•	Form '	990-T	E	Exempt Orga					ax Retu	ırn	ОМВ	3 No 1545-0047
	-	٨		•	nd proxy tax und	ier se		1	01/2			010
		45	For cal	llendar year 2019 or other tax ye					/,		4	2019
		tment of the Treasury at 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 501(c)(3	Public Inspection for Organizations Only
	Α	Check box if		Name of organization (Check box if name changed and see instructions)						D Employer identification number (Employees' trust, see		
		address changed				3 T MT				inst	ructions)	100,4090
		kempt under section	Print or	BESTSELF BE					<u>.</u>	F Unr	elated bus	siness activity code
	X] 501(c()) (3)) or Number, street, and room or suite no. If a P O box, see instructions 220(e) Type 255 DELAWARE AVENUE, NO. 300						(See	(See instructions)		
	 	408(e)220(e) 408A530(a)										
		529(a)		City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14202					9		900099	
C Book value of all assets at end of year F Group exemption number (See instructions)												
			0.	G Check organization typ						1(a) trust		Other trust
			_	ition's unrelated trades or t	· —	1			he only (or firs	•		
•				EE STATEMENT					complete Parts			ne,
				ace at the end of the previo	us sentence, complete P	arts I and	d II, complete a Sc	hedule (M for each add	itional trad	e or	
		siness, then complete t		ooration a subsidiary in an	affiliated group or a pare	nt-cubcu	diani controlled ar	01102			/es [X No
/ /				tifying number of the parer		111-20031	ulary controlled gr	oup.	•	ا لــا '	υ 3 <u>Γ</u>	<u></u>] 140
				JOSEPH C. DI			· · · · · · · · · · · · · · · · · · ·	Telepho	ne number 🕨	716-	-842	-0440
•	Pai			de or Business Inc			(A) Income		(B) Expe			(C) Net
	1 a	Gross receipts or sale	s		,							
	b	Less returns and allov	vances		c Balance	1c					<u> </u>	
	2	Cost of goods sold (S				2						
	3	Gross profit. Subtract	line 2 fr	rom line 1c	3			•				
	4 a	Capital gain net income (attach Schedule D)								_/	+-	
		Net gain (loss) (Form	n 4797)	4b					┼			
2	J	Capital loss deduction	F			4c			/_		+-	
ž	•			ship or an S corporation (a	6			/		+-		
. 4	4	Rent income (Schedul						\nearrow			+-	
6	•	 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule E) 							<u></u>		+-	
g	`		on 501(c)(7), (9), or (17) o							†		
证	•	Exploited exempt activ			. g (,	10			-			
Q		Advertising income (S				1.1	·					
뾧	12	Other income (See ins	truction	is, attach schedule)		12					↓	
Z		Total. Combine lines	3 throug	gh 12		13		0.			<u></u>	
SCANN	Par	rt II Deduction	ns No	t Taken Elsewher	e (See instructions for	or limita	tions on deducti	ons)				
Ś				e directly connected wi		ness inc	ome)			1	$\overline{}$	
	14		cers, dır	rectors, and trustees (Sche	edule K					14	┼	
	15	Salaries and wages	2000	/						15	+	
	16 17	Repairs and maintena Bad debts	ance				17	 				
	18	Interest (attach sched	fule) (se	e instructions)	75	OE.	IVED .			18	1	
	19	Taxes and licenses	2010) (00	50 11154 4040315)	<u> </u> = 5		7 2021 以 经 经			19	T	
	20	Depreciation (attach l	Form 45	562)	18 DE	U1	2021					
	21			Schedule A and elsewhere	a on return		<u> </u>			21b	<u>l </u>	
	22	Depletion			Į OG	DEL	٧, UT 📆			22		
	23	Contributions to defe	rred con	mpensation plans						23_		
	24	Employee benefit pro	-							24	—	
	25	Excess exempt expen								25	+	
	26	Excess readership co								26	+	
	27	Other deductions (att								27	+	0.
	28	Total deductions. Ad			lace doduction. Cubt-se	t line 20	from line 12			28	+	
	29 30	/		ncome before net operating oss arising in tax years beg						_29	+	
	"/	(see instructions)	namy II	ood anding in tax years beg	girining on or alter ballud	٠, ٢, ٢.				30	1	0.
	31	•	ıxable ın	ncome Subtract line 30 fro	m line 29					31		0.
	923701	-		work Reduction Act Notice		د			700		Forn	n 990-T (2019)

Form 99Ò	-Т (2 0 °1					**_1	***4090	Page 2
Part	JH	Total Unrelated Business Taxa	ble Income					
32	Total	of unrelated business taxable income computed	d from all unrelated trades or businesses (see instructions)		32		0.
33	Araou	nts paid for disallowed fringes	W W 1 A	1		33		
34	Charit	able contributions (see instructions for limitation	on rules) V	J		34		0.
35	Total u	unrelated business taxable income before pre-20	018 NOLs and specific deduction Subtrac	t line 34 from the sum o	of lines 32 and 33	35		
36	Deduc	tion for net operating loss arising in tax years t	beginning before January 1, 2018 (see inst	tructions)		36		
		of unrelated business taxable income before spe			a./	37		
		ic deduction (Generally \$1,000, but see line 38			X	₂ 38	1,0	00.
		ated business taxable income. Subtract line 3		ne 37.	G.			
		the smaller of zero or line 37		,		39		0.
Part		Tax Computation	-	<u>.,</u>				
_		izations Taxable as Corporations. Multiply lin	ne 39 by 21% (0.21)		•	40		0.
		Taxable at Trust Rates See instructions for t		nt on line 39 from:	•			
7.	_	Tax rate schedule or Schedule D (Form	·		•	41		
42		tax. See instructions	11 1041)			42		
	-	ative minimum tax (trusts only)				43		
		n Noncompliant Facility Income. See instruction	one			44		
1 1 1		•				45		0.
\ \\ \\ Part∌		Add lines 42, 43, and 44 to line 40 or 41, which Tax and Payments	печег аррпез			1 40 1		
			usts attach Form 1116)	460		T		
	•	n tax credit (corporations attach Form 1118; tru	usis attacti Fortii 1116)	46a		1		
		credits (see instructions)		46b		1 1		
-		al business credit. Attach Form 3800	0007)	46c		1 1		
		for prior year minimum tax (attach Form 8801	or 8827)	46d				
		credits Add lines 46a through 46d				46e		
		ict line 46e from line 45				47		0.
			Form 8611 Form 8697 Form	n 8866 🔃 Other	(attach schedule)	48		
		ax. Add lines 47 and 48 (see instructions)				49		0.
50	2019 r	iet 965 tax liability paid from Form 965-A or Fo	orm 965-B, Part II, column (k), line 3	1 1		50		0.
51 a	Payme	ents: A 2018 overpayment credited to 2019	. 1	51a				
b	2019 e	estimated tax payments	(OX) 5.16	7,600.			
C	Tax de	posited with Form 8868	•	51c				
d l	Foreigi	n organizations Tax paid or withheld at source	(see instructions)	51d				
e l	Backuj	o withholding (see instructions)		51e				
f	Credit	for small employer health insurance premiums	(attach Form 8941)	51f]		
g ⁴	Other (credits, adjustments, and payments: 🔲 Fo	orm 2439					
[form 4136 0	ther Total	▶ 51g				
52		payments Add lines 51a through 51g				52	7,6	00.
53	Estima	ited tax penalty (see instructions). Check if Forr	m 2220 is attached 🕨 🔲			53		
54	Tax du	e If line 52 is less than the total of lines 49, 50	0, and 53, enter amount owed		•	54		
55	Overpa	ayment. If line 52 is larger than the total of line	es 49, 50, and 53, enter amount overpaid		(⋑	55	7,6	00.
	•	he amount of line 55 you want. Credited to 202		Re	efunded 🕨	56	7,6	00.
Part		Statements Regarding Certain		tion (see instru	ictions)			
57		time during the 2019 calendar year, did the org					Yes	No
	-	financial account (bank, securities, or other) in						
		Form 114, Report of Foreign Bank and Financi	• • •					
	here	>		- · · · · · · · · · · · · · · · · · · ·			-	X
		the tax year, did the organization receive a dist	tribution from or was it the grantor of or	transferor to a fore	ian triist?			X
		see instructions for other forms the organization."		transition to, a forc	igii ii ust			 -
	-	he amount of tax-exempt interest received or a						
	Tu	Index penalties of periury. I declare that I have examined	this return, including accompanying schedules and	d statements, and to the	e best of my knowled	lge and belief	, it is true,	
Sign	٥	orrect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which prej	parer has any knowledg	е	<u> </u>		
Here		English CDXhi	IN 24 201 A CEO			•	cuss this return v	vith
		Signature of officer	Date Title			e preparer sho structions)?	wn below (see	¬ No I
		\ 	To the state of th	[D-1-			V 162	140
		Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN		
Paid		TARRA GO CETA	KAREN GOGEN		self- employed	D01	440677	
Prepa	arer			08/04/21	I		448677	
Use (MPANY, LLP		Firm's EIN	- X X _	***917	<u> </u>
	-		ATIONAL DR					
		Firm's address ► BUFFALO, N	Y 14221-5794		Phone no. 7	<u> τρ−63</u>	4-8800	
						_	uan T	(00+0)

Schedule A - Cost of Good	s Sold. Enter	r method of inve	entory v	aluation N/	A				
1 Inventory at beginning of year 1				6 Inventory at end of year 6					
2 Purchases	2			7 Cost of goods sold Subtract line 6					
3 Cost of labor	3			from line 5. Enter her	e and in	Part I,			
4 a Additional section 263A costs				line 2	7				
(attach schedule)	4a		8	Do the rules of section		Yes	No		
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total Add lines 1 through 4b	5			the organization?					<u></u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Per	sonal Property	Lease	d With Real Prop	erty)		
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued	•						
' rent for personal property is more than ' of rent for pe				onal property (if the percent property exceeds 50% or if ed on profit or income)	tage	3(a) Deductions directly columns 2(a) a	connec nd 2(b) (a	ted with the income in	1
(1)	•								
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instru	ctions)					
			1 2	. Gross income from		Deductions directly con to debt-finance			
1 Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)									
(2)				•					
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	((8 Allocable deducti column 6 x total of co 3(a) and 3(b))	
(1)				%	<u> </u>		1	-	
(2)				%					
(3)				%	1				
(4)				%					
		-	•			nter here and on page 1, Part I, line 7, column (A)		nter here and on page Part I, line 7, column (
Totals				•		0	.		0.
Total dividends-received deductions in	icluded in column	า 8		•					0.

Form 990-T (2019)

		Exemp	ot Controlled Org	anizations					
Name of controlled organiza	ıder				s made 1	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
1)									
2)									
(3)									
(4)									
onexempt Controlled Organ	nizations		<u> </u>						
7 Taxable Income	8 Net unrelated inc		tal of specified payme made	nts 10.	Part of column n the controlling gross in		11 Dec with	ductions directly connecte income in column 10	
(1)	<u> </u>								
(2)			-						
(3)									
(4)									
				E	Add columns inter here and on line 8, colu	page 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
otals				•		0.		0	
Schedule G - Investme (see inst	ent Income of a tructions)	Section 501(c)	(7), (9), or (1	7) Organ	ization	,			
1. Des	cription of income	-	2. Amount of in	come c	3. Deductions directly connecte (attach schedule		-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
1)									
2)	-	_				-			
(3)									
(4)									
			Enter here and on Part I, line 9, colui					Enter here and on page Part I, line 9, column (8)	
otals		<u> </u>	<u> </u>	0.				0	
Schedule I - Exploited (see instri	•	y Income, Othe	er Than Adve	rtising l	ncome				
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 from unrelated tr business (colu- minus column 3 gain, compute co through 7	ade or finn 2 fi	Gross income from activity that is not unrelated ousiness income	attribut		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
exploited activity	unrelated business income from	directly connected with production of unrelated	from unrelated tr business (columnis minus columnis gain, compute c	ade or finn 2 fi	from activity that is not unrelated	attribut	able to	expenses (column 6 minus column 5, but not more than	
exploited activity	unrelated business income from	directly connected with production of unrelated	from unrelated tr business (columnis minus columnis gain, compute c	ade or finn 2 fi	from activity that is not unrelated	attribut	able to	expenses (column 6 minus column 5, but not more than	
exploited activity (1)	unrelated business income from	directly connected with production of unrelated	from unrelated tr business (columnis minus columnis gain, compute c	ade or finn 2 fi	from activity that is not unrelated	attribut	able to	expenses (column 6 minus column 5, but not more than	
	unrelated business income from	directly connected with production of unrelated	from unrelated tr business (columnis minus columnis gain, compute c	ade or finn 2 fi	from activity that is not unrelated	attribut	able to	expenses (column 6 minus column 5, but not more than	
exploited activity (1) (2) (3) (4)	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A)	directly connected with production of unrelated business income Enter here and on page 1, Part I, line 10, col (8)	from unrelated tr business (colum minus column 3 gain, compute o through 7	ade or finn 2 fi	from activity that is not unrelated	attribut	able to	expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25	
exploited activity (1) (2) (3) (4)	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	from unrelated tr business (colum minus column 3 gain, compute o through 7	ade or finn 2 fi	from activity that is not unrelated	attribut	able to	expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1,	
exploited activity 1) 2) 3) 4) otals bichedule J - Advertisi	unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (8)	from unrelated tr business (columinus column) gain, compute of through 7	ade or to the control of the control	from activity that is not unrelated	attribut	able to	expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25	
exploited activity 1) 2) 3) 4) otals Schedule J - Advertisi	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B) e instructions) orted on a Col	from unrelated tr business (columinus column's gain, compute of through 7	asis	from activity that is not unrelated	attribut	ership	expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25	
exploited activity 1) 2) 3) 4) otals ochedule J - Advertisi Part I Income From 1 Name of periodical	Enter here and on page 1, Part I, line 10, col (A) ng Income (see Periodicals Rej	Enter here and on page 1, Part I, line 10, col (8) orredd on a Col 3 Direct	from unrelated tr business (columinus column's gain, compute of through 7	asis	from activity that is not unrelated pusiness income	attribut colu	ership	expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7 Excess readership costs (column 6 minus column 5, but not more	
exploited activity 1) 2) 3) 4) otals Schedule J - Advertisi Part I Income From 1 Name of periodical	Enter here and on page 1, Part I, line 10, col (A) ng Income (see Periodicals Rej	Enter here and on page 1, Part I, line 10, col (8) orredd on a Col 3 Direct	from unrelated tr business (columinus column's gain, compute of through 7	asis	from activity that is not unrelated pusiness income	attribut colu	ership	expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7 Excess readership costs (column 6 minus column 5, but not more	
exploited activity 1) 2) 3) 4) Stals Schedule J - Advertisi Part I Income From 1 Name of periodical 1) 2)	Enter here and on page 1, Part I, line 10, col (A) ng Income (see Periodicals Rej	Enter here and on page 1, Part I, line 10, col (8) orredd on a Col 3 Direct	from unrelated tr business (columinus column's gain, compute of through 7	asis	from activity that is not unrelated pusiness income	attribut colu	ership	expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7 Excess readership costs (column 6 minus column 5, but not more	
exploited activity 1) 2) 3) 4) otals ochedule J - Advertisi Part I Income From 1 Name of periodical	Enter here and on page 1, Part I, line 10, col (A) ng Income (see Periodicals Rej	Enter here and on page 1, Part I, line 10, col (8) orredd on a Col 3 Direct	from unrelated tr business (columinus column's gain, compute of through 7	asis	from activity that is not unrelated pusiness income	attribut colu	ership	expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7 Excess readership costs (column 6 minus column 5, but not more	

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)

<u> </u>							
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)						, and the second	
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		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 26
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 (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

QUALIFIED TRANSPORTATION FRINGE-TCJA 2019

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

THE TAXPAYER MADE AN ESTIMATED TAX PAYMENT FOR THE YEAR ENDED DECEMBER 31, 2019 IN THE AMOUNT OF \$7,600 BASED ON ITS PRIOR YEAR TAX FOR THE SECTION 512(A)(7)-PARKING TAX. THE SECTION 512(A)(7) PARKING TAX WAS RETROACTIVELY REPEALED IN 2018. THE TAXPAYER DOES NOT HAVE ANY OTHER UNRELATED BUSINESS INCOME OR TAX DUE. THE TAXPAYER IS FILING FORM 990-T FOR 2019 ONLY TO REQUEST A REFUND OF THE ESTIMATED TAX PAID IN THE AMOUNT OF \$7,600. ATTACHED IS A COPY OF THE BANK STATEMENT SHOWING THE DIRECT WITHDRAWAL OF THE \$7,600 MADE ON 12/12/2019.