	Ex	cempt Organization				rn_ L	OMB No 1545-0047
Form 330-1				der section 6033(1 0	0040
	For calendar year 2019 or other tax year beginning $01/01$, 2019, and ending $12/31$, 20						
Department of the Treasury Internal Revenue Service		► Go to www.irs gov/Form990		Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if	<u> </u>	not enter SSN numbers on this form a Name of organization (Check be		me changed and see instruction			syer identification number
address changed	ı	Name of organization (onescale)	OX 11 11G	me unanged and see moneemen	,		yees' trust, see instructions)
B Exempt under section	_	WHITMAN-WALKER CLIN	IC.	INC.			
X 501(C ()3)	Print					52-13	122122
408(e) 220(e	or						ated business activity code
408A 530(a	.,,,,,	1377 R ST. NW			200	(See in	structions)
529(a)		City or town, state or province, country	y, and a	ZIP or foreign postal code			
C Book value of all assets	7	WASHINGTON, DC 2000	9				
at end of year	F Gro	up exemption number (See instruct	ions)	>			
	G Che	eck organization type 🕨 X 501	(c) co	rporation 501(c) trust	401(a)	trust Other trust
H Enter the number of	of the orga	anization's unrelated trades or busine	sses	>	Describe	the only	(or first) unrelated
trade or business he					•		e than one, describe the
first in the blank sp	ace at the	e end of the previous sentence, co	mplete	Parts I and II, complete a S	Schedule M for ea	ch additior	nal
trade or business, t							
		corporation a subsidiary in an affili			controlled group?		▶ ∐ Yes ∐ No
		Identifying number of the parent co	rporati	on D	ne number ▶ 20	2-7/5-	-7000
J The books are in ca				(A) Income	(B) Exper		(C) Net
		or Business Income	$\overline{}$	(A) mcome	(B) Expen	1562	(C) Net
		c Balance ▶	1c				
		c Balance ▶ lule A, line 7)	$\overline{}$	· · · · · · · · · · · · · · · · · · ·			1
~	•	2 from line 1c	_				/
•		attach Schedule D)	4a			_/	1
		Part II, line 17) (attach Form 4797)	4b				
		trusts	4c		/		
,		or an S corporation (attach statement)	5				
6 Rent income (Sc	hedule C)		6				
7 Unrelated debt-f	inanced in	ncome (Schedule E)	7		<u> </u>		<u> </u>
8 Interest, annuities, ro	yalties, and re	ents from a controlled organization (Schedule F)	8_				
9 Investment income of	a section 50	01(c)(7), (9), or (17) organization (Schedule G)	9		-		
10 Exploited exemp	t activity i	ncome (Schedule I)	10			<u>-</u>	
		dule J)	11				
12 Other Income (See Instructions, attach schedule) 12							
13 Total Combine	ines 3 thi	rough 12	e vetic			Deduction	one must be directly
		he unrelated business incom		ons for firmations on t	reductions.) (Deduciii	
		directors, and trustees (Senedule K)				. 14	T
					-		
16 Repairs and ma	ntenance	(see instructions) eived US Bah	Let at mere			16	
17 Bad debts		Memai Mevadia	بەرىنى ادا دىدا	SB		17	
18 Interest (attach	schedule)	(see instructions) eived US Bah				18	
13 Taxes and licens	E3	/				19	
20 Depreciation (at	tach Form	4562)	IXN.	20		—	
21 Less depreciation	on claimed	d on Schedule A and elsewhere on re	eturn	21a		21b	
23 Contributions to	deferred	compensation plans Ogderi, t	Л: ·	• • • • • • • • • • • •	• • • • • • • •	23	
24 Employee benef	it program	s		**************************************		24	-
25 Excess exempt e	expenses (Schedule I)	• • •	• • • • • • • • • • • • •		25	
		Schedule J)					
		schedule)					
28 Total deductions. Add lines 14 through 27							
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							
		le income Subtract line 30 from line	_	•			
For Paperwork Redu	tion Act	Notice, see instructions.					Form 990-T (2019)

Form	990-T (2019) WHITMAN-WALKER CLINIC, INC.	52-1122122	Page 2
Par	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line		
	34 from the sum of lines 32 and 33	35	0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	28	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	0.
Par	Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		
٠.	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	 -
43	Alternative minimum tax (trusts only).	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	1	45	 -
Par	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
462	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
,		. 1	
D	Other credits (see instructions)	,	
<u>.</u>	General business credit. Attach Form 3800 (see instructions)		
a	Credit for prior year minimum tax (attach Form 8801 or 8827)		
		46e	
47	Subtract line 46e from line 45	47	
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	0.
49	Total tax. Add lines 47 and 48 (see instructions)	49	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	2019 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
e	Backup withholding (see instructions)		
f	Credit for small omployer health insurance promiums (attach Form 8941) 51f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	5 / 2	<u>1,516.</u>
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	\$4	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	1,516.
56	Enter the amount of line 55 you want	\$6	1,516.
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions	;) 1	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	X
	If "Yes," see instructions for other forms the organization may have to file		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	ast of my knowledge	and belief, it is
Sigr	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	u the IBC	thus satura
Her		y the IRS discuss h the preparer sh	
		instructions)?X Ye	
	Print/Type preparer's name Preparer's signature Date Check	PTIN	
Paid	MARC BERGER MARC BERGER 11/14/2020 self-er		71563
	earer Firm's name BDO USA, LLP	EIN ▶ 13-538	
Use	Only Firm's address ▶ 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102 Phone	no 703-893-0	0600

JSA 9X2741 1 000

Schedule A - Cost of Goods Sold. Enter method of inventory at luation ▶ Inventory at beginning of year. 1
2 Purchases 2 3 Cost of labor 2 3
3 Cost of labor
4a Additional section 263A costs (attach schedule)
(altach schedule) . 44 b
(altach schedule) . 44 b
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (a) From personal property (if the percentage of rent for personal property is more than 50%) (b) From real and personal property (if the percentage of rent for personal property is more than 50%) (c) Total (d) Total (e) Total (c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ▶ Schedule E - Unrelated Debt-Financed property 1. Description of debt-financed property 1. Description of debt-financed property 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly connected with the income in columns 2(a) and 2(b) [attach schedule) 3. Deductions directly connected with real columns (a) Streight line depreciation (a) Column (B)
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property (attach schedule) (attach schedule) by column 5 (a) and 3(b))
(2) %
(3) %
(4) %
Enter here and on page 1, Enter here and on page 1,
Part I, line 7, column (A) Part I, line 7, column (B)
Totals

Form 990-T (2019)	-WHITMAN	WALK	ER C	LINI	C, INC.				5	52-1	122122 Page 4
Schedule F - Interest, Ann	uities, Royalties	s, and	Rent	s Fro	om Contro	lled O	rganiza	ations (se	e instructi	ons)	
			Exemp	t Co	ntrolled Or	ganızatı	ons				
Name of controlled organization	2. Employer identification number	er				1	-	included	in the contro	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)					•						
Nonexempt Controlled Organia	Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations Exempt Controlled Organizations										
7. Taxable Income					-		ınclu	ded in the co	ntrolling		nected with income in
(1)		-	<u> </u>								<u></u>
(2)							ļ				·
(3)			-					<u> </u>			
(4)							A 44	d columns E s	nd 10	Δ.	dd columns 6 and 11
							Ente	r here and on	page 1,	Ent	ter here and on page 1,
Totals	<u> </u>			<u> </u>	<u>.</u>	▶					
Schedule G-Investment II	ncome of a Sec	tion 5	501(c)(7),			nizatio	n (see inst	tructions)		
1. Description of income	2 Amount of	ıncome			directly cor	nnected					and set-asides (col 3
(1)											
(2)											
(3)	_										
(4)	Faterbarrand		1			_					Enter here and on page 1
Totals ▶											
Schedule I-Exploited Exe	empt Activity In	come,	. Othe	r Th	an Advert	ising Ir	ncome	(see instru	ictions)	<u> </u>	
Description of exploited activity	2. Gross unrelated business income from trade or	3. l conn prod ui	Expense directly nected viduction nrelated	s with of	4. Net incor from unrela or business 2 minus co If a gain, c	ne (loss) ted trade (column lumn 3) ompute	5 Gro from a	oss income activity that t unrelated	6. Expe	able to	expenses (column 6 minus column 5, but not more than
(1)											
(2)											
(3)											
(4)	<u> </u>								<u> </u>		Fatas base and
Totals	page 1, Part I,	pag	e 1, Par	t I,							on page 1,
Schedule J-Advertising Ir	ı	uctions	:)				_				1
				nsol	idated Ba	sis		···	,		
indenie i vein i e.											7.5
Name of periodical	advertising				gain or (lot 2 minus o a gain, co	ss) (col ol 3) if impute				•	costs (column 6 minus column 5, but not more than
(1)											
(2)											<u> </u>
(3)											
(4)							_				
Totals (carry to Part II, line (5))									<u> </u>		5 . 000 T (0040)

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 26.
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instru	uctions)		·

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			

Form **990-T** (2019)