Form 99	D-T	Ε	xempt Or	ganization (and proxy ta				me T	293932 ax Return) L	02541 OMB No 1545-0687			
•			•		106	2040								
		For cal		tax year beginning JU						<u>.9</u>	ZU I 8			
Department of Internal Reven		>		www.irs.gov/Form9 umbers on this form						-	Open to Public Inspection for 501(c)(3) Organizations Only			
	eck box if dress changed		Name of organization	on (Check box	ıf name c	hanged	and see instru	ctions.)		(Empl	oyer identification number oyees' trust, see ctions)			
R Exempt	unger section	Print	THE DULUT	TH CLINIC,	LTD					4	1-0883623			
X 501(or		froom or suite no. If			astructions			E Unrelated business activity code				
408(Туре	400 E 3RI			,				(See II	nstructions)			
408A	530(a)			or province, country,	and ZIP or	r foreig	n postal code			621	500			
C Book value	of all assets		F Group exemption	number (See instruc	tions.)	>								
37	0,478,39	9.	G Check organization	on type X 5	01(c) corp	oration	າ 501	(c) trust	401(a) trust	Other trust			
n Enter the	number of the org	yanızaı	tion's unrelated trade	es or businesses.	<u> </u>	4		Describe	the only (or first) ui	nrelated				
			FERENCE LA						complete Parts I-V.					
describe t	the first in the blar	nk spa	ce at the end of the p	previous sentence, co	mplete Pa	rts I an	d II, complete a	Schedule	: M for each additior	nal trade	or			
	then complete Pa													
l During th	e tax year, was th	ie corp	oration a subsidiary	ın an affiliated group	or a paren	it-subs				X Ye	s No			
				parent corporation.	<u> </u>	<u> </u>	20	036		110	706 0264			
			KEVIN BORE le or Business				(A) Inco		one number > 2	1				
Part I						Γ	(A) Inco	me	(B) Expense	s	(C) Net			
	receipts or sales		$\frac{1,336,96}{657,79}$			۱.,	679	169.			'			
	eturns and allowa			2. c Balance		10	013,	103.						
	of goods sold (Sch profit, Subtract III					3	679	169.			679,169.			
	l gain net income					4a	9,5,	<u> </u>			075,105.			
•	•	•	•	n Form 4797)		4b								
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts 4b 4c													
				ion (attach statement)	5								
CO	ncome (Schedule			(2	,	6								
Received in linear	ated debt-financed		ne (Schedule E)			7								
8 Interes				olled organization (S	chedule F)	8								
9 Invest	ment income of a	sectio	n 501(c)(7), (9), or	(17) organization (Sch	hedule G)	9								
10 Exploi	ted exempt activit	ty incoi	me (Schedule I)			10								
➤ 11 Adver	tising income (Scl	hedule	J)			11								
5 12 Other	income (See instr	ruction	s; attach schedule)			12								
13 Total	. Combine lines 3	through	gh 12			13	679,		l		679,169.			
Part II	Deduction	s No	t Taken Elsev	vhere (See instru	ictions fo	r limita	ations on dedi	uctions.)						
2				must be directly co	Jillected	With	The uniferated	business	income.)	T T				
		ers, dır	rectors, and trustees	(Schedule K)						14	70 146			
○ 15 Salar ○ 16 Repa	ies and wages			RECE	IVED	١	7			15 16	70,146. 26.			
	iirs and maintenar debts	nce		KEUE	IVED	, 	.]			17	7,485.			
•	นะบเร est (attach schedเ	ula\ (ca	ae inetriictione)	اع المد	n 2020	Š				18	7,403.			
O 19 Taxe	s and licenses	uic) (sc	e mstructions;	9 MAY 1	3 2020	RS-OS	i †			19	12,014.			
20 Char		ns (See	instructions for lim	1 1		<u> </u>				20				
Depr	eciation (attach Fo			OGDE	N. U	Γ	1 1	21	5,276.		· .			
(Schedule A and els					22a		22b	5,276.			
23 Depl	•						_			23				
O24 Cont	ributions to deferr	red cor	npensation plans							24	3,346.			
ග _{25 Empl}	loyee benefit prog									25	15,257.			
	ss exempt expens	ses (Sc	hedule I)							26				
	ss readership cos	its (Sch	redule J)							27				
28 Othe	r deductions (atta	ich sch	edule)				SEE	STAT	EMENT 1	28	283,646.			
29 Tota	Ideductions Add	d lines	14 through 28						166	29	397,196.			
				erating loss deduction						30	281,973.			
				ars beginning on or at	fter Januai	ry 1, 20	118 (see instruc	tions)	31	31	201 252			
			ncome. Subtract line						7	<u> </u>	281,973.			
823701 01-09	19 LHA For	Paper	work Reduction Act	Notice, see instruction	ons			\sim	1	-	Form 990-T (2018)			

THE DULUTH CLINIC, LTD.

Part I	II T	Total Unrelated Business Taxable Income					
33	Total	I of unrelated business taxable income computed from all unrelated trades or businesses (see instructio	ns)	33	30	0,0	12.
34	Amou	ounts paid for disallowed fringes		34			
35	Deduc	uction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	30	0.0	12.
36		I of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of					
•		s 33 and 34		36			
37		cific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38			1.0	00.
38		elated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	20				
30		r the smaller of zero or line 36		38			0.
Part I		Tax Computation		7			
		anizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39			0.
39	-		•	35			
40		its Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 for	UIII.				
4.4		Tax rate schedule or Schedule D (Form 1041)		40	 		
41	-	ty tax See instructions		41			
42		rnative minimum tax (trusts only)		42			
43		on Noncompliant Facility Income. See instructions		43			
44		I. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44			0.
Part \		Tax and Payments		 -			
45 a	-	ign tax credit (corporations attach Form 1118; trusts attach Form 1116)		-			
b		er credits (see instructions)		-			
C		eral business credit. Attach Form 3800		-			
d	Credit	dit for prior year minimum tax (attach Form 8801 or 8827)		ا ، ⊢			
е		I credits. Add lines 45a through 45d		45e			
46	Subtra	tract line 45e from line 44		46			0.
47	Other	er taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 0	ther (attach schedule)	47			
48	Total	I tax. Add lines 46 and 47 (see instructions)		48			0.
49	2018	8 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.
50 a	Paym	ments: A 2017 overpayment credited to 2018		-			
b	2018	8 estimated tax payments deposited with Form 8868	12,100				
C	Tax d		18,822	<u>.</u>]			
d	Foreig	ign organizations: Tax paid or withheld at source (see instructions)		_			
е	Backu	(up withholding (see instructions)	11,766	<u>.</u>]			
f	Credit	dit for small employer health insurance premiums (attach Form 8941)		_			
g	Other	er credits, adjustments, and payments: Form 2439 5\q		1 1			
		Form 4136 X Other 120. Total 50g	120	ا ہا			
51	Total	Il payments. Add lines 50a through 50g		51	4	2,8	08.
52	Estim	mated tax penalty (see instructions). Check if Form 2220 is attached 🕨		52			
53	Tax d	due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶	53			
54	Overp	rpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	\$ ▶	54	4	2,8	08.
55		r the amount of line 54 you want: Credited to 2019 estimated tax	Refunded 6	55	4	2,8	08.
Part \	/1 5	Statements Regarding Certain Activities and Other Information (see in	structions)				
56	At any	ny time during the 2018 calendar year, did the organization have an interest in or a signature or other au	thority	-		Yes	No
	over a	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have	to file				
	FinCE	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign cou	ntry				
	here	-					X
57	Durin	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trust?				X
	If "Yes	es," see instructions for other forms the organization may have to file.					Ţ
58	Enter	r the amount of tax-exempt interest received or accrued during the tax year >\$					
	Un	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my knowl	edge and b	elief, it is tru	e	
Sign	100	Forrect Office PRESIDE	ŇŤ, r	Acutho IDS	S discuss this		
Here		\(\lambda \) \	l'	•	r shown belo		WILL
		Signature of officer Date Title	1	nstructions	;)? Y	es	No
-		Print/Type preparer's name Preparer's signature Date	Check	ıf PTII	N		
Paid			self- employed	i			
Prepa	arer						
Use (le . N	Firm's EIN				
550 (- · · · y						
		Firm's address	Phone no.				

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory v	aluation 🕨 N/A					_		
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6				
2 Purchases	2] 7	Cost of goods sold. Su	ubtract I	ine 6					
3 Cost of labor	3]	from line 5. Enter here	e and in Part I,						
4a Additional section 263A costs				line 2			7		_		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes No	<u> </u>		
b Other costs (attach schedule)	4b]	property produced or a	cquired	for resale) apply to			╝		
5 Total. Add lines 1 through 4b	5			the organization?				X	·		
Schedule C - Rent Income (From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)				
(see instructions)				· · · · · · · · · · · · · · · · · · ·					_		
1. Description of property											
(1)									_		
(2)											
(3)									_		
(4)						_					
	2. Rent receiv	ed or accrued				2/a) Doductions directly		tod with the inners in			
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	nd 2(b) (attach schedule)			
(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		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0			
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)					_		
-			Ι.			3. Deductions directly con			_		
			2	. Gross income from or allocable to debt-	(2)	to debt-finance	ea prop	(b) Other deductions	—		
Description of debt-fin	anced property			financed property	(4)	(attach schedule)		(attach schedule)			
									_		
(1)									_		
(2)						· · · · · · · · · · · · · · · · · · ·					
(3)											
(4)			<u> </u>				4				
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n 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)		1	Ì	%					_		
				· · · · · · · · · · · · · · · · · · ·	E	nter here and on page 1,		Enter here and on page 1,	_		
						Part I, line 7, column (A)		Part I, line 7, column (B)			
Totals				▶.		0		0	•		
Total dividends-received deductions in	cluded in column	18					•]	0	•		

Schedule F - Interest,	Aimune	T NOyal	ues, an	1				ation:	s (see ins	struction	1S)
Name of controlled organization		2. Em	.atawa		Controlled O	<u> </u>		F 20	rt of column 4	T	6 Dadustina disable
Name of controlled organiz	ation	identif num	cation	(loss) (see	e instructions)		tal of specified ments made	includ	rt of column 4 ded in the conti zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)		Ì		Î							
(4)								1			
Nonexempt Controlled Organ	nizations	<u> </u>		<u> </u>							
7. Taxable Income	8. Net	unrelated incon see instruction		9. Total	of specified payr made	nents	10. Part of colu in the controll gros	mn 9 tha ling organ	nization's	11. De witi	eductions directly connected h income in column 10
(1)	+										
(2)								•			
(3)	+					-					
•				1							
(4)				.l							
							Add colur Enter here and line 8,		e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme	ent Inco	me of a	Section	501(c)(7	7), (9), or (17) Org	anization				
	tructions)				,, (-,, (,	,				
1. Des	scription of inco	ome			2. Amount of	ıncome	3 Deduction directly connected (attach scheen)	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)					İ			-			· · · · · · · · · · · · · · · · · · ·
(2)											
(3)					1						
(4)					1						
					Enter here and				<u> </u>		Enter here and on page 1.
					Part I, line 9, co	iumn (A)					Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploited	•	Activity	incom	e, Other	Than Adv	ertisin/	g Income				
(see inst	Tuctions)		<u> </u>		Т 4	1					- T
1. Description of exploited activity	unrelated	Gross d business ne from business	directly with pr of un	xpenses connected roduction nrelated ss income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									Ī <u>-</u>		
(2)					1				1		
(3)	1	·			† · · · ·				1		
(4)	+				 						
(4)	Enter he	ere and on	Enter he	ere and on	 				l		Enter here and
	page	1, Part I,	page	1 Parti,							on page 1,
	line io	, col (A)	line io), col (B)							Part II, line 26
Totals	<u> </u>	0.	l	0.	1						0.
Schedule J - Advertis		•									
Part I Income From	Periodic	cals Rep	orted o	n a Con	solidated	Basis					
1 Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput nrough 7	5. Circula e income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											1
(4)			\neg						1		1
					1		+				
Totals (carry to Part II, line (5))	▶		0.	0	.]						0.

Form 990-T (2018) THE DULUTH CLINIC, LTD. 41-08836

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)						
(3)	T					
(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)	0.	0.				0.
Cahadula K. Campanasti	on of Officers	Diroctoro and	Tructooo /oran	-4		

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		•	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
PURCHASED SERVICES OFFICE EXPENSES MEDICAL SUPPLIES LICENSES TRAVEL CONFERENCES, CONVENT	TIONS, AND MEETINGS	254,304. 25,024. 3,801. 269. 245.
TOTAL TO FORM 990-T,	PAGE 1, LINE 28	283,646.
FORM 990-T PARENT	CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 2
CORPORATION'S NAME		IDENTIFYING NO
ESSENTIA HEALTH		20-0360007
FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 3
DESCRIPTION		AMOUNT
FORM 8827, LINE 8C		120.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

120.

Form 4562

Department of the Treasury Internal Revenue Service (99

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2018
Attachment

Sequence No 179

Name(s) shown on return The Duluth Clinic, Ltd	Busin	ess or activity to which this	Identifying nu 41-0883623	Identifying number 11-0883623				
Part I Election To Expens	se Certain Prop	erty Under Section	179					
Note: If you have any list	ed property, comple	te Part V before you compl	ete Part I					
1 Maximum amount (see instructio	ns)	•	·	•		1		
2 Total cost of section 179 property	y placed in service	(see instructions)				2		
3 Threshold cost of section 179 pro	operty before redu	ction in limitation (see in:	structions)			3		
4 Reduction in limitation Subtract	line 3 from line 2 I	f zero or less, enter -0-				4	0	
5 Dollar limitation for tax year Sub	tract line 4 from lin	e 1 If zero or less, enter	-0- If married	filing				
separately, see instructions						5	0	
6 (a) Description of	of property	(b)	Cost (business use	only)	(c) Elected o	:ost		
7 Listed property Enter the amount	it from line 29			7				
8 Total elected cost of section 179	property Add amo	ounts in column (c), lines	6 and 7			8	0	
9 Tentative deduction Enter the sr	naller of line 5 or li	ne 8				9	0	
10 Carryover of disallowed deduction				•		10		
11 Business income limitation Ente				ie 5 See instri	uctions	11		
12 Section 179 expense deduction					· · · · · · · · · · · · · · · · · · ·	12	0	
13 Carryover of disallowed deduction				▶ 13		0		
Note: Don't use Part II or Part III beld								
		nd Other Depreciation			operty See ir	<u>ıstructior</u>	1s.)	
14 Special depreciation allowance for		y (other than listed prop	erty) placed in :	service				
during the tax year. See instruction						14		
15 Property subject to section 168(f						15		
16 Other depreciation (including AC						16	5,276	
Part III MACRS Depreciation	on (Don't includ	e listed property. See	instructions					
. ,,		Section A						
17 MACRS deductions for assets pl					•	17		
18 If you are electing to group any a	issets placed in se	rvice during the tax year	into one or mo	re general		ո		
asset accounts, check here					<u> </u>	<u> </u>		
Section B - Ass	ets Placed in Ser	vice During 2018 Tax Y	ear Using the	General Depr	eciation Syster	m		
	(b) Month and	(c) Basis for depreciation	(4) 8					
(a) Classification of property	year placed	(business/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depre	ciation deduction	
	in service	only—see instructions)	F					
19 a 3-year property		<u></u>		<u> </u>				
b 5-year property							_	
c 7-year property								
d 10-year property		1						
e 15-year property				ļ				
f 20-year property								
g 25-year property			25 yrs		S/L			
h Residential rental			27 5 yrs	MM	S/L			
property			27 5 yrs	MM	S/L			
i Nonresidential real			39 yrs	MM	S/L			
property				MM	S/L			
Section C - Asse	<u>ts Placed in Servi</u>	ce During 2018 Tax Ye	ar Using the A	Iternative Dep	T .	:em	_	
20 a Class life					S/L			
b 12-year			12 yrs	ļ	S/L			
c 30-year			30 yrs	MM	S/L			
d 40-year			40 yrs	MM	S/L			
Part IV Summary (See inst								
21 Listed property Enter amount fr						21		
22 Total. Add amounts from line 12,								
here and on the appropriate lines				tructions	, 	22	5,276	
23 For assets shown above and pla		= -	er the					
portion of the basis attributable to	o section 263A cos	sts		23	I	1		

Form		Ouluth Clinic, I											41-088		Page 2
Part		• • •	nclude automo			other v	ehicles	, certa	ın aırc	raft, ar	id prop	erty u	sed for	•	
			eation, or amu												
		-	for which you ar	_			-			-	expens	se, con	nplete o	nly 24a,	
			ugh (c) of Sectio										to mobil		
			n and Other Inf												
24a	Do you have evidence	to support the t	ousiness/investmen	t use clai	med?	Yes	∐ No	24	lb If "Y	es," is t	ne evide	nce wri	tten?	Yes	No
	(a)	(b)	(c)	(4	i)	Basis for	(e)	_	(f)	(9	1)	(h)	(ı	1)
	Type of property	Date placed	Business/ investment use	Cost or of	ther basis	(busines	depreciatio s/ investmer	nt Re	ecovery	Meti		•	ciation	Elected se	
	(list vehicles first)	in service	percentage	<u> </u>		L	e only)		period	Conv	ention	dedu	ıctıon	co	est
25	Special depreciation		•		•			_							
	the tax year and us					se See	instructi	ons			25				<u>'</u>
26	Property used mor	e than 50% ir T		iness us I	se	<u></u>				Ι					
		-	<u>%</u> %												
	· · · · · · · · · · · · · · · · · · ·		<u>%</u>	 											
27	Property used 50%	or less in a c		ss use		I				1					
	Troperty does boy	1	%	1						S/L –					ĺ
	·		%						_	S/L –					
			%							S/L –					l
28	Add amounts in co	lumn (h), line	s 25 through 27	Enter	here an	d on line	21, pag	ge 1			28		0		
29	Add amounts in co	lumn (ı), line							•				29		0
						nation o									
	lete this section for ve													es	
to you	ır employees, first ans	wer the questi	ons in Section C t	o see if	you mee	t an exce	eption to	complet	ing this	section f	or those	vehicle	s		
			_	(a Vehi	a)	(t	o) cle 2		c) icle 3		i) cle 4		e) ıcle 5	(i Vehi	
30	Total business/inves		-	Veni	cie i	Veill	ue z	Ven	icie 3	Veill	CIE 4	Ven	ide J	Veill	ue o
24	the year (don't inclu					<u> </u>				 					
31	Total commuting mil		-	-					-						
32	Total other personal miles driven	(noncommutin	ig)							1					
33	Total miles driven du	iring the year	Δdd			-		_							
33	lines 30 through 32	ing the year	Add		0	1	0		0		0		0		0
34	Was the vehicle ava	ilable for perso	onal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	use during off-duty h	•					1.5								
35	Was the vehicle use		a more than						Î						
	5% owner or related	person?													
36	Is another vehicle as	/ailable for per	sonal use?												
			-Questions for												
	er these questions		-		n to cor	npleting	Section	B for v	ehicles	used by	emplo/	yees w	ho are r	ı't	
more	than 5% owners or													1	
37	Do you maintain a w	ritten policy sta	atement that proh	ibits all p	ersonal	use of ve	ehicles, ir	ncluding	commu	ting, by				Yes	No
	your employees?								_		•				
38	Do you maintain a w														
39	employees? See the					ers, airec	itors, or i	% OF III	ore own	ers					
40	Do you treat all use Do you provide more	=				formation	from you	ır emnle	wees ah	out the					
-+0	use of the vehicles,				Diani ini	omation	nom you	ar empio	yees ac	out the					
41	Do you meet the red				ile demi	onstration	use? Se	ee instru	ictions						
	Note: If your answe									s					
Part															
		(a)			(b)		(c)		(d)		(e)		(f)
	Descrip	otion of costs		Date a	mortizatio	on Am	nortizable a	mount	Code	section	· *	mortization period or		Amortization	for this year
			<u></u>	t	egins	l			<u> </u>			percentag		<u> </u>	
42	Amortization of co	sts that begin	s during your 20	18 tax	year (se	e instru	ctions)								
				<u> </u>					 		_			ļ <u>.</u>	
		 		<u> </u>					L		L		Γ		
43	Amortization of co	_	-	-									43		
44	Total. Add amoun	ts in column (r) See the instru	uctions	or whe	re to rep	ort	-					44		0
														Form 456	52 (2018)

SCHEDULE M (Form 990-T)

Department of the Treasury

Internal Revenue Service (99)

Name of the organization

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

► 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). ENTITY OMB No 1545-0687

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

	THE DULUTH CLINIC, LTD.	41-08	836:	23		
$\overline{}$	Inrelated business activity code (see instructions) > 44611	0				
	Describe the unrelated trade or business RETAIL PH.	ARM	ACY			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense:	s	(C) Net
1a	Gross receipts or sales 7,065,164.		-			,
b	Less returns and allowances 286 ⋅ c Balance ▶	1c	7,064,878.			
2	Cost of goods sold (Schedule A, line 7)	2	6,223,752.			
3	Gross profit. Subtract line 2 from line 1c	3	841,126.			841,126.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				<u> </u>
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule 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_	841,126.			841,126.
Pai	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken to the connected with the undertaken to the connected with the undertaken to the connected with t	ions f inrela	for limitations on ded ated business incom	ductions.) (Exc e.)	ept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	504 551
15	Salaries and wages				15	684,661.
16	Repairs and maintenance				16	1,221.
17	Bad debts				17	1,244.
18	Interest (attach schedule) (see instructions)				18	92,339.
19	Taxes and licenses			•	19	32,333.
20	Charitable contributions (See instructions for limitation rules)		1 1	22 510	20	
21	Depreciation (attach Form 4562)		21 22a	23,519.		23,519.
22	Less depreciation claimed on Schedule A and elsewhere on return	-	22b	43,519.		
23	Depletion				23	28,697.
24	Contributions to deferred compensation plans				24	84,847.
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)	26				

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

296,226.

1,212,754.

-371,628

-371,628.

27

28

29

30

31

SEE STATEMENT 4

27

28

29

30 31

ENTITY	1
	Page 3
00000	Page 3

Form 990-T (2018)						Page '
THE DULUT	H CLINIC	LTD.			<u>41-0883</u>	623
Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation COS	T		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2 6	,223,752.	7 Cost of goods sold. S	ubtract I	line 6	
3 Cost of labor	3		from line 5. Enter here	and in E	Part I,	
4 a Additional section 263A costs			line 2			7 6,223,752.
(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	I for resale) apply to	
5 Total. Add lines 1 through 4b	5 6	,223,752.				<u> </u>
Schedule C - Rent Income	From Real	Property and	Personal Property L	.ease	d With Real Prope	rty)
(see instructions)						
1. Description of property						
(1)			·			
(2)						
(3)						
(4)						
		ed or accrued			2/a) Deductions directly of	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge	columns 2(a) and	2(b) (attach schedule)
(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		ter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)			-
			2. Gross income from		Deductions directly conne to debt-finance	
1. Description of debt-fir			or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions
1. Description of dept-in	nanced property		financed property	` ′	(attach schedule)	` (attach schedule)
(1)						
(2)						
(3)						
(4)						
	T 5 A	adveted been	Column 4 dunded		7	O Allegelde de disabases
 Amount of average acquisition debt on or allocable to debt-linanced property (attach schedule) 	of or a	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 deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals					0.	0.
Total dividends-received deductions of	actuded in colum	n 8				n o.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
ALLOCATED OVERHEAD		7,828.
PRESCRIPTION CLAIM PROCE	SSING FEES	194,461.
OCCUPANCY		21,771.
OFFICE EXPENSES		19,917.
SUPPLIES	`	19,435.
INFORMATION TECHNOLOGY		11,735.
PURCHASED SERVICES		10,382.
TRAVEL		4,714.
MISCELLANEOUS		3,615.
LICENSES		1,250.
DUES		616.
PUBLICATIONS & SUBSCRIPT	IONS	252.
CONFERENCES, CONVENTIONS	, AND MEETINGS	250.
TOTAL TO SCHEDULE M, PAR	T II, LINE 28	296,226.

Form 4562

Department of the Treasury

(99)

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2018 Attachment

Sequence No 179

The	e Duluth Clinic, Ltd	Dusiiii	555 OF ACTIV	ity to which this i	orm relates		41-0883623		
	rt I Election To Expense Cer	tain Prop	erty Und	er Section 1	79		41-0000020		
· a.	Note: If you have any listed prop	_	_						
1	Maximum amount (see instructions)	erty, complet	C T dit V De	note you comple	te raiti.			1	
	Total cost of section 179 property place	d in seniice	(coo inetri	ictions)	•			2	
	Threshold cost of section 179 property b				tructions)			3	
	Reduction in limitation Subtract line 3 fr			•	ructions			4	0
	Dollar limitation for tax year Subtract line			•	0 If married	filma	•	"	<u>_</u>
	separately, see instructions	C 4 110111 1111	e i ii zero	or iess, eriter	-o- ii mameu	ming		5	0
6	(a) Description of propert				ost (business use	only)	(c) Elected co		
-	(a) Description of property	<u>, </u>		(0)	Jat (Dualiteaa use	Jilly)	(C) Elected Co	351	I
			\longrightarrow					\dashv	I
	Listed property. Enter the amount from I	120 20							I
	Listed property Enter the amount from I		vinto in co	luma (a) lunga	Cond 7	7		-	
	Total elected cost of section 179 proper Tentative deduction Enter the smaller of	•		iumn (c), iines i	o anu <i>i</i>			8	0
-				'orm 4560				9	0
	Carryover of disallowed deduction from	•						10	
	Business income limitation. Enter the sn Section 179 expense deduction. Add line					e 5 See mstru	Clions	11	
	Carryover of disallowed deduction to 20		•		in line 11.	. ▶ 13		12	0
	e: Don't use Part II or Part III below for I					. [13]		0]	
					n (Don't incl	udo listed pr	oporty Socie	otru ot	
	Special Depreciation Allo Special depreciation allowance for quality						operty. See in	T	ons.j
	during the tax year. See instructions	nea propert	y (outer ut	an listed prope	ity) piaceu in s	ervice		امدا	
	•	-4						14	····
	Property subject to section 168(f)(1) elec	Stion		•				15	22 540
	Other depreciation (including ACRS) t III MACRS Depreciation (Do	!t includ	a listed n	norty Coo	trustions)			16	23,519
Fat	t III MACRS Depreciation (Do	n t moluu	e listed p	Section A	nstructions j				-
17	MACRS deductions for assets placed in	contine in t	ov voore t		2019			147	
17	MACKS deductions for assets braced in	SCIVICE III (dx veara r	eammo oe co	3 /UTO	_		17	
			-						
18	If you are electing to group any assets p		-			re general	. □		
18	If you are electing to group any assets p asset accounts, check here	laced in ser	rvice durin	g the tax year I	nto one or moi				
18	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla	laced in ser	vice durin	g the tax year in	nto one or moi		►		_
18	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (b)	laced in ser	vice durin	g the tax year II g 2018 Tax Ye for depreciation	nto one or more		ciation System		
18	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (b) (a) Classification of property yes	ced in Serviced in Serviced in Serviced in Serviced	vice Durin (c) Basis (business	g the tax year II g 2018 Tax Ye for depreciation s/investment use	nto one or moi		eciation System	<u>n</u>	preciation deduction
18	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (b) (a) Classification of property	ced in Serv	vice Durin (c) Basis (business	g the tax year II g 2018 Tax Ye for depreciation	ar Using the (General Depre	,	<u>n</u>	preciation deduction
18	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (b) (a) Classification of property a 3-year property	ced in Serviced in Serviced in Serviced in Serviced	vice Durin (c) Basis (business	g the tax year II g 2018 Tax Ye for depreciation s/investment use	ar Using the (General Depre	,	<u>n</u>	preciation deduction
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19	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (a) Classification of property a 3-year property b 5-year property c 7-year property	ced in Serviced in Serviced in Serviced in Serviced	vice Durin (c) Basis (business	g the tax year II g 2018 Tax Ye for depreciation s/investment use	ar Using the (General Depre	,	<u>n</u>	preciation deduction
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19	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (b) (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	ced in Serviced in Serviced in Serviced in Serviced	vice Durin (c) Basis (business	g the tax year II g 2018 Tax Ye for depreciation s/investment use	ar Using the ((d) Recovery period	General Depre	,	<u>n</u>	preciation deduction
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19	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (b) (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	ced in Serviced in Serviced in Serviced in Serviced	vice Durin (c) Basis (business	g the tax year II g 2018 Tax Ye for depreciation s/investment use	ar Using the ((d) Recovery period	General Depre	(f) Method	<u>n</u>	preciation deduction
19	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (b) (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	ced in Serviced in Serviced in Serviced in Serviced	vice Durin (c) Basis (business	g the tax year II g 2018 Tax Ye for depreciation s/investment use	ar Using the ((d) Recovery period	(e) Convention	(f) Method	<u>n</u>	preciation deduction
19	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (b) (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	ced in Serviced in Serviced in Serviced in Serviced	vice Durin (c) Basis (business	g the tax year II g 2018 Tax Ye for depreciation s/investment use	ar Using the (d) Recovery period	(e) Convention	(f) Method S/L S/L	<u>n</u>	preciation deduction
19	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (b) (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	ced in Serviced in Serviced in Serviced in Serviced	vice Durin (c) Basis (business	g the tax year II g 2018 Tax Ye for depreciation s/investment use	ar Using the (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs	(e) Convention MM MM	(f) Method S/L S/L S/L	<u>n</u>	preciation deduction
19	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property	ced in Serv Month and ear placed n service	vice durin (c) Basis (business only—si	g the tax year II g 2018 Tax Ye for depreciation s/investment use ee instructions)	ar Using the (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 39 yrs	(e) Convention MM MM MM MM MM	S/L S/L S/L S/L S/L	m (g) De	preciation deduction
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19	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property n Residential rental property i Nonresidential real property Section C - Assets Place a Class life b 12-year c 30-year	ced in Serv Month and ear placed n service	vice durin (c) Basis (business only—si	g the tax year II g 2018 Tax Ye for depreciation s/investment use ee instructions)	conto one or more ar Using the (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 27 5 yrs 39 yrs r Using the Al 12 yrs 30 yrs	(e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) De	preciation deduction
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18 19 20	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Place a Class life b 12-year c 30-year d 40-year rt IV Summary (See instruction	ed in Service ed in Service	vice durin (c) Basis (business only—si	g the tax year II g 2018 Tax Ye for depreciation s/investment use ee instructions)	conto one or more ar Using the (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 27 5 yrs 39 yrs r Using the Al 12 yrs 30 yrs	(e) Convention MM MM MM MM MM MM MM MM MM	S/L	n (g) Del	preciation deduction
19 20 Par 21	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Place a Class life b 12-year c 30-year d 40-year rt IV Summary (See instruction line	ed in Service ed in Service s.)	ce During	g the tax year II g 2018 Tax Ye for depreciation s/investment use ee instructions)	ar Using the (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 27 5 yrs 39 yrs T Using the Al 12 yrs 30 yrs 40 yrs	(e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) De	preciation deduction
19 20 Pa 21 22	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Place a Class life b 12-year c 30-year d 40-year rt IV Summary (See instruction line Total. Add amounts from line 12, lines 1	ed in Service s.) 28 4 through 1	vice Durin (c) Basis (business only—si	g the tax year II g 2018 Tax Ye for depreciation s/investment use ee instructions) 2018 Tax Year	ar Using the (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 27 5 yrs 39 yrs r Using the Al 12 yrs 30 yrs 40 yrs	(e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Del	
19 20 Pa 21 22	If you are electing to group any assets p asset accounts, check here Section B - Assets Pla (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Place a Class life b 12-year c 30-year d 40-year rt IV Summary (See instruction line	ced in Service Month and ear placed in service ed in Service s.) 28 4 through 1 r return Pai	ce During 7, lines 19	g the tax year II g 2018 Tax Ye for depreciation s/investment use ee instructions) 2018 Tax Year and 20 in colu and S corporat	ar Using the (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 39 yrs r Using the Al 12 yrs 30 yrs 40 yrs	(e) Convention MM MM MM MM MM MM MM MM MM	S/L	n (g) Del	preciation deduction

Listed Property (I	Include automobiles,	certain other vehicles,	certain aircraft,	and property u	ised for
entertainment, rec	reation, or amuseme	nt)			

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a

		•	•	•	ion B, and Section (•	- СХРОП		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Section A-	-Depreciatio	n and Other Info	ormation (Cau	ition: See the instru	ictions for li	mıts for	passer	nger automobil	es)
24a	Do you have evidence	to support the b	ousiness/investmen	t use claimed?	Yes No	24b f"\	∕es," ıs tl	he evide	ence written?	Yes No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g Meti Conve	nod/	(h) Depreciation deduction	(i) Elected section 179 cost
25					ced in service during se See instructions			25		
26	Property used mor	e than 50% ir	n a qualified bus	iness use						
			%							
			%							
			%							
27	Property used 50%	or less in a	qualified busines	s use						
			%				S/L –			
			%				S/L –			
			%				S/L -			
28	Add amounts in co	lumn (h), line	s 25 through 27	Enter here an	d on line 21, page 1	1		28	0	
29	Add amounts in co	lumn (ı), line	26 Enter here a	nd on line 7, pa	age 1				29	0
			Sec	tion B—Inform	nation on Use of V	ehicles				
	olete this section for ve	•		•			•	•	-	es

30	Total business/investment miles driven during the year (don't include commuting miles)	Vehi		(t Vehi	•	(6 Vehi	cle 3	-	cle 4		e) icle 5	-	r) cle 6
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year Add lines 30 through 32		0		0		0		0		0		0
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons See instructions

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No_
	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the		
	use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
_	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles		
_			

Part '	VI Amortization						
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage		(f) Amortization for this year
42	Amortization of costs that begins during your 20	118 tax year (see ır	nstructions)				
43	Amortization of costs that began before your 20	18 tax year			4	13	
44	Total. Add amounts in column (f) See the instru	uctions for where to	o report		4	14	0

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No. 1545-0687

ENTITY (

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ 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). Employer identification number

THE DULUTH CLINIC, LTD. 41-0883623 621990 Unrelated business activity code (see instructions)

Describe the unrelated trade or business ► SKIN RENEWAL **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 3,970. b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 3,970. 3,970. 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 3,970. 3,970. Total. Combine lines 3 through 12 13

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	1,916.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	45.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	119.
25	Employee benefit programs	25	112.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	2,192.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,778.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	1,778.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018) Page 3 THE DULUTH CLINIC, LTD. 41-0883623 Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A Inventory at beginning of year 6 Inventory at end of year 6 2 Purchases 2 7 Cost of goods sold. Subtract line 6 Cost of labor 3 from line 5. Enter here and in Part I, 3 7 4a Additional section 263A costs 8 Do the rules of section 263A (with respect to Yes No (attach schedule) 4a b Other costs (attach schedule) 4b property produced or acquired for resale) apply to X 5 Total. Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2)(3) (4)Rent received or accrued 3(a) Deductions directly connected with the income in (a) From personal property (if the percentage of (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if columns 2(a) and 2(b) (attach schedule) rent for personal property is more than 10% but not more than 50%) the rent is based on profit or income) (1) (2)(3) (4)Total Total 0. (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property 2. Gross income from or allocable to debt-(a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) 1. Description of debt-financed property financed property (1) (2)(3) (4) 5. Average adjusted basis of or allocable to debt-financed property 4. Amount of average acquisition debt on or allocable to debt-financed 8. Allocable deductions 6. Column 4 divided 7. Gross income by column 5 reportable (column (column 6 x total of columns property (attach schedule) 2 x column 6) 3(a) and 3(b)) (attach schedule) (1) % (2) %

%

%

Enter here and on page 1,

Part I, line 7, column (A)

0

Form 990-T (2018)

0.

0.

Enter here and on page 1,

Part I, line 7, column (B)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY '

501(c)(3) Organizations Only

41-0883623

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning JUL~1,~2018 , and ending JUN~30,~2019

► 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).

Name of the organization Employer identification number

Unrelated business activity code (see instructions)

THE DULUTH CLINIC, LTD.

	Describe the unrelated trade or business PARTNERSH:	ΙP			
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		•	
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach			•	
	statement)	5	16,669.		16,669.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule 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	16,669.		16,669.

Part | 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	<u> </u>
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	408.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		_
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
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	
29	Total deductions. Add lines 14 through 28	29	408.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	16,261.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	16,261.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form **8827**

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

2018

120.

9

Department of the Treasury Internal Revenue Service Attach to the corporation's tax return.

► Go to www.irs gov/Form8827 for the latest information.

Name THE DULUTH CLINIC, LTD. 41-0883623 240. 1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626 2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827 2 3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions) 3 240. 4 Add lines 1, 2, and 3 5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see 0. 120. 6 Enter the refundable minimum tax credit (see instructions) 6 120. 7 7 Add lines 5 and 6 8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has 120. pre-acquisition excess credits, see instructions 8a b Current year minimum tax credit Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c 8b c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this 120. amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return) 8c 9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this

amount to carry forward and use in future years

	PRIC	OR YEAR MINIMUM TA	AX CREDIT	STATEMENT 5
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR
06/30/18	240.	0.	240.	240.
AVAILABLE F	OR CREDIT		240.	240.

STATEMENT 6

FORM 990T

PART III - LINE 35 - NET OPERATING LOSS DEDUCTION

NET OPERATING LOSS CARRYFORWARD:

REPEAL OF SECTION

YEAR GENERATED	521(A)(7)	AMOUNT GENERATED	AMOUNT UTILIZED	NOL REMAINING
6/30/2013	-	60,913	-	60,913
2011 Amended:	_	_	20,736	40,177
2012 Amended:	-	_	40,177	-
6/30/2014	_	139,305	-	139,305
6/30/2015	-	35 , 359	-	174,664
6/30/2016	-	74,709	-	249,373
6/30/2017	-	58 , 970	-	308,343
6/30/2018	75,904	-	23,848	360,399
6/30/2019_		_	300,012	60,387
TOTAL	75,904	369,256	384,773	60,387

THE DULUTH CLINIC, LTD			41-0883623
	ENTITY 1 RETAIL PHARMACY		STATEMENT 7
FORM 990T	PART II - LINE 31 - NET	OPERATING LO	SS DEDUCTION
NET OPERATING LOSS CARRYFORWARD:			
YEAR GENERATEI 6/30/2019		T UTILIZED	NOL REMAINING 371,628
TOTAL	371,628		371,628

THE DULUTH CLINIC, LTD			41-0883623
	ENTITY 3 PARTNERSHIP		STATEMENT 8
FORM 990T	PART I - LINE 5	- INCOME (LOSS)	FROM A PARTNERSHIP
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
HORSESHOE SURGERY CENTER, LLC	16,690	21	16,669
TOTAL	16,690	21	16,669

•

The Duluth Clinic, Ltd. 41-0883623 Statement 9

The Duluth Clinic, Ltd. elects under IRC Sec. 168(k)(2)(D)(iii) to not claim the additional 100% first-year bonus depreciation deduction for all classes of property, including 3, 5, 7, 10, 15, and 20-year recovery period classes; (2) depreciable computer software; and (3) qualified leasehold improvement property placed in service during the tax year ended June 30, 2019.

EIN: 41-0883623

Tax Year Ending 6/30/2019

Statement 10

Section 1.263(a)-1(f) de minimis safe harbor election statement

Taxpayer Name: The Duluth Clinic, Ltd. ("Taxpayer") Taxpayer Address: 400 E 3rd St, Duluth, MN 55805

EIN: 41-0883623

The above-referenced Taxpayer is making the de minimis safe harbor election under Section 1.263(a)-1(f) for its tax year ending 6/30/2019.