

## Amended Return-Section 512(a)(7) Repeal

Form 990-T

OMB No. 1545-0687

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

1812

2018

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations OnlyENVELOPE APR 03 2020  
MARK DATEDepartment of the Treasury  
Internal Revenue ServiceA  Check box if  
address changedB Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)C Book value of all assets  
at end of year  
**2,681,927.**Print  
or  
TypeName of organization (  Check box if name changed and see instructions.)**Byte Back, Inc**

Number, street, and room or suite no. If a P.O. box, see instructions.

**899 North Capital Street NE, No. 850**

City or town, state or province, country, and ZIP or foreign postal code

**Washington, DC 20002**D Employer identification number  
(Employees' trust, see  
instructions.)**52-2061398**E Unrelated business activity code  
(See instructions.)**900099**

F Group exemption number (See instructions.) ►

G Check organization type ►  501(c) corporation  501(c) trust  401(a) trust  Other trustH Enter the number of the organization's unrelated trades or businesses. ► **1** Describe the only (or first) unrelated  
trades or businesses below

If only one, complete Part I. If more than one

**Part III 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 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) .....	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 IV Tax Computation**

39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) .....	39	0.
40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	40	
41 Proxy tax. See instructions .....	41	
42 Alternative minimum tax (trusts only) .....	42	
43 Tax on Noncompliant Facility Income. See instructions .....	43	
44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies .....	44	0.

**Part V Tax and Payments**

45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	45a	
b Other credits (see instructions) .....	45b	
c General business credit. Attach Form 3800 .....	45c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	45d	
e Total credits. Add lines 45a through 45d .....	45e	
46 Subtract line 45e from line 44 .....	46	0.
47 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) .....	47	
48 Total tax. Add lines 46 and 47 (see instructions) .....	48	0.
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 .....	49	0.
50a Payments: A 2017 overpayment credited to 2018 .....	50a	
b 2018 estimated tax payments .....	50b	
c Tax deposited with Form 8868 .....	50c	
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	50d	
e Backup withholding (see instructions) .....	50e	
f Credit for small employer health insurance premiums (attach Form 8941) .....	50f	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Other 1,873. <span style="margin-left: 20px;">S19</span> <input type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other 1,873. <span style="margin-left: 20px;">Total</span> <input type="checkbox"/> Form 50g 1,873. <span style="margin-left: 20px;">See Statement 2</span>	50g	1,873.
51 Total payments. Add lines 50a through 50g .....	51	1,873.
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► <input type="checkbox"/> .....	52	
53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed .....	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 line 54 you want credited to 2019 estimated tax ► <input type="checkbox"/> Refund 60 <input checked="" type="checkbox"/> 0 <span style="margin-left: 20px;">55</span> 1,873. <span style="margin-left: 20px;">See Statement 2</span>	55	1,873.

**Part VI 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ► .....	Yes	No
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		
If "Yes," see instructions for other forms the organization may have to file. .....		
58 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ .....		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	► <i>Elizabeth Lindsey</i>	1/1/2020	CEO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Hemali Kane, EA	Preparer's signature <i>HKane</i>	Date 3/20/20	Check <input type="checkbox"/> if self-employed PTIN P01337292
	Firm's name ► Rogers & Company PLLC 8300 Boone Boulevard, Suite 600 Firm's address ► Vienna, VA 22182			Firm's EIN ► 58-2676261 Phone no. (703) 893-0300

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**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year .....	1		6 Inventory at end of year .....	6	
2 Purchases .....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3 Cost of labor .....	3				
4a Additional section 263A costs .....					

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## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations		
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10.  
Enter here and on page 1, Part L.Add columns 6 and 11.  
Enter here and on page 1, Part L.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ►	<b>0.</b>	<b>0.</b>				<b>0.</b>
	Enter here and on page 1, Part I, line 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.
<b>Totals, Part II (lines 1-5)</b> ►	<b>0.</b>	<b>0.</b>				<b>0.</b>

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

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

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## 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~~ /u d 18651

Byte Back, Inc

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Form 990-T	Other Credits and Payments	Statement 2
Description		Amount
Tax paid with original return		1,800.
Penalty paid with original return		73.
<b>Total included on Form 990-T, Page 2, Part V, line 50g</b>		<b>1,873.</b>