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Form **990-T**

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

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Go to 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

Department of the Treasury
Internal Revenue Service

A Check box if address changed

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

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

PUTNAM COUNTY COMPREHENSIVE SERVICES INC

35-1299026

B Exempt under section
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

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

E Unrelated business activity codes (See instructions)

630 TENNESSEE STREET

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

722210

GREENCASTLE, IN 46135

Book value of all assets at end of year
10422025.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **RESTAURANT**

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation.

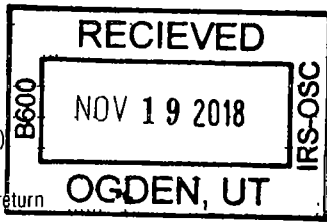
The books are in care of **PERSHING & COMPANY INC** Telephone number **765-653-4120**

SCANNED FEB 12 2019

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Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
a	Gross receipts or sales	368227.		
b	Less returns and allowances	17783.		
	c Balance	1c		
		350444.		
2	Cost of goods sold (Schedule A, line 7)	2	359546.	
3	Gross profit. Subtract line 2 from line 1c	3	-9102.	-9102.
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	-9102.	-9102.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	15199.
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	26845.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	78123.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
		22b	78123.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	92672.
29	Total deductions Add lines 14 through 28	29	212839.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-221941.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-221941.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1000.
34	Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-221941.



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Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation
36 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Tax on Non-Compliant Facility Income See instructions
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)
41b Other credits (see instructions)
41c General business credit. Attach Form 3800
41d Credit for prior year minimum tax (attach Form 8801 or 8827)
41e Total credits. Add lines 41a through 41d
42 Subtract line 41e from line 40
43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
44 Total tax. Add lines 42 and 43
45a Payments: A 2016 overpayment credited to 2017
45b 2017 estimated tax payments
45c Tax deposited with Form 8868
45d Foreign organizations Tax paid or withheld at source (see instructions)
45e Backup withholding (see instructions)
45f Credit for small employer health insurance premiums (Attach Form 8941)
45g Other credits and payments. Form 2439 Other Total
46 Total payments. Add lines 45a through 45g
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed
49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file
53 Enter the amount of tax-exempt interest received or accrued during the tax year

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge
Signature of officer EXECUTIVE DIRECTOR Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
DAVID L. FAUST, CPA 11/13/18 P00054235
Firm's name PERSHING & COMPANY, INC. Firm's EIN 35-1402437
20 CENTRAL SQUARE
Firm's address GREENCASTLE, IN 46135 Phone no (765)653-4120

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

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	155705.	7	Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	359546.
3	Cost of labor	3				Yes	No
4a	Additional section 263A costs (attach schedule)	4a					X
4b	Other costs (attach schedule)	4b	203841.				
5	Total Add lines 1 through 4b	5	359546.				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1 Description of property

(1)			
(2)			
(3)			
(4)			
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
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	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	0.

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 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			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)	
Totals		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
Totals	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)							
Totals (carry to Part II, line (5))	0.	0.					0.

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

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

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)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T OTHER DEDUCTIONS STATEMENT 1

DESCRIPTION	AMOUNT
ADVERTISING	12113.
ACCOUNTING	4598.
CREDIT CARD FEES	8220.
VARIOUS SUPPLIES	22921.
TRASH	1333.
UTILITIES	25955.
UNIFORMS	2844.
COMPUTER FEES	2288.
MISC	1329.
OTHER COSTS BANK CHARGES DUES & FEES	3051.
MILEAGE	42.
INSURANCE	7978.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	92672.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	329404.	0.	329404.	329404.
06/30/15	191483.	0.	191483.	191483.
06/30/16	141702.	0.	141702.	141702.
06/30/17	165869.	0.	165869.	165869.
NOL CARRYOVER AVAILABLE THIS YEAR			828458.	828458.

FORM 990-T COST OF GOODS SOLD - OTHER COSTS STATEMENT 3

DESCRIPTION	AMOUNT
SUPPLIES	18771.
PAYROLL	185070.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	203841.