For © 990-T	₃ 990-T					า	OMB No 1545-0687		
	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning, and ending				_	2018			
Department of the Treasury Internal Revenue Service	▶ 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 to 501(c)(3) Organizations Only		
Check box if address changed	Name of organization (Check how if name changed and see instructions)						loyer identification number ployees' trust, see		
B Exempt under section	Print BESTSELF BEHAVIORAL HEALTH INC.							16-1004090	
X 501(c 6)3)	or Type 255 DELAWARE AVENUE, NO. 300								
408(e)		City or town, state or pro	ovince, country, and ZIP			;			
529(a) Book value of all assets		BUFFALO, N						900	0099
at end of year		F Group exemption num G Check organization tv	pe X 501(c) cor	poratio	n 50	01(c) trust	401(a)	trust	Other trust
H Enter the number of the	organizat						the only (or first) un		 i
trade or business here						_ . If only one,	complete Parts I-V	If more	e than one,
describe the first in the bi	ank spac	ce at the end of the previo	ous sentence, complete P	arts I ar	nd II, complet	e a Schedule	M for each addition	al trad	e or
business, then complete									
I During the tax year, was	•		•	nt-subs	sidiary control	led group?	▶ L	Y	es
If "Yes," enter the name a J The books are in care of						Talanha	one number > 7	16-	842-0440
Part I Unrelated				,	(A) In		(B) Expenses		(C) Net
1a Gross receipts or sale		ic of business in		T	(7.7,	-	(5) 2.250		(0) 1101
b Less returns and allow			c Balance	1c					
2 Cost of goods sold (S		A, line 7)	J	2					
3 Gross profit, Subtract		•		3					
4 a Capital gain net incom				4a					
b Net gain (loss) (Form	4797, Pa	art II, line 17) (attach Fori	n 4797)	4b					
c Capital loss deduction	for trus	ts		4c					
5 Income (loss) from a	artners	hip or an S corporation (a	attach statement)	5					
6 Rent income (Schedu	e C)			6_					
7 Unrelated debt-finance	ed incom	ne (Schedule E)		7_					
8 Interest, annuities, roy	alties, ar	nd rents from a controlled	l organization (Schedule F)	8					
		n 501(c)(7), (9), or (17) (organization (Schedule G						<u> </u>
10 Exploited exempt activ	-	•		10					
11 Advertising income (S		•		11					
12 Other income (See ins		•		12		0.			
13 Total. Combine lines Part II Deductio		յո ոչ ot Taken Elsewhe	FO (Can instructions f		ations on de				
	ontribu	itions, deductions mus	t be directly connecte	d with	the unrelate	ed business	s income)		
		ectors, and trustees (Sch					· · · · · · · · · · · · · · · · · · ·	14	
15 Salaries and wages	50.0, G.	00.000 (00.000	•		57			15	
16 Repairs and mainten	ance		DECE	NE	Unol			16	
17 Bad debts			1 KLO		[9]			17	
18 Interest (attach sche	dule) (se	e instructions)	RECE NOV 2	5 20	[6] 8:			18	
19 Taxes and licenses			NOV 2	•				19	
		instructions for limitation	rules) Company	- 11.1	1:-			20	
21 Depreciation (attach			OGI			21			
	ımed on	Schedule A and elsewhe	re on return			22a		22b	
23 Depletion							-	23	
24 Contributions to defe		npensation plans						24	
25 Employee benefit pro		hadula IV						25	
26 Excess exempt exper 27 Excess readership co	•	· ·						26 27	
27 Excess readership co28 Other deductions (att	•							28	
29 Total deductions (at								29	0.
		come before net operatin	a loss deduction. Subtrac	t line 2	9 from line 13	3		30	0.
		oss arising in tax years be						31	
		come. Subtract line 31 fr		, ,,_,	, 	L .		32	0.
823701 01-09-19 LHA Fo						$\overline{\mathcal{N}}$			Form 990-T (2018
	•			3	0	,)			·
11291111 758929	500	063	2018.05000	BES	STSELF	BEHAV	IORAL HEA	ALTI	H 50063 <u></u> 1

Part I	I Total Unrelated Business Tax	able Income				0.	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33						
34	Amounts paid for disallowed fringes	34	57,206.				
35	Deduction for net operating loss arising in tax yea	35	20,172.				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of						
	lines 33 and 34				36	37,034.	
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)			37	1,000.	
38	Unrelated business taxable income Subtract lin	e 37 from line 36 If line 37 is greater than	line 36,				
	enter the smaller of zero or line 36				38	36,034.	
Part I	/ Tax Computation		<u></u>				
39	Organizations Taxable as Corporations. Multiply			>	39	7,567.	
40	Trusts Taxable at Trust Rates. See instructions for	or tax computation. Income tax on the amo	ount on line 38 from:				
	Tax rate schedule or Schedule D (F	orm 1041)			40		
41	Proxy tax See instructions				41		
42	Alternative minimum tax (trusts only)				42		
	Tax on Noncompliant Facility Income See instru				43		
	Total. Add lines 41, 42, and 43 to line 39 or 40, w	hichever applies			44	7,567.	
Part V							
	Foreign tax credit (corporations attach Form 1118	t, trusts attach Form 1116)	45a		↓		
	Other credits (see instructions)		45b		4		
	General business credit Attach Form 3800		45c		4		
	Credit for prior year minimum tax (attach Form 88	01 or 8827)	45d		 		
	Total credits. Add lines 45a through 45d				45e	7 569	
	Subtract line 45e from line 44]	0000 🗀 015		46	7,567.	
		Form 8611 Form 8697 Form	n 8866 L Other	(attach schedule)	47	7 567	
	Total tax Add lines 46 and 47 (see instructions)				48	7,567.	
	2018 net 965 tax liability paid from Form 965-A or		الحما		49		
	Payments A 2017 overpayment credited to 2018		50a		↓		
	2018 estimated tax payments		50b		-i I		
	Tax deposited with Form 8868		50c		-		
	Foreign organizations: Tax paid or withheld at sou	rce (see instructions)	50d		1		
	Backup withholding (see instructions)	rma (attach Farm 9041)	50e		1		
	Credit for small employer health insurance premiu		50f		1		
g		Form 2439	▶ 50g				
E 4	Total payments. Add lines 50a through 50g	Julei 10ai	509		51		
	Estimated tax penalty (see instructions). Check if I	Form 2220 is attached			52	320.	
	Tax due. If line 51 is less than the total of lines 48		ATEMENT 2		53	7,887.	
	Overpayment If line 51 is larger than the total of	·			54	-, , o o , <u>-</u>	
	Enter the amount of line 54 you want: Credited to		1	funded -	55		
Part V					1 1		
	At any time during the 2018 calendar year, did the					Yes No	
	over a financial account (bank, securities, or other	-		-			
	FinCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts If "Yes," enter the name of	f the foreign country				
	here ►						
57	During the tax year, did the organization receive a	distribution from, or was it the grantor of,	or transferor to, a for	reign trust?			
	If "Yes," see instructions for other forms the organ						
58	Enter the amount of tax-exempt interest received of	or accrued during the tax year 🕨 \$				<u> </u>	
	Under penalties of perjury, I declare that I have examine correct and complete Declaration of preparer (other the	ed this return, including accompanying schedules an taxpayer) is based on all information of which o	and statements, and to to	the best of my kno fae	wledge and belief,	it is true,	
Sign	\sim	0.41-		_	ay the IRS discuss	this return with	
Here	Tou X	PRESI	DENT & CE		e preparer shown b		
	Signature of officer	Date	,	ını	structions)? X	Yes No	
	Print/Type preparer's name	Preparer's signature	Date	Check r	f PTIN		
Paid				self- employed	D0111	0600	
Prepa	er KAREN COSTA		11/11/19	I	P0144		
Use O	11IV i	OMPANY, LLP		Firm's EIN	16-09	29175	
	 	NATIONAL DR		Dhase	16 624	0000	
	Firm's address ► BUFFALO, I	NY 14221-5/94		Phone no. /	16-634-		
823711 01-	09-19				Form	990-T (2018)	

FORM 990-T DESCRI	PTION OF ORGAI BUSIN	NIZATION'S PE ESS ACTIVITY	RIMARY UNRE	LATED	STA	TEMENT	
QUALIFIED TRANSPORTA	TION FRINGE-TO	CJA 2019					
TO FORM 990-T, PAGE 1							
FORM 990-T	INTEREST	STATEMENT					
TAX FROM FORM 990-T, UNDERPAYMENT PENAL LATE PAYMENT INTER LATE PAYMENT PENAL TOTAL AMOUNT DUE	TY EST					7,567 320 198 227 8,312	
FORM 990-T LATE PAYMENT INTEREST					STATEMENT 3		
DESCRIPTION	DATE A	AMOUNT 1	BALANCE	RATE	DAYS	INTEREST	
TAX DUE INTEREST RATE CHANGE DATE FILED	05/15/19 06/30/19 11/11/19	7,567.	7,567. 7,624. 7,765.			57 141	
TOTAL LATE PAYMENT IN	TEREST					198	
FORM 990-T	LATE I	PAYMENT PENA	LTY		STA	rement	
DESCRIPTION	DATE	AMOUNT	BALANCE	MO	NTHS	PENALTY	
TAX DUE DATE FILED	05/15/19 11/11/19	7,567	. 7,5 7,5		6	227	
TOTAL LATE PAYMENT PE	NALTY				-	227	

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	963.	963.	0.	0.
12/31/13	12.	12.	0.	0.
12/31/15	4,929.	0.	4,929.	4,929. 7,314.
12/31/16 12/31/17	7,314. 7,929.	0. 0.	7,314. 7,929.	7,314.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	20,172.	20,172.