	-	•		AMENDED RETURN - SE	CTIO	N 512(A)(7)	<b>,</b>				_	
,	_	990-T	Ex	empt Organization	Bus	iness Inc	ome 1		m	омв и	o 1545-0687	
	Form	330-1		(and proxy tax					N/~	(A)	a40	
		æ	For cale	ndar year 2018 or other tax year begin					20 <u>10</u>	2	<b>918</b>	
		ment of the Treasury Infevenue Service		Go to www irs.gov/Form990					.,,,,  -	Open to Public Inspection for 501(c)(3) Organizations Only		
	A	Check box if	Do Do	not enter SSN numbers on this form a  Name of organization ( Check be						501(c)(3) Organizations Only Employer identification number		
	^ _	address changed		Traine or organization (	OX 11 11G1	no onangos ans sec		,		(Employees' trust, see instructions)		
	B Eva	mpt under section	-	WHITMAN-WALKER CLINIC, INC.								
		•	Print				s		52-1122122			
	_	100(1)	or							Unrelated business activity code		
			i y pe	1377 R ST. NW						(See instructions )		
	<u> </u>	529(a)	}	City or town, state or province, country	v. and 2	IP or foreign postal o	ode					
		k value of all assets	1	WASHINGTON, DC 2000	9							
		nd of year	F Gro	up exemption number (See instruct		<b>&gt;</b>						
				ck organization type > X 501			501(c)	trust	401(a)	a) trust Other trust		
	H Er	nter the number of	•	nization's unrelated trades or busine		-		Describe	the only	(or first) ur	related '	
	tra	ade or business hei	re <b>&gt;</b>			lf c	only one,	complete Parts I	-V If more	e than one,	describe the	
	fir	st in the blank spa	ace at the	end of the previous sentence, cor	mplete	Parts I and II, con	nplete a So	chedule M for ea	ch additior	ıal		
Ù		ade or business, th									<del></del>	
3	I Du	uring the tax year,	was the	corporation a subsidiary in an affili	ıated g	roup or a parent-su	ubsidiary c	ontrolled group?		▶∟	_ Yes No	
3				identifying number of the parent co	rporati	on ►			0 745	7000		
	-			RIS HOLLEMAN,		T				745-7000		
				or Business Income	_	(A) Incom	ie	(B) Exper	ses	<del>                                     </del>	(C) Net	
		Gross receipts or		c Balance ▶	١						3	
		Less returns and allows			1c 2		,			<del> </del>		
	2			ule A, line 7)	3		-			1		
										1		
	4a b		Form 4797, Part II, line 17) (attach Form 4797)							<del>                                     </del>		
	c			rusts	4b 4c					_		
	5	•		r an S corporation (attach statement)						<del></del>		
	6											
	7			come (Schedule E)	7			-				
	8	Interest, annuities, roy	alties, and re	ents from a controlled organization (Schedule F)	8							
	9	Investment income of	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9							
	10	Exploited exempt	activity i	ncome (Schedule I)	10					<u> </u>		
	11	Advertising incon	ne (Sched	dule J)	11			<u> </u>				
	12			ctions, attach schedule)	12					<del> </del>		
	13	Total Combine li	nes 3 thr	ough 12	13		0.		T			
	Par	Deduction	ns Not	Taken Elsewhere (See insti	ructio	ons for limitation	ons on a	eductions)(	Excepti	OF COTHER	outions,	
	14	Composation of	officers	be directly connected with a	ine ul	RECEIVE	:D":C	ine /	14	T		
	15					· · · · · · · · · · · · · · · · · · ·		) [		<del> </del>		
	16	Renairs and mair	tenance		51.	APR .2 0 .20	יאו ויני	3 <b>f</b>	16	1		
	17				ଥା	· 14 / A			. 17	<b>†</b>		
	18				1 1			=	. 18			
	19	Taxes and license	es	(see instructions)		OGDEN,	ווט ווט		19			
	20	Charitable contri	butions (	See instructions for limitation rules)	<u> </u>			<del>-</del>	20			
	21			4562)						_		
• _	22			on Schedule A and elsewhere on re					22b			
n (*	23	Depletion							23	<u> </u>		
ă,	24	Contributions to	deferred	compensation plans								
},	25								1			
	26			Schedule I)						<del> </del>		
٠	27			chedule J)						<del></del>		
:	28			schedule)						+	·	
	29			s 14 through 28						+		
	30	Unrelated busine	ess taxat	ole income before net operating	IOSS	deduction Subtr	act line	∠a πom πue	13   <b>30</b>	1		

32 Unrelated business taxable income Subtract line
For Paperwork Reduction Act Notice, see instructions.
8X2740 1 000 JSA

Unrelated business taxable income Subtract line 31 from line 30

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31

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

	990-T (20				<u></u>	Page Z
Par	t III	Total Unrelated Business Taxable Income	_	I		
33		f unrelated business taxable income computed from all unrelated trades or businesses (see				
	instruct	ons), ,	- 33			
34	Amount	s paid for disallowed fringes	. 34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see	1			
••		ons),				
20		f unrelated business taxable income before specific deduction. Subtract line 35 from the sum	1			
36		·				
		33 and 34	<u> </u>	_	_	
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. 37			
38	Unrelat	ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	į			_
	enter th	e smaller of zero or line 36	- 38			0.
Par	t IV	Tax Computation				
39	Organiz	ations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39			
40	-	Taxable at Trust Rates See instructions for tax computation Income tax on				
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	1			
41	Proxy ta	x See instructions	41	_		
42	Alternat	ive minimum tax (trusts only)	. 42	_	_	
43	Tax on	Noncompliant Facility Income. See instructions	· 43			
44	Total A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44			
Par	t V	Tax and Payments				
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)				
		redits (see instructions)				
		business credit Attach Form 3800 (see instructions)				
ر م	Crodut f	or prior year minimum tax (attach Form 8801 or 8827)				
u	Tatala	edits Add lines 45a through 45d	. 45e			
46		t line 45e from line 44				
47		res Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				0.
48		x Add lines 46 and 47 (see instructions)				
49	2018 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	. 49			
50 a	Paymer	ts A 2017 overpayment credited to 2018	_			
b	2018 es	stimated tax payments	_}			
С	Tax dec	osited with Form 8868	).			
ч	Foreign	organizations Tax paid or withheld at source (see instructions)				
		withholding (see instructions)	7			
_	Candit	or small employer health insurance premiums (attach Form 8941)	7			
t			⊣	ļ		
9		edits, adjustments, and payments Form 2439		i		
	_	orm 4136 Other Total ▶ 50g	<i> -</i> - <i> </i> -		24	000
51		ayments Add lines 50a through 50g			34,	000.
52	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	52	<u> </u>		
53	Tax due	ا مرسو ،	<b>▶</b> 53			
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 🥍 i	<b>▶</b> 54		34,	000.
055	Enter the	e amount of line 54 you want Credited to 2019 estimated tax 1,516. Refunded	55		32,	484.
٠	t VI	Statements Regarding Certain Activities and Other Information (see instruction	ons)			
56		time during the 2018 calendar year, did the organization have an interest in or a signature		authority	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				1
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the				[
		Total 114, Report of Foleigh Bank and Financial Accounts in Tes, enter the name of the	. 10.0.9	n oodinay		X
	here <b>&gt;</b>					X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trus	st?		<del> ^_</del>
	If "Yes,"	see instructions for other forms the organization may have to file				
58		e amount of tax-exempt interest received or accrued during the tax year > \$				ᆜ
		nder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the	e best of	my knowledge	and bel	ief, it is
Sig	n   ⊾ "	ie, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the	IRS discuss	thie	return
Her		$\mathbf{y}_{1}$	•	preparer si		
	~   ' <b>-</b>				es	No
		Print/Tyne preparer's name Preparer's substitute // Date		PTIN		لسند
Paid	1	La L	eck L	"   "	7156	<del>.</del> 3
	arer	MARC DEROLL SE	f-employe			
-	Only		n's EIN ▶			
		Firm's address ▶ 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102	one no /	03-893-		
IC.				Form 9	90-T	(2018)

JSA

%

%

%

Enter here and on page 1,

Part I, line 7, column (A)

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Enter here and on page 1,

Part I, line 7, column (B)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

Schedule F—Interest, Annu				ontrolled Or							
1 Name of controlled organization	identification number					of specified included		of column 4 to the contraction's gross in	olling	6 Deductions directly connected with income in column 5	
(1)			_								
(2)											
(3)	<u>_</u> ,										
(4)					<u> </u>						
Nonexempt Controlled Organia				<b>-</b>		10	Part of colum	in 9 that is	1	1 Deductions directly	
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specific payments made			included in				onnected with income in column 10	
(1)											
(2)					_						
(3)	-							<u>.</u>			
(4)							dd columns 5	and 10	Δ.	dd columns 6 and 11	
Totals	ncome of a Sec	tion 50	 1(c)(7),	(9), or (17	<b>►</b> ′) Orga	Pa	ter here and o int I, line 8, co On (see in	umn (A)		ter here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	ıncome		3 Deduction of the 3 december 3 d	nnected			Set-asides h schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)									ļ		
(2)											
(3)									+		
(4)	Enter here and	4								Enter here and on page	
Totals	empt Activity In				_	come	e (see insti	uctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc unrel business	ctly ed with tion of lated	from unrela or business 2 minus co If a gain, c	trincome (loss) unrelated trade siness (column nus column 3) gain, compute 5 through 7  5 Gross income from activity that is not unrelated business income		6 Expe attribut colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)											
(2)	<u> </u>										
(3)									-		
(4)								<u> </u>			
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,				Enter here and on page 1, Part II, line 26				
Totals	1	4 = - \						_	_		
Schedule J- Advertising Ir			0	lidated De	nio.					<del> </del>	
Part I Income From Per	iodicals Report	ed on a	Conso	lidated Ba	SIS						
1 Name of periodical	2 Gross advertising income		3 Direct dvertising costs  4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1)							,	T			
(2)				]							
(3)				7							
(4)											
								1			
Totals (carry to Part II, line (5))										Form 990-T (201)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

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

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

## FEDERAL FOOTNOTES

## REASON FOR AMENDED RETURN:

INTERNAL REVENUE CODE SECTION 512(A)(7) HAS BEEN REPEALED AND THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR THE TAX PERIOD.

FORM 990-T PART III: LINES 33, 34, 36, 37, & 38 UPDATED TO ZERO AS A RESULT OF THE REPEAL OF SECTION 512(A)(7).

FORM 990-T PART IV: LINES 39 & 44 UPDATED TO ZERO AS A RESULT OF THE REPEAL OF SECTION 512(A)(7).

FORM 990-T PART V: LINES 54 UPDATED TO \$34,000 AS A RESULT OF THE REPEAL OF SECTION 512(A)(7).

FORM 990-T PART V: LINES 55 UPDATED TO \$32,484 TO REFUND OVERPAYMENT AS A RESULT OF THE REPEAL OF SECTION 512(A)(7).