Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 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. ent of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service D Employer identification number (Employees' trust, see Check box if Name of organization ( Check box if name changed and see instructions.) address changed THE DULUTH CLINIC, LTD. 41-0883623 Exempt under section Print Unrelated business activity code (See instructions) X 501(**4**/3 10 Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 400 E 3RD ST 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 621500 529(a) DULUTH, MN 55805 C Book value of all assets F Group exemption number (See instructions.) 370, 478, 399. G Check organization type ► X 501(c) corporation Other trust 401(a) trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > REFERENCE LAB . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of **KEVIN BOREN** Telephone number > 218-786-8364 Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1,336,961. 1 a Gross receipts or sales 657,792. 679,169 **b** Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 679,169 679,169 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 c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 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 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12/ 679,169. 679,169. 13 Total. Combine lines 3 through 12 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.) Compensation of officers, directors, and trustees (Schedule K) 14 70,146. Salaries and wages 15 SCANNED OCT 1 9 20% 26. Repairs and maintenance 16 7,485. 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 12,014. 19 19 Taxes and ficenses Charitable contributions (See instructions for limitation rules) 20 RECEIVED 5,276. 21 Depreciation (attach Form 4562) 5,276. Less depreciation claimed on Schedule A and elsewhere on return 22b 22 AUG 3 1 2021 23 3,346. 24 Contributions to deferred compensation plans 24 15,257. 25 Employee benefit programs 25 OGDEN, UT Excess exempt expenses (Schedule I) 26 26 27 Excess readership costs (Schedule J) 27 283,646. SEE STATEMENT 1

nrelated business taxable income. Subtract line 31 from line 30 8237/01 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

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 instructions)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

28

29

30

31

397,196.

281,973.

281,973.

Form 990-T (2018)



28

29

30

rorm 990-	(2018)	THE DOLUTH CLINIC,	_LTD•		41-08	83623		Page 4
Part J	<u>{                                     </u>	Total Unrelated Business Taxal	ole Income			L		
33	Total	of unrelated business taxable income compute	ed from all unrelated trades or businesses	(see instructions)		33	300,0	12.
34	Amou	ints paid for disallowed fringes				3,4		
35	Dedu	ction for net operating loss arising in tax years	s beginning before January 1, 2018 (see in	structions)		35	300,0	12.
36		of unrelated business taxable income before s						
		33 and 34				∩ 36		
37	Speci	fic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)		ι	37	1,0	00.
38		ated business taxable income. Subtract line		line 36		<b>*</b>		
61		the smaller of zero or line 36	or non-interest in ground want			88		0.
Part I		Tax Computation						
39 /		nizations Taxable as Corporations. Multiply I	ine 38 hv 21% (0.21)	<del></del>		39		0.
40		s Taxable at Trust Rates. See instructions for	· · · · · · · · · · · · · · · · · · ·	unt on line 38 from				
70		Tax rate schedule or Schedule D (Foi		ant on tine 30 from	_	40		
41		tax. See instructions	111 1041)			41		
	•					42		
42		ative minimum tax (trusts only)	tions					
11	•	n Noncompliant Facility Income. See instruc				43		0.
Part		Add lines 41, 42, and 43 to line 39 or 40, whi	chever applies			44		
_			hunda albah Farm 1110\	454		<del></del>		
		in tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		-		
0		credits (see instructions) al business credit. Attach Form 3800		45b		$\dashv$ $\rfloor$		
ن			1 0007)	45c	<del></del>			
		for prior year minimum tax (attach Form 880	1018827)	45d	<del>_</del>	450		
		credits. Add lines 45a through 45d				45e		0.
46		act line 45e from line 44	Faura 0004	0000 T 0160		46		<u> </u>
47			Form 8611 Form 8697 Form	1 8866 Other	(attach schedule)			0.
48		tax. Add lines 46 and 47 (see instructions)	5 005 D D II (1) 1 0			48		0.
49		net 965 tax liability paid from Form 965-A or F	Form 965-B, Part II, column (k), line 2	الما		49		<u> </u>
	-	ents A 2017 overpayment credited to 2018	/ <i>\</i> /	50a	12 100	$\dashv$ $\parallel$		
		estimated tax payments	Ψ,	50b	12,100			
		eposited with Form 8868	W.	/ 50c	18,822	-		
		n organizations: Tax paid or withheld at source	ce (see instructions)	0 50d	11 766			
		p withholding (see instructions)	Ų.	2 50e	11,766	<u>•</u>		
f		for small employer health insurance premium	•	501		_		
g			orm 2439 V	)\	100			
		Form 4136 X 01	ther <u>120.</u> Total	▶1 <u>50g</u>	120		40.0	
51		payments. Add lines 50a through 50g		•		51 52	42,8	08.
52		ated tax penalty (see instructions). Check if Fo			_			
53		ue. If line 51 is less than the total of lines 48,			10.	53	40.0	
54		ayment. If line 51 is larger than the total of lin		1	10	54	42,8	
55 Dort \		the amount of line 54 you want: Credited to 2			efunded 🕨	55	42,8	08.
Part \		Statements Regarding Certain		<del></del>				Т
56		time during the 2018 calendar year, did the c	-				Yes	No
		financial account (bank, securities, or other)						ľ
		N Form 114, Report of Foreign Bank and Finai	ncial Accounts. If "Yes," enter the name of	the foreign country				.  <del></del> _
	here	′ <del></del>					_	X
57		g the tax year, did the organization receive a d		or transferor to, a fo	reign trust?			X
		s," see instructions for other forms the organiz						}
58		the amount of tax-exempt interest received or						
Sign	COI	der penalties of perjury, I declare that I have examined rect. and complete Contraction of property (other than	this return, including accompanying schedules and taxpayer) is based on all Information of which pre	d statements, and to the parer has any knowledg	e best of my know	ledge and beliet, i	t is true,	
Here		$\mathcal{K}$ . $\mathcal{V}$	1 4/04/0000		΄, Γ	May the IRS disc	uss this return	with
11010		Supporture of officer	1/21/2020 FINAN	CE		the preparer show		
		Signature of officer	<del> </del>			instructions)?	Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid					self- employe	a		
Prepa	rer				1			_
Use C	nly	Firm's name			Firm's EIN			
		Francis address .			Dhama			
		Firm's address			Phone no.			

Schedule A - Cost of Goods Sold. Ent	ter method of invei	ntory valuation N/A	<u> </u>		
1 Inventory at beginning of year 1	· -	6 Inventory at end of ye	<del></del>	6	
2 Purchases 2		7 Cost of goods sold. S		-	
3 Cost of labor 3		from line 5. Enter here			
4 a Additional section 263A costs		line 2		7	
(attach schedule) 4a		8 Do the rules of section	n 263A (with respect to		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?			X
Schedule C - Rent Income (From Rea (see instructions)	I Property and	d Personal Property I	Leased With Real Pro	operty)	
1 Description of property					
(1)			<del></del>		
(2)			<del></del> _	<del></del>	
(3)					
(4)					
	eived or accrued	· · · · · · · · · · · · · · · · · · ·			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age 3(a) Deductions directions 2(a	ctly connected with th a) and 2(b) (attach sch	e income in adule)
(1)					
(2)					
(3)					
(4)					
Total 0	Total		0.		
(c) Total income. Add totals of columns 2(a) and 2(b). here and on page 1, Part I, line 6, column (A)			(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)		0.
Schedule E - Unrelated Debt-Finance	d Income (see	instructions)	<del></del>	<del></del> _	<del></del>
		2. Gross income from	3. Deductions directly of to debt-fin	connected with or allo nanced property	cable
Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other	r deductions ischedule)
(1)			† — — — — — — — — — — — — — — — — — — —		
(2)					
(3)					
(4)					
debt on or allocable to debt-financed of oppoperty (attach schedule) debt-f	age adjusted basis or allocable to inanced property ach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	(column 6	able deductions k total of columns ) and 3(b))
(1)	· <del>-</del> _	%			
(2)	<del></del>	%			
(3)		%			
(4)		%			
· · · · · · · · · · · · · · · · · · ·			Enter here and on page 1, Part i, line 7, column (A)		and on page 1, 7, column (B)
Totals		•		0.	0.
Total dividends-received deductions included in colu	mn 8			<b>&gt;</b>	0.

		Ţ <u></u>		1	Controlled O		ons		123010	tructions	<del>'</del>
1. Name of controlle	ed organization	2. Em identifi num	cation	3. Net unr	related income instructions)	<b>4.</b> Tot	al of specified nents made	included	of column 4 to d in the contr tion's gross i	olling	6. Deductions directly connected with income in column 5
(1)				<u> </u>			<u></u>				
(2)											
(3)											
(4)											
Nonexempt Controlle	d Organizations										
7. Taxable Income			9. Total	of specified payr made	nents	in the controlls	nm 9 that is included ling organization's with sincome			luctions directly connected income in column 10	
(1)											
(2)											
(3)	-										
(4)											
							Enter here and	on page 1	I, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)
Totals									0.		0
Schedule G - Inv	restment Inco (see instructions)	me of a S	Section	501(c)(7	'), (9), or (	17) Org	anization				
	1. Description of inc	ome			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)							_				
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				<b>&gt;</b>		0.	â				0
Schedule I - Exp	loited Exemp	Activity	Income	, Other	Than Adv	ertisin	g Income				
Description of exploited activity	unrelate inco	Gross d business ne from business	3. Exp directly c with pro of unr- business	onnected duction elated	4. Net incomfrom unrelated business (cominus columigain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco in 2 from activity t if a is not unrelat		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1									_	
(2)											
(3)											
(4)											
	page	ere and on 1, Part I, 1, col (A)	Enter her page 1 line 10,	, Part I, col (B)	·					Enter here and on page 1, Part II, line 26	
Totals Schedule J - Ad	vertising Inco	0.	note esten	0.	L						0
	From Periodic		nstruction		nalidatad	Pocis					
	From Periodic	ais nep	ortea or	i a Con	Suluateu	Dasis	<del>.,</del>	<del></del>		<del>-</del>	
1. Name of pe	riodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ain, compute	5. Circulat income		6. Reade cost		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_		<u> </u>				
(2)					_		<u></u>				
_(3)										]	
(4)							<u> </u>				<u> </u>
Totals (carry to Part II, I	ne (5))		0.	0							0 Form <b>990-T</b> (201

## 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 )

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

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)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
PURCHASED SERVIO OFFICE EXPENSES MEDICAL SUPPLIES LICENSES TRAVEL CONFERENCES, CON	ES VENTIONS, AND MEETINGS	254,304. 25,024. 3,801. 269. 245.
TOTAL TO FORM 99	0-T, PAGE 1, LINE 28	283,646.
FORM 990-T PA	RENT CORPORATION'S NAME AND IDENTIFYING NU	MBER STATEMENT 2
CORPORATION'S NA	ME	IDENTIFYING NO
ESSENTIA HEALTH	<del></del>	20-0360007

FORM 990-T	OTHER	CREDITS	AND	PAYMENTS		STATEMENT 3
DESCRIPTION						AMOUNT
FORM 8827, LINE 8C						120.
TOTAL INCLUDED ON FORM	990-T, P	AGE 2, E	PART	V, LINE	50G	120.

Department of the Treasury

## **Depreciation and Amortization**

#### (Including Information on Listed Property)

► Attach to your tax return.

Internal Revenue Service Sequence No 179 ► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates Identifying number The Duluth Clinic, Ltd 41-0883623 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions). . . Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-, If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . . 0 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . 9 0 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 11 12 Section 179 expense deduction, Add lines 9 and 10, but don't enter more than line 11..... 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12. Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 . . . 15 Property subject to section 168(f)(1) election . . 15 16 Other depreciation (including ACRS) . . . MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018. . . 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use (f) Method (e) Convention (g) Depreciation deduction period in service only-see instructions) 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property S/I g 25-year property 25 yrs. h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM i Nonresidential real 39 yrs. S/L MM S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs. S/L c 30-year ММ S/L 30 yrs. d 40-year 40 yrs. MM S/L Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 5,276 23 For assets shown above and placed in service during the current year, enter the

Form	4562 (2018) The [	Ouluth Clinic,	Ltd										41-088	3623	Page <b>2</b>
Part			nclude automo	hiles	certain	othery	ehicles	Cer	rtain airc	raft ar	nd proj	nerty i			Page Z
			eation, or amu			Ou ici	Ciliolos	,	itaiii aii c	rant, ai	ia pio	bolty c	1300 10	•	
			for which you ar		•	ndard n	nleane r	ate o	r deductir	n lease	eynen	se cor	nnlete r	nlv 24a	
•		•	ugh (c) of Sectio		-		_			_	CAPON	00, 00.	iipioto (	ing End	
			n and Other Inf								nasse	nger al	itomobil	les )	
24a	Do you have evidence					Yes			24b If "\					Yes	No
	(a)	(b)	(c)	T (	d)		(a)		(f)	<i>(</i>	g)	1 (	(h)		<del></del>
	Type of property	Date placed	Business/ investment use	1	other basis		r depreciatio s/ investmei		Recovery	1	hod/		eciation	· ·	v ection 179
	(list vehicles first)	in service	percentage				se only)	'"	period		ention		uction	1	ost
25	Special depreciation	on allowance	for qualified liste	d prop	erty plac	ed in se	rvice du	ırına							
	the tax year and us							-			25	ļ			
26	Property used mor									_					<del></del> -
			%	т —											
			%	+	***										
			%		-										
27	Property used 50%	or less in a		·									-	<b>_</b>	
			%	T						S/L –			_		
			%							S/L –				1	
			%	+						S/L –				1	
28	Add amounts in co	lumn (h), line	s 25 through 27	. Enter	here an	d on line	21, pag	qe 1			28		0	1	
29	Add amounts in co												29		0
							n Use o			-					
Comp	lete this section for ve	hicles used by	a sole proprietor,	, partnei	r, or othe	r "more t	han 5% d	owner,	," or relate	d persoi	n If you	provide	d vehicle	es	
to you	ır employees, first ans	wer the question	ons in Section C t	o see if	you mee	t an exce	eption to	compl	leting this	section t	or those	vehicle	es.		
	<u> </u>			(	a)	(1	D)		(c)	(4	d)	Γ (		(	
30	Total business/inves	tment miles dr	iven during	Veh	icle 1	Veh	cle 2	į v	Vehicle 3 Vehic		Vehicle 4 Vehicle 5		ucle 5	Veh	icle 6
	the year (don't inclu	de commuting	miles)											<u> </u>	
31	Total commuting mil	_	•							_	_				
32	Total other personal		•												
	miles driven	•													
33	Total miles driven du	iring the year	Add												
	lines 30 through 32	•			0		0		0		0	}	0		0
34	Was the vehicle ava	lable for perso	nal	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	use during off-duty h	•													
35	Was the vehicle use		a more than												
	5% owner or related	person? .	•												
36	Is another vehicle av	allable for pers	sonal use?			_					I				
		Section C-	Questions for I	Employ	ers Wh	o Provi	de Vehi	cles	for Use b	y Their	Emplo	yees			
Answ	er these questions t	o determine i	f you meet an ex	xceptio	n to con	npleting	Section	B for	vehicles	used by	y emplo	yees w	/ho <b>are</b> i	n't	
more	than 5% owners or	related perso	ns. See instructi	ions.											
37	Do you maintain a w	ritten policy sta	atement that prohi	bits all p	ersonal	use of ve	ehicles, in	ncludir	ng commu	ling, by	-			Yes_	No
	your employees?														
38	Do you maintain a w	ritten policy sta	atement that prohi	bits per	sonal us	e of vehic	cles, exce	ept co	mmuting, I	y your				}	
	employees? See the	instructions fo	r vehicles used by	y corpor	ate office	ers, direc	tors, or 1	% or ı	more owne	ers					
39	Do you treat all use	of vehicles by e	employees as per	sonal us	se?.										
40	Do you provide more	than five vehi	cles to your emplo	oyees, c	btain inf	ormation	from you	ır emp	oloyees ab	out the				[	l
	use of the vehicles, a								•						
41	Do you meet the req	uirements cond	cerning qualified a	automot	ile demo	nstration	use? Se	e inst	tructions			•			
	Note: If your answer	to 37, 38, 39,	40, or 41 is "Yes,"	" don't c	omplete	Section	B for the	cover	ed vehicle	s					
Part	VI Amortiz	zation													
		(a)			(b)		(c)		(6	<del>1</del> )		(e)		(	ŋ
	Descrip	tion of costs		Date a	imortizatio	n Am	ortizable a	mount		section	'	Amortization period or		Amortization	for this year
				Lt	egins						period or percentage		<u> </u>		
42	Amortization of cos	sts that begins	s during your 20	18 tax	year (se	e instru	ctions)								
43	Amortization of cos	sts that began	before your 20	18 tax y	ear_								43		

44 Total. Add amounts in column (f). See the instructions for where to report .

# SCHEDULE M (Form 990-T)

### 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

1 30, 2019 **ZU**I

**Employer identification number** 

Department of the Treasury
Internal Revenue Service (99)

Name of the organization

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

OMB No 1545-0687

ENTITY

	THE DULUTH CLINIC, LTD.	41-0883623				
Unrelated business ac	ctivity code (see instructions) > 44611					
Describe the unrelated	trade or business   RETAIL PH	ARM	ACY			
Part I Unrelated 1	rade or Business Income	:	(A) Income	(B) Expenses	(C) Net	
1a Gross receipts or sa		1c	7,064,878.			
2 Cost of goods sold	<b>_</b>	2	6,223,752.			
3 Gross profit. Subtra	ct line 2 from line 1c	3	841,126.		841,126.	
4a Capital gain net inco	ome (attach Schedule D)	4a				
<b>b</b> Net gain (loss) (Form	1 4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deducti	on for trusts	4c				
5 Income (loss) from a	partnership or an S corporation (attach					
statement)		5				
6 Rent income (Sched	lule C)	6				
7 Unrelated debt-finar	nced income (Schedule E)	7				
8 Interest, annuities, r	oyalties, and rents from a controlled					
organization (Sched	ule F)	8				
9 Investment income	of a section 501(c)(7), (9), or (17)					
organization (Sched	ule G)	9				
10 Exploited exempt ac	ctivity income (Schedule I)	10				
11 Advertising income	(Schedule J)	11			<u> </u>	
12 Other income (See i	nstructions, attach schedule)	12				
40 Takal Cambina line	- O 4bb 40	ا مد ا	9/1 126		8/1 126	

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	684,661.
16	Repairs and maintenance	16	1,221.
17	Bad debts	17	1,244.
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	92,339.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 23,519.		-
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	23,519.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	28,697.
25	Employee benefit programs	25	84,847.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 4	28	296,226.
29	Total deductions. Add lines 14 through 28	29	1,212,754.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<u>-371,628.</u>
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	-371,628.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Page 3

THE DULUT	H CLINIC	C, LTD.			41-0883	623	
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory 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. Si	ubtract I	ine 6		
3 Cost of labor	3	<del></del>	from line 5. Enter here	and in F	Part I,		
4 a Additional section 263A costs			line 2		L	7   6,223,752.	
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to	Yes No	
b Other costs (attach schedule)	46		property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b		,223,752.				X	
Schedule C - Rent Income (	From Real	Property and	Personal Property L	.ease	d With Real Prope	rty)	
(see instructions)							
Description of property							
(1)		<u> </u>					
(2)							
(3)							
(4)					<del></del>		
		red or accrued			3(a) Deductions directly or	onnected with the income in	
(a) From personal property (if the perconnection personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percental personal property exceeds 50% or if at 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		nter		0.	(b) Total deductions. Enter here and on page 1,	• 0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	<u> </u>	Part I, line 6, column (B)		
	··········				3. Deductions directly conne to debt-financed	cted with or allocable	
1 8			Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions	
1. Description of debt-fin	anced property		financed property	` ′	(attach schedule)	(attach schedule)	
(4)		. <u> </u>	<u> </u>	_	<del>_</del>	<u> </u>	
(1)							
(3)				ļ	<del></del>	<del></del>	
(4)				<del> </del>	<del></del>	<del></del>	
4 Amount of average acquisition	E Avarra	adjusted basis	Column 4 divided		7. Gross income	8 Allocable deductions	
debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	allocable to inced property h schedule)	6. Column 4 divided by column 5		reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))	
(1)		· <u>-</u> _	%				
(2)			%				
(3)			%				
(4)			%		· · · · · · · · · · · · · · · · · · ·		
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			•	1	0.	0.	
Total dividends-received deductions in	cluded in colum	n 8	•		<b>•</b>	0.	

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

Fòrm 4562

Department of the Treasury

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

Name(s) shown on return The Duluth Clinic, Ltd	Busin	ess or activ	ity to which this f	orm relates			ntifying num 1883623	nber	
Part I Election To Expens	e Certain Pron	orty Und	ler Section 1	70		141-0	003023		
Note: If you have any list									
Maximum amount (see instruction			· · · · · ·					11	
2 Total cost of section 179 property								2	
3 Threshold cost of section 179 property								3	
4 Reduction in limitation. Subtract I								4	
5 Dollar limitation for tax year Sub								1	
	<u> </u>				-			5	0
6 (a) Description of		<del>'                                    </del>		ost (business use			(c) Elected co	<del></del>	
(2) 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			(47 5	<u> </u>	,,		(4)		
	· -			<del></del>					
7 Listed property. Enter the amoun	t from line 29					7			
8 Total elected cost of section 179								8	0
9 Tentative deduction Enter the sn								9	
10 Carryover of disallowed deductio								10	
11 Business income limitation. Enter								11	
12 Section 179 expense deduction.								12	0
13 Carryover of disallowed deduction						13		0	
Note: Don't use Part II or Part III belo									
Part II Special Depreciation	n Allowance a	nd Other	Depreciatio	n (Don't incl	ude listed	proper	ty. See in:	struction	ns.) _
14 Special depreciation allowance for									
during the tax year. See instruction	ons							14	
15 Property subject to section 168(f)	(1) election							15	
16 Other depreciation (including AC	RS)	<u></u>	<u> </u>	<u></u>	<u> </u>	<u> </u>		16	23,519
Part III MACRS Depreciation	on (Don't includ	e listed p	roperty. See	instructions.)					
			Section A						
17 MACRS deductions for assets pla								17	
18 If you are electing to group any a							. —		
asset accounts, check here				<u> </u>	<u></u> . <u></u>		<u> </u>		
Section B - Ass	ets Placed in Ser	vice Durin	g 2018 Tax Ye	ar Using the	General De	preciat	ion System	<u> </u>	
	(b) Month and	(c) Basis	for depreciation	(1) 5				1	
(a) Classification of property	year placed	(busines	s/ınvestment use	(d) Recovery period	(e) Convent	on	(f) Method	(g) Depre	eciation deduction
	in service	only—s	ee instructions)						
19 a 3-year property				ļ					
<b>b</b> 5-year property						<u> </u>		$\bot$	
c 7-year property					ļ			┿	
d 10-year property			· · · · · · · · · · · · · · · · · · ·	ļ	L			—	
e 15-year property	<del></del>	ļ		ļ				<del></del>	
f 20-year property	<u> </u>	ļ		ļ <u></u>				<del> </del>	
g 25-year property				25 yrs.			S/L		
h Residential rental		}		27.5 yrs.	MM		S/L	┼	
property		ļ		27.5 yrs.	MM_		S/L	+	
i Nonresidential real			<del></del>	39 yrs.	MM		S/L	<del> </del>	<del></del>
property	<u> </u>	<u> </u>		<u> </u>	MM 5	<del>_ L .</del>	S/L	<del></del>	
Section C - Asset	s Placed in Servi	ce During	2018 Tax Yea	r Using the A	iternative L	Peprecia		<u>m</u>	
20 a Class life				42	<del> </del>		S/L	<del>                                     </del>	
<b>b</b> 12-year	<del></del>	<del> </del>		12 yrs.	140.4		S/L	+	
c 30-year d 40-year	+	<del> </del>		30 yrs.	MM		S/L	+	
	ruotiono \	L		40 yrs.	MM		S/L	<del></del>	
								24	
<ul><li>21 Listed property Enter amount fro</li><li>22 Total. Add amounts from line 12,</li></ul>		 7 linna 10	and 20 in only	mn (a) and to	 10.21 Entai	 r		21	
here and on the appropriate lines								22	22 540
23 For assets shown above and place					actions . F	<del>' i '</del>	· · ·	+221	23,519
portion of the basis attributable to		_	-			23			
	,,, , 000								

Form	4562 (2018) The D	Ouluth Clinic,	Ltd										41-088	<u> 3623 </u>	Page 2
Part	V Listed I	Property (In	nclude automo	biles,	certain	other	vehicles	, certa	ain airc	raft, ar	nd proj	perty u	ised fo	r	
			eation, or amu		,										
		_	for which you ai	_	•		-			_	e expen	ise, cor	nplete c	only 24a,	
			ugh (c) of Sectio												
	Section A-	-Depreciatio	n and Other Inf	ormatic	on (Cau	ution: Se	e the in:	struction	ons for li	mits for	r passe	nger au	itomobil	es.)	
24a	Do you have evidence	to support the b	ousiness/investmen	t use cla	ımed?	Yes	No	2	4b If "\	es," is t	the evide	ence wri	tten?	Yes	No
	(a)	(b)	(c)	(	d)	Ι.,	(e)		<b>(f)</b>	(	g)	(	h)	(1	)
	Type of property	Date placed	Business/ investment use	Cost or o	ther basis		r depreciatio ss/ investmei		ecovery	Met	thod/		eciation	Elected se	ction 179
	(list vehicles first)	in service	percentage				se only)		period	Conv	ention	ded	uction	со	st
25	•											ļ			
	the tax year and us					ise. See	ınstructı	ons .	· · ·		25	<u> </u>		<u> </u>	
	Property used mor	e than 50% ir I		iness u	se	· · · · ·						_		<del>-</del>	
	<del></del>	<del> </del>										├──		<u> </u>	
			<u>%</u>	-				-		<del></del>		<del> </del>			
27	Property used 50%	or loss in a		C HCO.		<u> </u>				L		<u> </u>		L	
	Froperty used 30 %	or less in a	%			Τ				S/L -		_			
				<del>                                     </del>		<del> </del>		_		S/L -		<del>                                     </del>			
			%			_				S/L -		<u> </u>			
28	Add amounts in co	lumn (h), line	s 25 through 27	Enter	here an	d on line	21, pag	je 1 .			28		0		
29	Add amounts in co		_										29		0
							n Use o	f Vehic	cles						
Comp	olete this section for ve	hicles used by	a sole proprietor,	partner	, or othe	er "more t	han 5% c	wner,"	or relate	d perso	n. If you	provide	d vehicle	es	
to you	ır employees, first ans	wer the questi	ons in Section C t	o see if	you mee	et an exc	eption to	comple	ting this	section 1	for those	vehicle	es		
					a)		b)		(c)		d)		e)	(f	
30	Total business/inves	tment miles dri	iven during	Veh	icle 1	Veh	ıcle 2	Ver	nicle 3	Veh	ıcle 4	Veh	icle 5	Vehic	cle 6
	the year (don't inclu	de commuting	miles) .							ļ		ļ			
31	Total commuting mile		•	<u> </u>		ļ					<del></del>	<del> </del> -			
32	Total other personal	(noncommutin	g)	1										1	
	miles driven					<del> </del>				-	_	<del> </del> -		<b></b>	
33	Total miles driven du	ring the year	Add		0		0		0		٥	i	0		0
24	lines 30 through 32	lable for acres			<u>0</u>		0; TNa		No	Yes	No	Yes	0	Yes	No.
34	Was the vehicle availuse during off-duty h	•	nai	Yes	No	Yes_	No	Yes	NO	162	NO	165	No	162	<u>No</u> _
35	Was the vehicle use		more than				<del>                                     </del>		<del> </del>	<u></u>			-		
00	5% owner or related		a more than									1			
36	Is another vehicle av	•	sonal use?								<del> </del>	<del>                                     </del>	i		
			Questions for I	Employ	ers Wh	no Provi	de Vehi	cles fo	r Use b	y Their	r Emplo	oyees	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_
Answ	er these questions t	o determine i	f you meet an e	xceptio	n to cor	npleting	Section	B for v	ehicles	used by	y emplo	yees w	ho arei	n't	
more	than 5% owners or	related perso	ns. See instruct	ions.										_	
37	Do you maintain a w	ritten policy sta	atement that prohi	bits all p	ersonal	use of v	ehicles, in	cluding	commu	ting, by				Yes	No
	your employees?														
38	Do you maintain a w														
	employees? See the					ers, direc	tors, or 1	% or m	ore own	ers			•	<u> </u>	
39	Do you treat all use o	_					_		•		•	•	•	<b></b>	
40	Do you provide more		• ,	•	btain inf	formation	from you	r emplo	oyees ab	out the					
44	use of the vehicles, a													<u> </u>	
41	Do you meet the req													ļl	
Part	Note: If your answer		40, 01 41 15 1 65,	donte	ompiete	Section	B IOI LITE	Covered	a vernicle	<u> </u>					<del></del> -
ı aıt	Amortiz	(a)		<u> </u>	(6)	<del>-</del> T	(a)		T ,	<del></del>	T	(5)	-	(f	
	Descrin	tion of costs		Date a	(b) mortizatio	.n   Am	(c) nortizable a	mount	1	d) section		(e) Amortizatio		Amortization	
	Descrip	11011 01 00313		l .	egins	"   ^"	ioi iizabie a	inount	0000	3600011	ĺ	period or percentag		Amortization	ioi tilis yeal
42	Amortization of cos	sts that begins	s during your 20	1		e instru	ctions)		<u> </u>					<u> </u>	
				<u> </u>											
43	Amortization of cos	ts that began	before your 20	18 tax y	ear							-	43		
44	Total. Add amount	=	•	_		re to rep	ort	<u> </u>	<u></u> .	. <u></u> .	<u></u> .		44		0

# SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY 2

2018

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).

THE DULUTH CLINIC, LTD.

2018
Open to Public Inspection for

Employer identification number

41-0883623

	Inrelated business activity code (see instructions)   62199  escribe the unrelated trade or business   KIN RENE					
Pa			(A) Income	(B) Expense	s	(C) Net
	Gross receipts or sales 3,970.		2 970			
	Less returns and allowances c Balance ▶	1c	3,970.			
2	Cost of goods sold (Schedule A, line 7)	2	3,970.	-		3,970.
3	Gross profit. Subtract line 2 from line 1c	3_	3,970.		-+	3,370.
	Capital gain net income (attach Schedule D)	4a				
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				<del></del>
C	Capital loss deduction for trusts	4c	<del></del>			<del></del>
5	Income (loss) from a partnership or an S corporation (attach	۔ ا				
6	statement) Rent income (Schedule C)	<u>5</u>		<del></del> -		<del></del>
7	Unrelated debt-financed income (Schedule E)	7		<del></del>	_	
8	Interest, annuities, royalties, and rents from a controlled					
Ü	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)	<u> </u>				<del></del>
•	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	3,970.			3,970.
<u> </u>	deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the understanding the second desired to the second desired desired to the second desired de					
14	Compensation of officers, directors, and trustees (Schedule K)				14	1,916.
15	Salaries and wages				15	1,910.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18 19	45.
19 20	Taxes and licenses				20	
21	Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562)		21		20	<del></del>
22	Less depreciation claimed on Schedule A and elsewhere on return		21 22a	<del></del>	22b	
23	Depletion		[EEG]	<del>-</del>	23	
24	Contributions to deferred compensation plans				24	119.
25	Employee benefit programs				25	112.
26	Excess exempt expenses (Schedule I)			ļ	26	
27	Excess readership costs (Schedule J)				27	<del></del>
28	Other deductions (attach schedule)				28	<del></del>
29	Total deductions. Add lines 14 through 28				29	2,192.
30	Unrelated business taxable income before net operating loss deduc	ction.	Subtract line 29 from line	: 13	30	1,778.
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see	!		

Unrelated business taxable income. Subtract line 31 from line 30

32

instructions)

•						ENTITY	7 2
Form 990-T (2018)							Page :
THE DULUT	H CLINIC	, LTD.			41-0883	623	
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation   N/A	<u> </u>	<del>_</del>		_
1 Inventory at beginning of year	1 -	<del></del>	6 Inventory at end of year	ar	-	6	
2 Purchases.	2	<del>_</del>	7 Cost of goods sold. S	ubtract I	ine 6		
3 Cost of labor	3	<del></del>	from line 5. Enter here	and in F	Part I,		
4 a Additional section 263A costs	1 1		line 2		L	7	
(attach schedule)	4a		8 Do the rules of section	263A (1	with respect to	ļ	Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		property produced or a	acquired	for resale) apply to	-	
5 Total. Add lines 1 through 4b	5		the organization?				X
Schedule C - Rent Income (	From Real I	Property and	Personal Property L	.ease	d With Real Prope	erty)	
(see instructions)	. <u></u> _	·					
1. Description of property							
	<del></del>	<u> </u>	<del> </del>				
(1)		<del></del>	<del> </del>			<del></del>	
(2)	·		<u> </u>				<del></del>
(3)				_			
(4)		<del></del>			<del>, </del>		
		ed or accrued			3(a) Deductions directly o	connected with the inco	ome in
<ul> <li>(a) From personal property (if the perconal property is more</li> </ul>	entage of than	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if	ge	columns 2(a) and	l 2(b) (attach schedule)	1
10% but not more than 50%)		the ren	t is based on profit or income)				
(1)	·				<del></del>		
(2)	_ <del></del>				ļ		
(3)					<u> </u>		
(4)							
Total	0.	Total		0.	 		
(c) Total income Add totals of columns		ter		_	(b) Total deductions.  Enter here and on page 1,		•
here and on page 1, Part I, line 6, column			<del></del>	0.	Part I, line 6, column (B)		0.
Schedule E - Unrelated Deb	t-Financed	income (see	instructions)	Τ			
			2. Gross income from		<ol> <li>Deductions directly conne to debt-finance</li> </ol>	ected with or allocable d property	
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other ded	uctions
•	,		export		(attach schedule)	` (attach sche	dulej
41)	<del></del>	<del></del>			<del></del>	<del>                                     </del>	
(1)			<del>                                     </del>	├	<del></del>	<del> </del>	
(2)			<del> </del>		<del></del>	<del> </del>	
(3)	<del></del>	<del></del>		├	<del></del>		
(4)			<del> </del>			<del> </del>	
4. Amount of average acquisition debt on or allocable to debt-financed	of or a	adjusted basis Illocable to	6. Column 4 divided by column 5		7. Gross income reportable (column	8. Allocable d (column 6 x total	eductions of columns
property (attach schedule)		nced property n schedule)			2 x column 6)	3(a) and	
(1)		<del>-</del> -		┼		<del> </del>	
(1)			%_	├		<del> </del> -	
(2)			%	├		<del>  -</del>	
(3)			/ %	ı		1	

%

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)

(4)

Totals

Total dividends-received deductions included in column 8

#### **SCHEDULE M** ·(Form 990-T)

Department of the Treasury

Internal Revenue Service (99)

# **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). OMB No 1545-0687

ENTITY

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

3

Name	of the organization THE DULUTH CLINIC, LTD.	Employer identification number 41-0883623			
	Inrelated business activity code (see instructions) > 90009	9		41 00030.	
	escribe the unrelated trade or business PARTNERSH		<del></del> -		
Pa	t I Unrelated Trade or Business Income	(B) Expenses	(C) Net		
1 a	Gross receipts or sales				
þ	Less returns and allowances c Balance ▶	1c		<u>-</u>	
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			. <u>_</u>
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				4.6.660
	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		<u>-</u> -	
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			<del></del>
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12	16.660		16 660
<u>13</u>	Total. Combine lines 3 through 12	13	16,669.		16,669.
Pai	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the i				or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	_ <del></del>
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	408.
20	Charitable contributions (See instructions for limitation rules)		1 1	20	
21	Depreciation (attach Form 4562)		21		
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	<del></del>
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	400
29	Total deductions. Add lines 14 through 28			29	408.
30	Unrelated business taxable income before net operating loss dedu			3 30	16,261.
31	Deduction for net operating loss arising in tax years beginning on o	or after .	January 1, 2018 (see		
	instructions)			31	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

# Form **8827**

Department of the Treasury Internal Revenue Service

#### **Credit for Prior Year Minimum Tax - Corporations**

Attach to the corporation's tax return.

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

OMB No. 1545-0123

Employer identification number

·	41-0883623		
THE DULUTH CLINIC, LTD.	1 41-0	883623	
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	240.	
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		
4 Add lines 1, 2, and 3	4	240.	
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0.	
6 Enter the refundable minimum tax credit (see instructions)	6	120.	
7 Add lines 5 and 6	7	120.	
8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	120.	
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	0.	
c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this			
amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	8c	<u> 120.</u>	
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	9	120.	

	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 FO	R 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,	41-0883623 STATEMENT			
FORM 990T		PART II - LINE 31	- NET OPERATING	
NET OPERATING LOSS	CARRYFORWARD:			
	YEAR GENERATED	AMOUNT GENERATED	AMOUNT UTILIZED	NOL REMAININ
	YEAR GENERATED 6/30/2019	AMOUNT GENERATED 371,628	AMOUNT UTILIZED	NOL REMAININ 371,628

THE DULUTH CLINIC, LTD	ENTITY 3 PART	NERSHIP	41-0883623 STATEMENT 8
FORM 990T	PART I - LINE 5 -	- INCOME (LOSS) F	ROM 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