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Form 990-T

Department of the Treasury  
Internal Revenue ServiceExempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

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 OnlyA  Check box if  
address changedB Exempt under section  
 501(c)(3) *03*Print  
orName 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

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**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	

(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)**

Exempt Controlled Organizations					
1. Name of controlled organization	2 Employer identification number	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)				

## Totals

0.

0.

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

(see instructions)

<b>1 Description of income</b>	<b>2 Amount of income</b>	<b>3. Deductions directly connected (attach schedule)</b>	<b>4. Set-asides (attach schedule)</b>	<b>5. Total deductions and set-asides (col 3 plus col 4)</b>
(1)				
(2)				
(3)				
(4)				

### Totals

2

0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

(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)						
<b>Totals</b>	► Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	0.	0.		Enter here and on page 1, Part II, line 26 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>	<b>0 .</b>	<b>0 .</b>				<b>0 .</b>

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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)
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FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
LAWFUL PURPOSE EXPENDITURES		422.	
LICENSES & FEES		999.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		1,421.	

## FOOTNOTES

**STATEMENT 1**