· For		E	Exempt Org	janization Bus				x Returi	n	OMB No 1545-068	
	v '	For ca	For calendar year 2018 or other tax year beginning, and ending							2018	į.
	artment of the Treasury nal Revenue Service	<b></b>	•	ww.irs gov/Form990T for interest on this form as it ma						Open to Public Inspect 501(c)(3) Organizations	
<b>A</b> [	X Check box if address changed		Name of organization	( Check box if name	changed	and see instruction	ns)		(Empl	oyer identification numl oyees' trust, see ctions )	)er
B 8	xempt under section	Print	THE BASIL	ICA LANDMARK						1-1754864	
X	3501(c)(3)	or Type		oom or suite no. If a P.O. bo	ox, see ir	structions.				ated business activity on structions )	:ode
	408(e)220(e)	lype		17TH STREET					4		
<u> </u>	408A		City or town, state or MINNEAPOL	province, country, and ZIP of S. MN 55403		n postal code	_		541	800	
C B	ook value of all assets end of year			umber (See instructions.)							
	<u>8,803,2</u>			type ► X 501(c) co					) trust	Other tri	<u>ıst</u>
	nter the number of the	-	•		_2			only (or first) u			
	ade or business here						•	nplete Parts I-V.			
				evious sentence, complete P	'arts I an	d II, complete a Sc	nedule M	for each additio	nai trade	or	
	usiness, then complete			an affiliated group or a pare	ant oubo	idiani controlled as	01103		Ye	s X No	
	uring the tax year, was "Yes," enter the name a				:111-5005	idialy controlled gr	oup		16	S LALINU	
	he books are in care of					Т		number > 6	512-	317-3422	
			de or Business			(A) Income	J. G.	(B) Expense		(C) Net	
1 a	Gross receipts or sale					<u> </u>					
	Less returns and allow		<u> </u>	c Balance	1c						
2	Cost of goods sold (S		A, line 7)		2						!
3	Gross profit. Subtract			•	3						
4 a	Capital gain net incon	ne (attac	h Schedule D)		4a						
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach F	orm 4797)	4b						
C	Capital loss deduction	n for trus	sts		4c		_				
5	• •		ship or an S corporatio	n (attach statement)	5					-	
6	Rent income (Schedu				6						
7	Unrelated debt-financ		,		7						
8				elled organization (Schedule F)							
40			, , , , , , ,	7) organization (Schedule G	10						—
10 11	Exploited exempt action  Advertising income (S	•	` '		11	9,1	75	2 (	07.	7,16	<del>.</del> 8.
12	Other income (See in		•		12		, , ,	<u> </u>	, , , ,	,, 1	<u>,                                    </u>
13					13	9,1	75.	2.0	07.	7,16	8.
				here (See instructions f							
	(Except for	contribi	utions, deductions n	nust be directly connecte	ed with	the unrelated bus	siness in	come )			
14	Compensation of off	ficers, di	rectors, and trustees (	Schedule K)					14		
15	Salaries and wages								15		
16	Repairs and mainten	nance		D	ECIE	VED			16		
17	Bad debts					VED			17		
18	Interest (attach sche	dule) (s	ee instructions)	8	T A C				18		
19	Taxes and licenses				1 2 5	2019			19	<u> </u>	
20			e instructions for limita	· •		2019 SSO SY 71	i		20		
21	Depreciation (attach		ססב) n Schedule A and elsev	uboro on ratural OC	<b>3DE</b>	N, UT 21		<del>.</del>	22b		
22	Depletion	anneu oi	i Schedule A alid elsev	viiere oii returii	7,777	1228	1	_	23		
24	Contributions to defi	erred co	mnensation nlans						24		
25	Employee benefit pro		pooation piuno						25		
26	Excess exempt expe		chedule I)						26		
27	Excess readership co								27		
28	Other deductions (at					SEE ST	<b>TATEM</b>	IENT 1	28		55.
29	Total deductions. A								29		<u>55.</u>
30	Unrelated business t	taxable ıı	ncome before net oper	ating loss deduction. Subtra	ct line 2	9 from line 13			30	6,81	<u>.3.</u>
O 31				s beginning on or after Janu	ary 1, 20	118 (see instruction	ıs)		31		
32			ncome. Subtract line 3						32	6,81	
8237	01 01-09-19 LHA F	or Paper	work Reduction Act N	otice, see instructions						Form <b>990-T</b> (	2018)

FBSM-JU1

Form 990-	(2018) THE BASILICA LANDMARK		41-17	54864	Page Z
Part I	II Total Unrelated Business Taxable Income				
33 `	Total of unrelated business taxable income computed from all unrelated trades or businesses (so	ee instruc	tions)	33	55,188.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	uctions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				
	lines 33 and 34			36	55,188.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line	36.			
00	enter the smaller of zero or line 36	00,		38	54,188.
Part I					
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)			> 39	11,379.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	•	03	
40	Tax rate schedule or Schedule D (Form 1041)	OH IIIIe St	) ((O)))	40	
44	,			<del>40</del>	
41	Proxy tax See instructions  Alternative management by (fruits only)		•	42	•
42	Alternative minimum tax (trusts only)			43	
43	Tax on Noncompliant Facility Income See instructions  Tatal Add loss 41, 43, and 43 to los 30 or 40, whishever applies				11,379.
Dort V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  / Tax and Payments			44	11,3/9.
Part \		1450		$\neg$	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		$\dashv$	
	Other credits (see instructions)	45b		$\dashv$	
C	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	_	<u> </u>	Ξ -
	Total credits Add lines 45a through 45d			45e	11 270
46	Subtract line 45e from line 44	۰. ۲	0.1	46	11,379.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 88	66	Other (attach schedule		11 270
48	Total tax Add lines 46 and 47 (see instructions)			48	11,379.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1	2 016	. 49	0.
	Payments A 2017 overpayment credited to 2018	50a	3,816	<u>'-</u>	
	2018 estimated tax payments	50b	44 000	_	
	Tax deposited with Form 8868	50c	11,000	<u>'-</u>	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		<b>⊣</b> ∣	
	Backup withholding (see instructions)	50e		_	
	Credit for small employer health insurance premiums (attach Form 8941)	50f		4	
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136	50g	*	_	
51	Total payments. Add lines 50a through 50g			51	<u>14,816.</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	▶ 53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		, ▶	► 54	<u>3,437.</u>
55		<u>437.</u>		55	<u> </u>
Part \	I Statements Regarding Certain Activities and Other Information	on (see	instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature $\frac{1}{2}$	or other	authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may hav	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign o	ountry		.
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor	to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				'
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	statements	, and to the best of my k	nowledge and	belief, it is true,
Sign	correct, and complete declaration of preparet (other than taxpayer) is based on an information of which prepare	ici ilas aliy	Kilowieuge	May the IRS	liscuss this return with
Here	DB/19 ▶ PRESIDE	ENT		-	hown below (see
	Signature of officer Date Title			instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check	if PTIN	
Paid			self- employe	bs	
Prepa	GEORGIA AKINS	السل و	٦	l l	0950359
-	COMPANY COMPANY		Firm's EIN 1		-3220328
Use C	600 INWOOD AVENUE NORTH, SUITE	160			
	Firm's address ► OAKDALE, MN 55128			651-6	36-3806
823711 01		-			Form <b>990-T</b> (2018)

Schedule A - Cost of Good	Is Sold. Enter me	ethod of inver	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold Su	ubtract l	ine 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?	-			
Schedule C - Rent Income (see instructions)	(From Real Pi	operty and	d Personal Property	Leas	ed With Real Pro	perty)	
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent received of	r accrued			3(a) Deductions directly	connected with	the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) ar	nd 2(b) (attach so	hedule)
(1)							
(2)							
(3)							
(4)							
Total	0 • To	tal		0.	<u> </u>		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>&gt;</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 8, column (8)	<b>&gt;</b>	0.
Schedule E - Unrelated Del	bt-Financed Ir	ncome (see	instructions)	,			
			2 Gross income from		<ol><li>Deductions directly con to debt-finance</li></ol>		llocable
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Ott	ner deductions ch schedule)
(1)							
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloc debt-finance (attach sci	able to d property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)	(column 6	cable deductions 3 x total of columns (a) and 3(b))
(1)			%				
(2)			%				
(3)		<u>.</u>	%				
(4)	<u> </u>		%				
				l .	nter here and on page 1, Part I, line 7, column (A)		e and on page 1, le 7, column (B)
Totals			▶.		0	•	0.
Total dividends-received deductions in	ncluded in column 8						0.
						F	orm <b>990-T</b> (2018)

Schedule J - Advertising Income (see instructions)

## Part I Income From Periodicals Reported on a Consolidated Basis

	advertising costs	col 3) If a gain, compute cols 5 through 7	income	costs	costs (column 6 minus column 5, but not more than column 4)
0.	0.				0.
	ncome 0 .		cois 5 through 7	cols 5 through /	cols 5 through /

Form **990-T** (2018)

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) BASILICA							
(2) MAGAZINE		9,175.	2,007.	7,168.			
(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 27
Totals, Part II (lines 1-5)	<b>•</b>	9,175.	2,007.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
PROFESSIONAL FEES		355.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	355.

## SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

For calendar year 2018 or other tax year beginning

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No 1545-0687

ENTITY

	Department of the Treasury Internal Revenue Service (99)  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							Open to Public Inspection for 501(c)(3) Organizations Only		
Name	e of the organization	THE BASILICA LANDMARK		·		Employer id	entificati			
	Inrelated business	activity code (see instructions)   53139	0							
	Describe the unrelat	ed trade or business   INVESTMEN	T P	ARTNERSE	IIPS			<u>,</u>		
Pa	rt I Unrelated	Trade or Business Income		(A) Incon	ne	(B) Expens	es	(C) Net		
	Gross receipts or						_		[	
b	Less returns and allo		1c						!	
2		d (Schedule A, line 7)	2						—'	
3	•	ract line 2 from line 1c	3				<del>.</del>		—	
4 a	, -	come (attach Schedule D)	4a						—	
b	Net gain (loss) (For	rm 4797, Part II, line 17) (attach Form 4797)	4b						—	
С	Capital loss deduc	ction for trusts	4c						<u>.                                    </u>	
5		a partnership or an S corporation (attach						40 50	_	
	statement) STA	TEMENT 2	5	48,	730.			48,730	<u>J .</u>	
6	Rent income (Sche	edule C)	6							
7	Unrelated debt-fina	anced income (Schedule E)	7							
8	Interest, annuities,	, royalties, and rents from a controlled .	i l							
	organization (Sche	edule F)	8	·						
9	Investment income	e of a section 501(c)(7), (9), or (17)	<b>i</b>							
	organization (Sche	edule G)	9							
10	Exploited exempt	activity income (Schedule I)	10							
11	Advertising income	e (Schedule J)	11							
12	Other income (See	e instructions, attach schedule)	12							
13	Total. Combine lin	es 3 through 12	13	48,	730.			48,730	<u>O.</u>	
	deductions	as Not Taken Elsewhere (See instruct is must be directly connected with the	unrel	ated busine	ss incom	ne.)	14	·	_	
14	Salaries and wage	officers, directors, and trustees (Schedule K)					15		—	
15 16	Repairs and maint						16		—	
16 17	Bad debts	enance					17		—	
17		hedule) (see instructions)					18		—	
18 19	Taxes and licenses	• • • • • • • • • • • • • • • • • • • •					19			
		s utions (See instructions for limitation rules)					20		—	
20 21	Depreciation (attac	•		) 2	. )		20		—	
22	•	claimed on Schedule A and elsewhere on return	,	22			22b			
23	Depletion	cialined on ochedule A and eisewhere on retuin		[22	.a		23			
23 24	•	eferred compensation plans					24		—	
	Employee benefit	, ,					25		—	
25 26		penses (Schedule I)					26		—	
	·	costs (Schedule J)					27			
27 28	Other deductions	,		SEE	STATE	MENT 3	28	35!	5 -	
		Add lines 14 through 28		011	DIIII	1121(1 5	29	35!		
29		s taxable income before net operating loss dedu	iction '	Subtract line 20	from line	13	30	48,37		
30		operating loss arising in tax years beginning on o					30_	20,57.	<u>- •</u>	
31		operating loss ansing in tax years beginning on t	טי מונפו	Garidary 1, 201	U 1300		31		ì	
20	Instructions)	s taxable income Subtract line 31 from line 30					32	48,37	5 -	
32 LHA		leduction Act Notice, see instructions.						le M (Form 990-T) 20		
L⊓A	For Faperwork H	reduction Act Notice, see matructions.				•	Joneda	.5 ivi (i 5/111 550-1) 20	ں، ر	

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
YUKON CAPITAL PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOSS) FOUNDERS PROPERTIES INCOME FUND III, LP - ORDINARY	1,462.
BUSINESS INCOME (LOSS)	47,268.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	48,730.
FORM 990-T (M) OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
PROFESSIONAL FEES	355.
TOTAL TO SCHEDULE M, PART II, LINE 28	355.