	ole organizations and o		
a The name, address, and telephone number of	r e-mail address of t	he person to whom a	applications should be	addressed.	
b The form in which applications should be s	submitted and infor	mation and materia	als they should inclu	de	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	able fields, kinds of i	institutions, or other	factors:

Page 11

3 Grants and Contributions Paid During the Ye	N/A			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	Tooipiciit		<u> </u>
a Paid during the year	Substantial Contributor			
Total		l	▶ 3a	
Total b Approved for future payment			► 3a	
Total			► 3 b	ol .

Part XVI-A Analysis of Income-Producing Activities

Enter gross	s amounts unless otherwise indicated.		ed business income	Excluded	1 by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
•	am service revenue:	ļ		code		
a b		 		<u> </u>	 	
Ğ—		 				
ď		 			 	
e		<u> </u>				
f				 		
g Fees	and contracts from government agencies	<u> </u>				
2 Memi	bership dues and assessments					
3 Interes	t on savings and temporary cash investments					
	ends and interest from securities					
	ental income or (loss) from real estate:	\$4.4.00 Per	2	2.23		
	financed property					
	ebt-financed property	<u></u>		ļ		
	ntal income or (loss) from personal property				<u> </u>	
	investment income			<u> </u>		
	r (loss) from sales of assets other than inventory			ļ		
	ncome or (loss) from special events				 	
	s profit or (loss) from sales of inventory revenue:	7512055, 75512		U. 2008 CAN		
a a		1,32731 5380	2426 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Section of the G
ъ́—				 		
ç		 		 		
ď		 		 		
e						
	otal. Add columns (b), (d), and (e)			1000		
12 Subto	otal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			10 July 10	13	0.
12 Subto				**************************************		0.
12 Subto 13 Total (See works	. Add line 12, columns (b), (d), and (e)	ons.)			13	0.
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. -B: Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. -B: Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. -B: Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. -B: Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. -B: Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. -B: Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. -B: Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. -B: Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	tly to the instructions)
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. -B: Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. -B: Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	

Form 990-PF (2014) BYTELAUNCH FOUNDATION 46-4002747 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describ relating a Transfe (1) Ca: (2) Other t (1) Sal (2) Pui (3) Rei (4) Rei (5) Loa (6) Pei c Sharing d If the a the goo	ner assets ransactions: les of assets to a non rchases of assets fror ntal of facilities, equip imbursement arrange ans or loan guarantee rformance of services g of facilities, equipm nswer to any of the a ds, other assets, or ser	of the Code (othors? foundation to charitable exem a noncharita ment, or other ments as or membershi ent, mailing lis above is 'Yes,' cruces given by t	her than section 50 a noncharitable exe mpt organization ble exempt organiz assets p or fundraising so ts, other assets, or	empt organizations ation licitations paid employ	ees Column (b) shou	uld always show th	1 a (1) X 1 a (2) X 1 b (1) X 1 b (2) X 1 b (3) X 1 b (4) X 1 b (5) X 1 b (6) X 1 c X
any tra	nsaction or sharing a	rrangement, st	now in column (d) t	he value of the	ne goods, other as	sets, or services r	eceived.
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable exempt of	organization	(d) Description	of transfers, transaction	ons, and sharing arrangements
N/A							
		<u> </u>					·
		ļ					
		<u> </u>					
		1					
						· · · · · · · · · · · · · · · · · · ·	
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
					 		
							
		ļ		···	 		
		<u> </u>			<u> </u>		
describ	oundation directly or in- bed in section 501(c) of complete the following	of the Code (of	I with, or related to, her than section 50	one or more to 01(c)(3)) or in	ax-exempt organiza i section 527?	ations	Yes XNo
	a) Name of organizati		(b) Type of	forganization		(c) Description	n of relationship
N/A	<u></u>		(-))[
-1/-41							
	. – – – –		 ·				
							
							
To a							
Sign Here	perantes of perjury, I decia	of preparer (other	than taxpayer) is based o	accompanying son all information	of which preparer has a	ny knowledge	knowledge and belief, it is true, May the IRS discuss this return with the preparer shown below
		- A		to.	SECRET.	AKI	(see instructions)?
	nature of officer or trustee		Da Da		Title		X Yes No
	Print/Type preparer's na	_	Preparer's sign	201 ()_	Date	Z/C Check	If PTIN
Paid	J. KATIE ST			XXX		self-emplo	yed P01274948
Preparer	Firm's name	VERTZ & CO	MPANY LLP Z	チー		Firm's EIN	02-0639624
Use Only			ICO ROAD				
223 21119			92620			Phone no	(949) 756-5000
BAA	<u> </u>						Form 990-PF (2014)
							1 01111 330 FF (2014)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
• Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization		Employer identification number
BYTELAUNCH FOUNDATION		46-4002747
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treat	ated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rul	e and a Special Rule See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	, or 990-PF that received, during the year, contribute Parts I and II. See instructions for determining a	utions totaling \$5,000 or more (in money or a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	1(c)(3) filing Form 990 or 990-EZ that met the 33-1 that checked Schedule A (Form 990 or 990-EZ), Part I be year, total contributions of the greater of (1) \$5,0-EZ, line 1 Complete Parts I and II	I. line 13, 16a, or 16b, and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that than \$1,000 <i>exclusively</i> for religious, charitable, so children or animals. Complete Parts I, II, and III.	received from any one contributor, cientific, literary, or educational
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose Do not complete a	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that ir religious, charitable, etc., purposes, but no such the total contributions that were received during the any of the parts unless the General Rule applies to ble, etc., contributions totaling \$5,000 or more duri	contributions totaled more than year for an exclusively religious, or this organization because
Caution: An organization that is not covered by 990-PF), but it must answer 'No' on Part IV. Iir	r the General Rule and/or the Special Rules does r te 2, of its Form 990; or check the box on line H of filing requirements of Schedule B (Form 990, 990	not file Schedule B (Form 990, 990-EZ, or its Form 990-EZ or on its Form 990-PF.
BAA For Paperwork Reduction Act Notice, se or 990-PF.		nedule B (Form 990, 990-EZ, or 990-PF) (2014)

	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part 1
Name of org	UNCH FOUNDATION	_ ·	oyer identification number
	Contributors (see instructions) Use duplicate copies of Part I if additional space		7004171
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL & JHOANNA CRAIG		Person X Payroll
	19712 MACARTHUR BLVD., STE 210	\$55,784	
	IRVINE, CA 92612		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 to

1 of Part II

Name of organization

BYTELAUNCH FOUNDATION

46-4002747

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No	(b)	(6)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u></u>	<u> </u>	
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
RAA	Coho	dule R (Form 990, 990-F7	000 PE) (2014)

(e)
Transfer of gift
Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

20	1	A
ZU		4

. . . .

FEDERAL STATEMENTS

PAGE 1

BYTELAUNCH FOUNDATION

46-4002747

STATEMENT 1 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	_	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	\$	-14,071. 55,784.			
TOTAL	\$	20. 41,733.	<u>\$</u> 0.	<u>\$0.</u>	\$ 0.

LESS: INCREASE IN CASH VALUE LIFE INSURANCE PREMIUMS SECRETARY OF STATE FEES

STATEMENT 2 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

CASH	SURRENDER	VALUE	_	JHOANNA
CASH	SURRENDER	VALUE	-	MICHAEL

	BOOK	VALUE_	 MARKET ALUE
	\$	5,013. 9,058.	\$ 5,013. 9,058.
TOTAL	\$	14,071.	\$ 14,071.

STATEMENT 3 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

MICHAEL & JHOANNA CRAIG

24232 BARK STREET LAKE FOREST, CA 92630-5225

STATEMENT 4 FORM 990-PF, PART XV, LINE 1A **FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS**

MICHAEL CRAIG JHOANNA CRAIG

2014	FEDERAL WORKSHEETS	KSHEETS			•	/d	PAGE 2
	BYTELAUNCH FOUNDATION	JNDATION				46.	46-4002747
AVERAGE MONTHLY CASH BALANCES FORM 990-PF, PART X, LINE 1B							•
CASH BAL. FEBRUARY MARCH APRIL	MAY JUNE J	JULY AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY
AVERAGES 0 0 0	0 0	2,136 0 2,136	2, 136 2, 136	2,116 2,116	2,116 2,116	2,116 2,116	$\frac{2,116}{2,116}$
TOTALS 12,736 NUMBER OF MONTHS	12						
AVERAGE MONTHLY CASH BALANCES 1,061							
							-
					ļ	,	