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Form **990-T**

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

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning OCT 1, 2018 , and ending SEP 30, 2019

► 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 Only

A ☐ Check box if  
address changed

B Exempt under section  
☒ 501(c)(3) 03

Print  
or

Name of organization ( ☐ Check box if name changed and see instructions.)

LINCOLN COUNTY SENIOR BINGO TRUST

COMMITTEE

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

D Employer identification number  
(Employees' trust, see  
instructions)

36-3543913

E Unrelated business activity code  
(See instructions)

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COMMITTEE**

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**36-3543913**

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**Part III Total Unrelated Business Taxable Income**

|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>33</b> | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)          | <b>33</b> | <b>0.</b> |
| <b>34</b> | Amounts paid for disallowed fringes   | <b>34</b> |           |
| <b>35</b> | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)               | <b>35</b> |           |
| <b>36</b> | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34. | <b>36</b> |           |

|                                    |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|
| (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</b> | Enter here and on page 1, Part II, line 14 |  | <b>0.</b>  |

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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 | 6. Deductions directly connected with income in column 5 |
| (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<br>Enter here and on page 1, Part I, line 8, column (A)         | Add columns 6 and 11<br>Enter here and on page 1, Part I, line 8, column (B) |
| <b>Totals</b>     |   |                                     | 0.   | 0.   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)   | 4. Set-asides (attach schedule)                      | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|--|---|
| (1)                      |                     |  |  |   |
| (2)                      |                     |  |  |   |
| (3)                      |                     |  |  |   |
| (4)                      |                     |  |  |   |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A) | Enter here and on page 1, Part I, line 9, column (B) |   |
| <b>Totals</b>            |                     | 0.   | 0.   |   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1)                                  |   |   |   |   |                                      |   |
| (2)                                  |   |   |   |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |
|                                      |   | Enter here and on page 1, Part I, line 10, col (A)                          | Enter here and on page 1, Part I, line 10, col (B)  | Enter here and on page 1, Part II, line 26                          |                                      |   |
| <b>Totals</b>                        |   | 0.  | 0.  | 0.  |                                      |   |

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))</b> |                             | 0.                          | 0.  |                       |                     | 0.   |

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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 the 5th column | 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                    |                             |                            |   |                       |                    |   |
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| 7                    |                             |                            |   |                       |                    |   |
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| 87                   |                             |                            |   |                       |                    |   |
| 88                   |                             |                            |   |                       |                    |   |
| 89</                 |                             |                            |   |                       |                    |   |

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

LAWFUL PURPOSE EXPENDITURES

422.

LICENSES &amp; FEES

999.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

1,421.

FOOTNOTES

STATEMENT 1

STATEMENT REGARDING LAUREL PURPOSE EXPENDITURES