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		1		_				OMB No 1545-0687
Form	990-T		Exempt Organization Busin (and proxy tax under	ess l section	ncome Tax Ret on 6033(e))	urn		2018
Depa	rtment of the Treasury	For cate	endar year 2018 or other tax year beginning Go to www.irs.gov/Form990T for instru		and ending and the latest information		Oper	to Public Inspection for
Intern	al Revenue Service	▶ [	Oo not enter SSN numbers on this form as it may be			ıs a 501(c)(3).		c)(3) Organizations Only
A	Check box if address changed		Name of organization ( Check box if name chang	ed and se	e instructions )	D Employer idea		
В	xempt under section	1				(Employees' tru	st, see in	structions)
2	X 501( C)( <u>1)3</u> )	Print	<u> Inlet Public/Private A</u>	ssoc	ciation, I	]		
	408(e) 220(e)	or	Number, street, and room or suite no. If a P.O. box, see instruction	ons		22-29	<u> 370</u>	)95
	408A 530(a)	Type	31 S. Rhode Island Ave	nue		E Unrefated bus	iness ac	ctivity code
	529(a)		City or town, state or province, country, and ZIP or foreign pos	stal code		(See instruction	ıs)	1
CE	Book value of all assets	Ĺ	Atlantic City	NJ	08401	53200	0	
	it end of year	F G	roup exemption number (See instructions )			t 		
	277,122	G C	heck organization type ► X 501(c) corpo	ration	501(c) trust	401(a) trust		Other trust
Н	Enter the number of the o	_ organizai	tion's unrelated trades or businesses ▶ 1	Descr	be the only (or first) unre	lated trade or bu	siness	here
)	Rental of	spac	e for weddings and spec	ial	events		If only	y one, complete
F	Parts I–V If more than or	ne, desc	nbe the first in the blank space at the end of the p	revious	s sentence, complete Par	ts I and II, compl	ete	
9	Schedule M for each add	litional tra	ade or business, then complete Parts III-V		•			
<u> </u>	Dunng the tax year, was	the corp	oration a subsidiary in an affiliated group or a par	ent-sub	sidiary controlled group?		•	Yes X No
! !	f "Yes," enter the name a	and iden	tifying number of the parent corporation					
<u>J</u>	the books are in care of		Corporation		Telep	hone number 🕨	60	9-449-1360
_Pa	ert I Unrelated	Trade	e or Business Income	<del></del>	(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales						1	
b	Less returns and allow		c Balance	1c				
2	Cost of goods sold (Sc			2	ļ.,			
3	Gross profit Subtract li			3	ļ.,			
4a	Capital gain net income	•	•	4a				
ь	Net gain (loss) (Form 4797	7, Part II, I	ine 17) (attach Form 4797)	4b				
С	Capital loss deduction	for trusts	3	4c				
5	Income (loss) from partnership a	and S corpo	ration (attach statement)	5				
6	Rent income (Schedule	e C)		6				
7	Unrelated debt-finance	d income	e (Schedule E)	7			$\dashv$	
8	Interest, annuities, royaltie	s, and rer	nts from controlled organization (Schedule F)	8	ļ			
9	Investment income of a se	ction 501(	(c)(7), (9), or (17) organization (Schedule G)	9	ļ			
10	Exploited exempt activi	ity incom	e (Schedule I)	10				
11	Advertising income (So	hedule .	J)	11				
12	Other income (See inst	tructions	, attach schedule) See Stmt 1	12	6,825			6,825
13	Total. Combine lines 3			13	6,825			6,825
Pe	et II Deductio	ns Not	Taken Elsewhere (See instructions for	or <u>limi</u> t	tations on deduction	<del>is:) ([[</del> xcept fo	or cor	ntributions,
			be directly connected with the unrelate	ea bus	siness income.		44	
14		rs, airec	tors, and trustees (Schedule K)	1 -		<b>기</b> 었다	14	4 220
15	Salanes and wages			၂၈	JUN 2 6 2019	FRS-08(	15	4,320
16	Repairs and maintenar	ice		lu i	JUN 2 0 2010	121 F	16	
17	Bad debts	Ja\		1	SOUTH IF	- ا "سم	17	
18	Interest (attach schedu	ie) (see	instructions)	1	OGDEN. U	-	18	1 /
19	Taxes and licenses			-	10-410-11-11-11-11-11-11-11-11-11-11-11-11-1	-	19	14
20	Chantable contributions (S		•		ا بم ا	-	20	
21	Depreciation (attach Fo		•		21			0
22	·	nea on S	chedule A and elsewhere on return		22a		22b	
23	Depletion					-	23	
24	Contributions to deferre	•	ensation plans			-	24	
25	Employee benefit progr		-4.4-10			-	25	
26	Excess exempt expens	•	•			<u> </u>	26	
27	Excess readership cos	•	•		0 0		27	1 500
28	Other deductions (attac		•		See Stateme	ent 2	28	1,500
29	Total deductions. Add		-			<u> </u>	29	<u>5,834</u>
30			ome before net operating loss deduction. Subtrac			L	30	991
31		_	s ansing in tax years beginning on or after Januar	y 1, 201	18 (see instructions)	<u> </u>	31	
<u>32</u>			ome. Subtract line 31 from line 30				32	991
DAA	For Paperwork Reduc	ction Ac	t Notice, see instructions.					Form <b>990-T</b> (2018)

Form	<u> 1990-T(2018) Inlet Public/Private Association, </u>	<u>I 22-29370</u>	95		Page 2
Pa	art III Total Unrelated Business Taxable income			ı,i	
33	Total of unrelated business taxable income computed from all unrelated trades or business.	nesses (see			
	instructions)			33	991
34	Amounts paid for disallowed fringes			34	
35	Deductions for net operating loss ansing in tax years beginning before January 1, 2018	3 (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	991
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 greated	er than line 36,			
	enter the smaller of zero or line 36	<del></del>	-	38	0
<u>₽</u> 8	Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)				
39 40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			39	
40	the amount on line 38 from Tax rate schedule or Schedule D (Form	n 1041)		40	
41	Proxy tax. See instructions	11 1041)		40	
42	Alternative minimum tax (trusts only)			41	
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		
-	art V Tax and Payments			1 44 1	
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
ь	Other credits (see instructions)	45b		$\dashv$ 1	
c	General business credit Attach Form 3800 (see instructions)	45c		-	
d	Credit for pror year minimum tax (attach Form 8801 or 8827)	45d		$\dashv$ 1	
e	Total credits. Add lines 45a through 45d	100		45e	
46	Subtract line 45e from line 44			46	· · · · · · · · · · · · · · · · · · ·
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (a	att sch)		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	2		49	·- ·· ·· ·· ·· · · · · · · · · · · · ·
50a	Payments A 2017 overpayment credited to 2018	50a			<del></del>
ь	2018 estimated tax payments	50b			
С	Tax deposited with Form 8868	50c		$\dashv$ $\mid$	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
е	Backup withholding (see instructions)	50e		$\dashv$ $\parallel$	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments Form 2439				
_	Form 4136 Other Total	▶   50g			
51	Total payments. Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		▶ [	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		Ī	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount ov	verpaid	1	54	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶	Re	funded I	<b>55</b>	
Pa	art VI Statements Regarding Certain Activities and Other Infor	mation (see instruct	ions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a	signature or other autho	nty		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the o FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the				
	here	marile of the foleign coul	ina y		1 X
57	During the tax year, did the organization receive a distribution from, or was it the granto	or of, or transferor to, a fo	reign tru	st?	X
	If "YES," see instructions for other forms the organization may have to file		Ū		
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year	\$			
	Under penalbes of perjury, I declare that I have examined this return, including accompanying schedules and staten	nents, and to the best of my knowl	ledge and be	elief, it is	
Sig	n true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	arer has any knowledge			May the IRS discuss this return with the preparer shown below
Her					(see instructions)
	Signature of officer Date Title				X Yes No
	Print/Type preparer's name Preparer's signature		Date	Check	ıf PTIN
Paid	Robert J. Kelly Jr.		05/31/	19 self-empt	loyed P00064446
Prep	parer Firm's name > Fitzpatrick, Bongiovarni & Ke.	lly, PC	Fi	m's EIN 🕨	22-3507266
Use	Only P.O. Box 942				
	Firm's address Marmora, NJ 08223		Pr	ione no	609-390-8855
					Form <b>990-T</b> (2018)

DAA

	Public/Priv			22-2	937095		Р	age <b>3</b>
Inventory at beginning of ye Purchases Cost of labor Additional sec 263A costs (attach schedule) Other costs (attach schedule) Total. Add lines 1 through a Schedule C - Rent Incon (see instructions) Description of property N / A	1 2 3 4a 4b 5 5	8	Inventory at end of your Cost of goods sold line 6 from line 5. En in Part I, line 2. Do the rules of section property produced on to the organization?	. Subtra- ter here on 263A r acquire	and (with respect to d for resale) apply	y)	Yes	No
4)	2 Post meaned or a							_
(a) From personal property (if the p for personal property is more this more than 50%)	an 10% but not	(b) From real ar	nd personal property (if the for personal property exceeds is based on profit or income)			ectly connected with the a		
1)								
3)			· -					
4)							_	
otal	Tol	tal			(b) Total deductions.			
c) Total income. Add totals of coere and on page 1, Part I, line 6,		er	<b>&gt;</b>		Enter here and on page Part I, line 6, column (B	: 1,		
Schedule E – Unrelated [	Debt-Financed Inco	me (see instruc	tions)	-				
Description of debt-f	inanced property	<b>,</b>	s income from or e to debt-financed		3 Deductions directly condebt-finance	nnected with or allocable to ced property	0	
	,		property (a) Str				uctions dule)	
1) N/A								
?)								
<u>)</u>								
3)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		6 Column 4 divided by column 5		Gross income reportable column 2 x column 6)	8 Allocable ded (column 6 x total d 3(a) and 3(	of column	s
1)			%					
?)			%		<del></del>	ļ		
3)		_	%					
1)	<u>                                     </u>		<u></u> %	Enter	here and on page 1, l, line 7, column (A)	Enter here and o		
otals			•		• •		,	•

Total dividends-received deductions included in column 8

Schedule F – Interest, Ann	uities, Royaiti	es, and Rent		ot Controlled			(see instruct	ions)	
1 Name of controlled organization	organization identification number (loss) (see instructions)		related income	4 Tot	tal of specified ments made	5 Part of column 4 that is included in the controlling organization's gross incom		g connected with income	
(1) N/A									
(2)									
(3)									
(4)			<u> </u>						
Nonexempt Controlled Organiza	itions								
7 Taxable Income		Net unrelated income oss) (see instructions)		9 Total of specific payments made		ıncluded ın	column 9 that is the controlling 's gross income	1	Deductions directly nnected with income in column 10
(1)								<u> </u>	
(2)								ļ	
(3)								ļ	
(4)		··-· . <u> </u>						ļ	
Totals			(T) (Q)	(47)	<u> </u>	Enter here a Part I, line	nns 5 and 10 and on page 1, 8, column (A)	Ent	dd columns 6 and 11 ler here and on page 1, int I, line 8, column (B)
Schedule G – Investment li	ncome of a Se	ection 501(c)	(7), ( <del>9</del> ),	or (17) Or	ganıza	ation (see in	nstructions)	· · · · · · · · · · · · · · · · · · ·	
1 Description of income		2 Amount of in	ncome	directly	ductions connected schedule)		4 Set-asides (attach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				†					
(2)					-	<u> </u>			
(3)									
(4)									
Totals	•	Enter here and or Part I, line 9, col							nter here and on page 1, art I, line 9, column (B)
Schedule I – Exploited Exe	mpt Activity I	ncome. Othe	r Than	Advertisir	a Inco	ome (see in	structions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens	ses y with n of	4 Net income (li from unrelated to or business (column 2 minus column If a gain, comp cols 5 through	oss) rade umn 3) ute	5 Gross incom from activity that is not unrelated business incom	e 6 Ex at attnbu	penses table to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						<del>-</del>		-	
(2)									
(3)									
(4)	Enter here and or page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	art I,						Enter here and on page 1, Part II, line 26
Totals ► Schedule J – Advertising Ir	Icome (social	tructions)							1
Part I Income From F			Conso	lidated Ra	sie				<del></del>
1 Name of penodical	2 Gross advertising income	3. Direct advertising	et	4 Advertising gain or (loss) (o 2 minus col 3) a gain, compu	g col lf	5 Circulation income	ı	idership ists	7 Excess readership costs (column 6 minus column 5, but not more than
(1) N/A				cols 5 through	7				column 4)
	<del> </del>		$\overline{}$		<b> </b>				┪
(3)		<del> </del>			<u> </u>				┪
(4)									╡
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								-	1
Totals (carry to Part II, line (5))	1							·· <del>-</del> -	Form <b>990-T</b> (2018

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.)

Z tillough 7 of	i a into by into bas	19.7				
1 Name of penodical	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) N/A		<u>-</u>				
(2)						
(3)						
(4)						
Totals from Part I	<b>&gt;</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
Totals, Part II (lines 1-5)	·		<u>.</u>	, , , ,		

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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1. Part II, line 14		•	

Form **990-T** (2018)

22-2937095	Federal Sta	tements	
	Statement 1 - Form 990-T, Par	t I, Line 12 - Other In	come
	Statement 1 - Form 990-T, Par  Description		come Amount
Rentals	_		

## Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

	Description		Amou	<u>nt</u>
Insurance		\$		750
Utilities				750
Total		\$		L,500