DLN: 93493122014239 OMB No 1545-0047 **Return of Organization Exempt From Income Tax 2018** 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 Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization 48IN48 INC D Employer identification number **B** Check if applicable \square Address change 47-4617193 \square Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 746 WILLOUGHBY WAY NE SUITE 101 ☐ Amended return ☐ Application pending (678) 744-8487 City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA $\,$ 30312 $\,$ G Gross receipts \$ 466,095 F Name and address of principal officer H(a) Is this a group return for

Form 990	(2018)	Page 2
Part III	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	П
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Form	n 990 (2018)			Page 3
Pa	art 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 💆	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art historical treasures, or other similar assets?			
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7				
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cand former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	current 23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 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	as of 24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	or 26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family me of any of these persons? If "Yes," complete Schedule L, Part III			No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L	. 28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
=	4	,		
<u>.</u>	11 11 C			
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typ organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the support complete Part IV, Sections A and B.			
b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s management of the supporting organization vested in the same persons that control or manage the support must complete Part IV, Sections A and C.			
С	Type III functionally integrated. A supporting organization operated in connection with, and functionall supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.	y integrated v	vith, its	
d	Type III non-functionally integrated. A supporting organization operated in connection with its support functionally integrated. The organization generally must satisfy a distribution requirement and an attentive instructions.) You must complete Part IV, Sections A and D, and Part V.			
е 	Check this box if the organization received a written determination from the IRS that it is a Type II	, ,	tionally	
'ilina	; ;,			

Form	990 (2018)								Page 5
2a	Enter the number of employees reported on Form W-3 Tax Statements, filed for the calendar year ending wit this return			, 2a		5			
b	If at least one is reported on line 2a, did the organizat Note. If the sum of lines 1a and 2a is greater than 250						2 b	Yes	
3a	Did the organization have unrelated business gross in	come of \$1,00	0 or more during	the year?	·	. [3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No	" to line 3b, pr	ovide an explana	tion in Sch	nedule	0	3b		
	At any time during the calendar year, did the organization financial account in a foreign country (such as a bank If "Yes," enter the name of the foreign country						4a		No
	See instructions for filing requirements for FinCEN For	m 114, Report	of Foreign Bank	and Finar	ncial Ad	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter	er transaction	at any time durin	g the tax	year?	[5a		No
b	Did any taxable party notify the organization that it w	as or is a party	to a prohibited	tax shelte	r trans	action?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form	n 8886-T? .			•		5c		
6a	Does the organization have annual gross receipts that solicit any contributions that were not tax deductible a	he organization	6a		No				
b	If "Yes," did the organization include with every solicit not tax deductible?				ntribut • •	ons or gifts were	6b		
7	Organizations that may receive deductible contri	ibutions unde	er section 170(c).					
а	Did the organization receive a payment in excess of \$ provided to the payor?				tly for	goods and services	7a		
b	If "Yes," did the organization notify the donor of the v	alue of the go	ods or services pr	ovided?			7b		
C	Did the organization sell, exchange, or otherwise dispr Form 8282?	ose of tangıble ·	personal proper	ty for which	ch it w	as required to file	7c		
d	If "Yes," indicate the number of Forms 8282 filed duri	ng the year .		7d					
е	Did the organization receive any funds, directly or ind	irectly, to pay	premiums on a p	ersonal be	enefit (contract?	7e		
f	Did the organization, during the year, pay premiums,	directly or ind	rectly, on a perso	onal benef	fit conf	ract?	7f		
g	If the organization received a contribution of qualified required?	ıntellectual pr	operty, did the oi	rganızatıo	n file F	orm 8899 as	7g		
h	If the organization received a contribution of cars, boa	ats, airplanes,	or other vehicles,	, did the o	rganız	ation file a Form			
	1098-C? <u>Spon</u> soring organizations maintaining donor adv				•		7h		
Messa.									
-									
f	Enter the number of supported organizations								
g	Provide the following information about the supported	organization(5)						
	organization org (descri 1- 10	Type of anization ibed on lines above (see ructions))	(iv) Is the orga in your governi			(v) Amount of monetary support (see instructions)	oth	vi) Amo er supp ınstruct	ort (see
			Yes	Ne	•				

1a Enter the number of voting members of the governing body at the end of the tax year 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 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		n 990 (2018)					Page 6
Is Enter the number of voting members of the governing body at the end of the tax year 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 0 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the graphical officer delegate employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the graphical officer delegate employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the graphical officer delegate employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? No. The the graphical officer delegate employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? No. The the graphical officer delegate employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? No. The the graphical officer delegate employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, and the graphical delegate employee have a family relationship or a business relationship with any other of the graphical delegate employee have a family relationship or a business relationship with any other of the graphical delegate has been delegated by the graphical delegate has been delegated by the graphical delegated h	Pa	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche	dule 0	See instructions	" resp	onse to i	
If there are material differences in voting rights among members of the governing body, or if the governing body, or if 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 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 No. 3 Did the granulation delegate control over measurement distinct current and the cruinder the direct current and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	S	ection A. Governing Body and Management					
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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 No. 3 Did the organization delegate central axis measurement duties sustained by a unider the direct cumulation of the properties of the companization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						Yes	No
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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	1	a Enter the number of voting members of the governing body at the end of the tax year	1a	15			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the graphization delegate central ever management duties such assistances and a family relationship or a business relationship with any other officer, director, trustee, or key employee? No Did the graphization delegate central ever management duties such assistances and a family relationship or a business relationship with any other officer, director, trustee, or key employee? No Did the graphization delegate central ever management duties such assistances and every management duties such assistances. In 10%-facts-and-circumstances test delegate every management duties such assistances. In 10%-facts-and-circumstances test delegate every management duties such assistances. In 10%-facts-and-circumstances test delegate every management duties such assistances. In 10%-facts-and-circumstances test delegate every management duties such assistances. In 10%-facts-and-circumstances test delegate every management duties such assistances. In 10%-facts-and-circumstances test delegate every management duties every management duties. In 10%-facts-and-circumstances test delegate every management duties every management duties. In 10%-facts-and-circumstances test delegate every management duties every management duties. In 10%-facts-and-circumstances test delegate every management duties every management duties. In 10%-facts-and-circumstances test delegate every management duties every management duties. In 10%-facts-and-circumstances test delegate every management duties every management duties. In 10%-facts-and-circumstances test delegate every management duties every management duties. In 10%-facts-and-circumstances test delegate e		body, or if the governing body delegated broad authority to an executive committee or					ı
officer, director, trustee, or key employee?	Ь	Enter the number of voting members included in line 1a, above, who are independent	1b	15			l
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	2	Did any officer, director, trustee, or key employee have a family relationship or a busin officer, director, trustee, or key employee?	ess relat	ionship with any other	2		No
ınstructions ▶□	_	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, chexplain in Part VI how the organization meets the "facts-and-circumstances" test. The osupported organization	heck this organizat	box and stop here. Ion qualifies as a publicly		,	▶ □
	10		01 175, 0	neek ting box and see			. 🗆
				Schedule A (Form	990 o	⁻ 990-E	Z) 2018

Part	and Independent Contractors	ees,		
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2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement	2b		
	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI , the role played by the organization in this regard			
		3b		2011
	Schedule A (Form 990			7016

Form 990 (2018)										Page 8
Part VII	Section A. Officers, Direct	tors, Trustees	, Key l	Emp	loye	es,	and I	High	nest Compensate	d Employees (col	ntinued)
	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι in of	t che unle: ficer	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
					T	1					

1b Sub-Total											
c T	otal from continuation sheets to Pa	art VII , Section	Α				▶ [
d٦	otal (add lines 1b and 1c)						>				
2	Total number of individuals (including of reportable compensation from the		l to thos	e list	ed a	bove	e) who	rece	eived more than \$1	00,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization >

3

4

5

1b Sub-Total											
c Total from continuation sheets to Part VII, Section A ▶											
d Total (add lines 1b and 1c) ▶											

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c)										

th Sub-Total											
2 Total number of individuals (including	but not limited	to those	e lista	ed al	hove	a) who	rece	eived more than \$10	20,000		

Yes

3

4

5

(B)

Description of services

No

No

No

Νo

(C)

Compensation

Form 990 (2018)

Part	VIII	Statement of Revenu	e					
		Check if Schedule O contai	ns a respo	nse or note to any	/ line in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
						function revenue	revenue	tax under sections 512 - 514
s 2	1a F	Federated campaigns	1a					1
ant	b 1	Membership dues	1 b					
G. F. Gr	C F	Fundraising events	1c					
ifts, ar A	d F	Related organizations	1d					
3, E	е (Government grants (contributions)	<u> </u>	466,095				
ig is	f A	All other contributions, gifts, grant and similar amounts not included	ts, 1 f					
Contributions, Gifts, Grants and Other Similar Amounts	g 1	above Noncash contributions include in lines 1a - 1f \$	ed	_				
Cont	h T	Fotal. Add lines 1a-1f		•	466,095			
ı				Busines				
Service Revenue	2a							
á	b —							
Š	с —							
3	d —							
ran	e — f Δl	ll other program service revei						
Program		tal. Add lines 2a-2f		_				
_		vestment income (including di		nterest and other	1			
	sım	ılar amounts)		j	-			
		come from investment of tax- yalties			• •			
	3 (0)	·	Real	(II) Personal		1		
	6a Gr	ross rents		. ,	1			
	b li	ess rental expenses			4			
	ַ ט	ess Terreal expenses						
		tental income or loss)						
	dΝ	let rental income or (loss) .			_			
		(ı) Sec	curities	(II) Other				
	fro	ross amount om sales of						
		sets other an inventory						
		ess cost or			-			
		ther basis and ales expenses						
		Sain or (loss)			_			
		Net gain or (loss) ross income from fundraising		<u> </u>	1			
<u>ə</u>	(n	not including \$	of					
£		ontributions reported on line : see Part IV, line 18	1c) • a					
Other Revenue	b Le	ess direct expenses	. ь		1			
er		et income or (loss) from fund		ents 🕨	_			
\$		ross income from gaming act ee Part IV, line 19	ivities					
			a					
		ess direct expenses						
		et income or (loss) from gam ross sales of inventory, less	ing activiti]	es >	1			
		eturns and allowances	J					
	la i -		a		4			
		ess cost of goods sold et income or (loss) from sales		onv.				
	C 146	Miscellaneous Revenue	s or invent	Business Code				
	11a							
	ь_							
	_							
	С							
	. 	II			1			
		Il other revenue otal. Add lines 11a-11d .	• [1		1	_
								1
	14 10	otal revenue. See Instructio	115	•	466,09	95		Fam: 000 (2012)
								Form 990 (2018)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	
· · · · · · · · · · · · · · · · · · ·	
4 Distributions for 2018 from Section D, line 7 \$	
a Applied to underdistributions of prior years	
b Applied to 2018 distributable amount	
c Remainder Subtract lines 4a and 4b from 4	
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions	
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions	
7 Excess distributions carryover to 2019. Add lines 31 and 4c	
8 Breakdown of line 7	
a Excess from 2014	
b Excess from 2015	
c Excess from 2016	
d Excess from 2017	
e Excess from 2018	
Schedule A (Form 990 or	990-EZ) (2018)

3

Liabilities

Fund Balance

Assets or 30

Net

27

28

29

31

32

33

34

End of year

Page **11**

51,145

51.145

623

623

50,522

51,145

Form **990** (2018)

Cash-non-interest-l

1 2

bearing . Savings and temporary cash investments . .

Pledges and grants receivable, net . . Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete

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

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) Part II of Schedule L

Notes and loans receivable, net . Inventories for sale or use .

voluntary employees' beneficiary organizations (see instructions) Complete Prepaid expenses and deferred charges

basis Complete Part VI of Schedule D Less accumulated depreciation Investments—publicly traded securities .

Assets 10a Land, buildings, and equipment cost or other 11 12

10a 10b

13 Investments—program-related See Part IV, line 11

Investments—other securities See Part IV, line 11 . 14 Intangible assets

15 Other assets See Part IV, line 11 . . . 16

17 Accounts payable and accrued expenses

18 Grants payable . .

Total assets.Add lines 1 through 15 (must equal line 34) . . . 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . .

21 Escrow or custodial account liability Complete Part IV of Schedule D 22

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties

23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)

Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 .

26

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

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

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and Unrestricted net assets

0 59.256 27

59.256

59.256

(A)

Beginning of year

59,256

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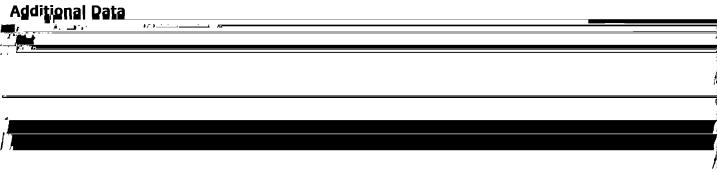
34

59.256

26

50.522

	990 (2018)			I	age 1 2
Pari	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			 •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			466,09
2	Total expenses (must equal Part IX, column (A), line 25)	2			474,82
3	Revenue less expenses Subtract line 2 from line 1	3			-8,73
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			59,25
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			50,52
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
2a b	Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		2:		No No
	consolidated basis, or both				



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493122014239 OMB No 1545-0047 SCHEDULE A **Public Charity Status and Public Support** (Form 990 or Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. 990EZ) ► Attach to Form 990 or Form 990-EZ. **Open to Public** ► Go to <u>www.irs.gov/Form990</u> for the latest information. Department of the Treasury Inspection Name of the organization **Employer identification number** 48IN48 INC 47-4617193 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is $\,$ (For lines 1 through 12, check only one box)A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 (b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e. 12f. and 12a

	Support Schedule for (b)(1)(A)(ix) (Complete only if you che III. If the organization fa	ecked the box o	on line 5, 7, 8, or	9 of Part I or if	the organizatio	n failed to qualif	
_	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	(4) 2021	58,050	108,189	278,086	466,095	910,42
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities.						
4	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3		58,050	108,189	278,086	466,095	910,42
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		30,000	200,200	270,000	.00,030	
6	Public support. Subtract line 5 from line 4						910,42
_:	Section B. Total Support Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7			58,050	108,189	278,086	466,095	910,42
9	dividends, payments received on securities loans, rents, royalties and income from similar sources						
10	activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets						
11	(Explain in Part VI) Total support. Add lines 7 through 10						910,42
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
	First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public					· · · · · · <u></u>	nization,
14	Public support percentage for 2018 (lin	e 6, column (f) dı	ivided by line 11, co	olumn (f))		14	100 000 9
15	Public support percentage for 2017 Sch	edule A, Part II,	line 14			15	100 000 9
	a 33 1/3% support test—2018. If the			n line 13, and line	14 is 33 1/3% or	more, check this b	ox
ļ	and stop here. The organization qualif b 33 1/3% support test—2017. If the box and stop here. The organization a 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets t	ies as a publicly secondariation did qualifies as a pub — 2018. If the organization meets the "facts"	supported organizat not check a box or blicly supported orga ganization did not c s-and-circumstance	cion n line 13 or 16a, ai anization check a box on line s" test, check this	nd line 15 is 33 1/ e 13, 16a, or 16b, box and stop he	3% or more, check and line 14 re. Explain	▶ ☑
	· · · ·	and city			CONTRACTOR OF STATEMENT	THE STATE OF	

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
ь	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 line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
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						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here	.	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f))	17	
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2017. If the						
J	not more than 33 1/3%, check this box	-			*		▶ □
20	Private foundation. If the organization	-	-				▶□

(Complete only if you checked a box on line 12 of 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 Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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) purposes 4c 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 numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b

Schedule A (Form 990 or 990-FZ) 2018

	Talle A (101111 330 01 330 LZ) 2010			Page (
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organiz			
	Section A - Adjusted Net Income	acions	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6		

Schedule A (Form 990 or 990-EZ) 2018			Page 7
Part V Type III Non-Functionally Integrate	d 509(a)(3) Supporting	Organizations (continu	ed)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	d organizations, in	
3 Administrative expenses paid to accomplish exempt pu	irposes of supported organizat	ions	
4 Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI) See instructi			
7 Total annual distributions. Add lines 1 through 6	0113		
B Distributions to attentive supported organizations to w details in Part VI) See instructions	hich the organization is respor	nsive (provide	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2018 distributions of prior years			
i Carryover from 2013 not applied (see			
i Remainder Subtract lines 3g, 3h, and 3i from 3f			
(ternamue) Subtract lines 30. 311. and 31 from 31	1	1	1
Toltano			
, i			
// CD;			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Additional Data

Software ID:

Software Version: EIN: 47-4617193

Name: 48IN48 INC

Page 8

Schedule A (Form 990 or 990-EZ) 2018

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

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,

Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

Return Reference Explanation

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the Treasury

Name of the organization

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 the latest information.

DLN: 93493122014239 OMB No 1545-0047

Inspection Employer identification number

48I	N48 INC				47-4617193		
Pa	art I Organizations Maintaining Donor Advi	sed Funds or C	ther	Similar Funds	_ I		
	Complete if the organization answered "Ye						
	Tabal number at and of year	(a) Dono	or adv	sed funds	(b)Fund	s and other	accounts
	Total number at end of year Aggregate value of contributions to (during year)						
•	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
			ho see	ata hald in danar a	l durand funda ara	tha	
	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets neid in donor a	uvised lunds are		Yes 🗌 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						Yes □ No
Pa	rt II Conservation Easements. Complete if th	 ne organization a	nswe	red "Yes" on For	m 990. Part IV		res 🗀 NO
	Purpose(s) of conservation easements held by the organ				,		
	Preservation of land for public use (e.g., recreation	or education)		Preservation of ar	n historically imp	ortant land a	area
	Protection of natural habitat	,		Preservation of a			
				r reservation or a	ceremea mistorie	Structure	
	☐ Preservation of open space		.				
4	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserva	tion co	intribution in the fo		at the End o	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified historic structure included in (a)						
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	juishe	d, or terminated by	the organization	n during the	
ļ	Number of states where property subject to conservation	n easement is loca	ated ►				
;	Does the organization have a written policy regarding that and enforcement of the conservation easements it holds		rıng, ır	spection, handling	of violations,	☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	riolatio	ns, and enforcing c	onservation eas	ements durır	ng the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violati	ons, a	nd enforcing consei	rvation easemen	ts during the	e year
3	Does each conservation easement reported on line 2(d)	above satisfy the	reauır	ements of section 1	.70(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?	,				☐ Yes	□ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or					
ar	Organizations Maintaining Collections Complete if the organization answered "Ye				ner Similar A	ssets.	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition,	educat	ion, or research in			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publifollowing amounts relating to these items	.6 (ASC 958), to re	port II	n its revenue stater			
((i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
	ii)Assets included in Form 990, Part X				· <u></u> ▶ \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				ancıal gaın, prov	de the	
а	Revenue included on Form 990, Part VIII, line 1	, 11,12.	٠,٠	-	▶ \$		
b	Assets included in Form 990, Part X				▶ \$		
-					· + _		

Cat No 52283D

Schedule D (Form 990) 2018

Par	3111	Organizations Ma	aintaining Col	lections o	of Art, F	listori	cal Tr	easu	res, or	Other	Similar .	Assets ('continued)
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	records,	check a	any of t	the fol	lowing th	nat are a	sıgnıfıcan	t use of it	s collection
а		Public exhibition				d		Loan	or excha	nge prog	rams		
b	☐ Scholarly research e ☐ Other												
c	Preservation for future generations												
4	Provi	de a description of the XIII	organızatıon's col	lections and	l explain l	how the	y furth	er the	organiz	ation's ex	empt pur	pose in	
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Pai	art 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	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No												
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table		Γ			Amount	
c	Begir	nning balance								1c			
d	Addıt	ions during the year								1d			
е	Dıstrı	ibutions during the year	r							1e			
f	Endır	ng balance								1f			
2a	Did tl	he organization include	an amount on Fo	rm 990, Par	t X, line	21, for	escrow	or cus	stodial a	count lia	bility?	. 🗆 Y	es 🗌 No
b	If "Y∈	es," explain the arrange											
Pa	rt V	Endowment Fund	ds. Complete ıf	the organ	ization a	nswer	ed "Ye						
	_			(a)Curren	nt year	(b) Pi	rior year	· ((c)Two ye	ars back	(d)Three y	years back	(e)Four years back
	-	ning of year balance .											
		butions											
		vestment earnings, gair	•										
		or scholarships											
	and pr	expenditures for facilitie ograms	es										
f	Admını	istrative expenses .											
g	End of	year balance											
2		de the estimated perce	=	ent year end	balance	(line 1g	g, colur	nn (a)) held as	5			
а	Board	d designated or quasi-e	endowment ►										
b	Perm	anent endowment 🟲											
c	Temp	porarily restricted endov	wment 🟲										
3a		percentages on lines 2a here endowment funds				ion that	are he	eld and	d adminis	stered fo	r the		
	orgar	nization by			J							_	Yes No
	• •	nrelated organizations					•						a(i)
ь		elated organizations . es" on 3a(ii), are the rel		s listed as r	equired o	 on Sche	dule R	, .					a(ii) 3b
4		ribe in Part XIII the inte	-		•			-	-		-		<u> </u>
Pai	t VI	Land, Buildings,			n	000	D	T) ('	44	C 5	000	D= + > / - !	10
	Descri	Complete if the ordinate of complete if the ordinate of property	ganization ansv (a) Cost or oth (investme	ner basıs	" On For (b) Cost						m 990, I epreciation		ne 10. (d) Book value
			(mrasume	···-/									
	Land												
	Buildin	-											
		nold improvements											
		nent											
e	Other		- t (4) t	15 ^	00 5 :	· ·	(0)	, ,	0())				

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

	3				
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d		 	2e	
3	Subtract line 2e from line 1		 _	3	

3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990. Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Schedule D (Form 990) 2018

2

5

1

2

3

4

b

а

Part XII

4a 4b

2a

2h

2c

2d

2a

2b

20

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1

4c

4c

2e 3

Schedule D (Form 990) 2018

e	2,	Part

Page 4

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

Schedule D (Fo	Page 5		
Part XIII	Supplemental Info		
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

Schedule L	 	T PROCES	3 A3	Filed Data -					DL	.N: 93	4931	220:	1423
orm 990 or 990	-EZ) ► Comple	te if the org	anizatio	Ons with Ir answered "Yes 28c, or Form 99	on Form 9	90, Part IV, li	nes 2	5a, 2	.5b, 26		MB No		
			► Att	tach to Form 990	0 or Form 99	O-EZ.					2(8
epartment of the Treaternal Revenue Servi		P Go t	o <u>www.<i>i</i></u>	rs.gov/Form990	for the late	st informatioi	1.			()pen Insi	to Pu	
Name of the org 48IN48 INC							En	nploy	er ide	ntifica			
+01140 1140							47	-461	7193				
	ss Benefit Tran									aa 40h			
·) Name of disquali			on Form 990, Part IV, line 25a or 25b, or Form 99 (b) Relationship between disqualified person and				 			(d) Corı	ected?
		· 			organization	·		transaction			Y	es	No
							-						
repo	orted an amount o	r Form 990, Part X,		ne 5, 6, or 22	(e)Original principal amount	8a, or Form 99 (f)Balance due	(g) In (h) default? Approved board c				(i)Written by agreement?		
					1 ' '	due	defa		Appro boai	ved by rd or			
			То	From	1 ' '	due	defa Yes		Appro boai	ved by rd or		reem	
			То	From	1 ' '	due		ult?	Appro boai comm	ved by rd or nittee?	a	reem	ent?
			То	From	1 ' '	due		ult?	Appro boai comm	ved by rd or nittee?	a	reem	ent?
			То	From	1 ' '	due		ult?	Appro boai comm	ved by rd or nittee?	a	reem	ent?
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otal			То		1 ' '	due		ult?	Appro boai comm	ved by rd or nittee?	a	reem	ent?
Part IIII Gra	nts or Assistar		ing Int	erested Person	amount \$			ult?	Appro boai comm	ved by rd or nittee?	a	reem	ent?
Part III Gra Com	nplete if the orga	anızatıon an	ing Int	erested Person "Yes" on Form 9	smount \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	line 27.	Yes	No	Approba	ved by rd or nittee? No	Yes	greem	No
Part III Gra Com	nplete of the organisms (b)		ing Int swered between	erested Person "Yes" on Form S (c) Amount of	smount \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$		Yes	No	Approba	ved by rd or nittee?	Yes	greem	No
Part III Gra Com	nplete of the organisms (b)	anızatıon an) Relatıonshıp erested perso	ing Int swered between	erested Person "Yes" on Form S (c) Amount of	smount \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	line 27.	Yes	No	Approba	ved by rd or nittee? No	Yes	greem	No
Part III Gra Com	nplete of the organisms (b)	anızatıon an) Relatıonshıp erested perso	ing Int swered between	erested Person "Yes" on Form S (c) Amount of	smount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	line 27.	Yes	No	Approba	ved by rd or nittee? No	Yes	greem	No
	nplete of the organisms (b)	anızatıon an) Relatıonshıp erested perso	ing Int swered between	erested Person "Yes" on Form S (c) Amount of	smount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	line 27.	Yes	No	Approba	ved by rd or nittee? No	Yes	greem	No

(3)	between interested person and the organization	transaction	(3,233.1,233.13.13.13.13.13.13.13.13.13.13.13.13.1	of organization's revenues?	
				Yes	No
(1) SIDEWAYS 8	PRESIDENT	38,525	WEB PLATFORM AND HOS		No

(1) SIDEWAYS 8	PRESIDENT	38,525	WEB PLATFORM AND HOS	No
Part V Supplemental Information		_		 ·

Explanation

Schedule I. (Form 990 or 990-FZ) 2018

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

efile GRAPH	IIC print - DO NOT P	PROCESS	As Filed Data -		DLN:	93493122014239	
SCHEDUL (Form 990 or EZ)	· 990- Com	plete to pro Form 990 c		90 or 990-EZ. Open to P			
Name Betherofg 48IN48 INC 990 Schedul	อลฟะation e O, Supplemental I	Informatio	n		Employer identi	fication number	
Return Reference				Explanation			
FORM 990, PAGE 6, PART VI, LINE 7A	BOARD MEMBERS SE	ELECTED BY	FOUNDERS				

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO REVIEW WAS OR WILL BE CONDUCTED PAGE 6,

PART VI, LINE 11B

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC PAGE 6, PART VI.

LINE 19

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX,	NONPROFIT HOSTING AND SUBS 47,867 0 0 EVENT SUPPLIES 52,113 0 0 WEB PLATFORM 14,995 0 0 TOTAL 114,975 0 0
LINE 11G	