

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2015 or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016.

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

2015

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

Department of the Treasury
Internal Revenue ServiceA ☐ Check box if
address changed

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)

CHAPMAN PARTNERSHIP, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.

1550 NORTH MIAMI AVENUE

City or town, state or province, country, and ZIP or foreign postal code

MIAMI, FL 33136

D Employer identification number
(Employees' trust, see
instructions.)

65-0425069

E Unrelated business activity codes
(See instructions.)

900000

C Book value of all assets
at end of year

62,747,450.

F Group exemption number (See instructions.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. INCOME FROM PASS THROUGH ENTITY

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of HOWARD RUBIN, CHIEF FINANCIAL OFFICER Telephone number 305-329-3044

Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	32,007.	STMT 1	32,007.
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	32,007.		32,007.

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	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
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	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	32,007.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	32,007.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	31,007.

523701

01-06-16

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2015)

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 4,651.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 4,651.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Attach Form 3800 **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e** Total credits. Add lines 40a through 40d **40e****41** Subtract line 40e from line 39 **41** 4,651.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43** Total tax. Add lines 41 and 42 **43** 4,651.**44a** Payments: A 2014 overpayment credited to 2015 **44a** 3.**b** 2015 estimated tax payments **44b** 6,677.**c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Credit for small employer health insurance premiums (Attach Form 8941) **44f****g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other **44g****45** Total payments. Add lines 44a through 44g **45** 6,680.**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46** 6.**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47****48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 2,023.**49** Enter the amount of line 48 you want: Credited to 2016 estimated tax **49** 2,023.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No****2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **X** **X****3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A****1** Inventory at beginning of year **1****2** Purchases **2****3** Cost of labor **3****4a** Additional section 263A costs (att. schedule) **4a****b** Other costs (attach schedule) **4b****5** Total. Add lines 1 through 4b **5****6** Inventory at end of year **6****7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 **7****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No****Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **DAVID HOLLANDER** Date **3-9-17**Title **PRESIDENT & CEO**May the IRS discuss this return with the preparer shown below (see instructions)? ☒ **Yes** ☐ **No****Paid Preparer Use Only**Print/Type preparer's name **DAVID HOLLANDER** Preparer's signature **DAVID HOLLANDER** Date **3-9-17** Check ☐ if self-employed PTIN **P00646430**Firm's name **MORRISON, BROWN, ARGIZ & FARRA, LLC** Firm's EIN **01-0720052**Firm's address **301 E LAS OLAS BLVD, 4TH FLOOR**Firm's address **FORT LAUDERDALE, FL 33301** Phone no. **(954) 760-9000**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1.** Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach 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)		%		

Totals	Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
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Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					

Totals	Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.			Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.	
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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))	0.	0.				0.

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	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	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 1
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DESCRIPTION	AMOUNT
INCOME FROM PASS THROUGH ENTITY	32,007.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	32,007.

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-T

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

2015

Name

CHAPMAN PARTNERSHIP, INC.

Employer identification number

65-0425069

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	4,651.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	4,651.
4 Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	6,667.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	4,651.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 01/15/16	03/15/16	06/15/16	09/15/16
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10 1,163.	1,163.	1,162.	1,163.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11 3.	6,677.		
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12		4,354.	3,192.
13 Add lines 11 and 12	13	6,677.	4,354.	3,192.
14 Add amounts on lines 16 and 17 of the preceding column	14	1,160.		
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	3.	5,517.	4,354.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	1,160.		
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18		4,354.	3,192.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2015)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2015 and before 7/1/2015	21			
22 Underpayment on line 17 x Number of days on line 21 x 3% 365	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2015 and before 10/1/2015	23			
24 Underpayment on line 17 x Number of days on line 23 x 3% 365	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2015 and before 1/1/2016	25			
26 Underpayment on line 17 x Number of days on line 25 x 3% 365	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2015 and before 4/1/2016	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x Number of days on line 27 x 3% 366	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2016 and before 7/1/2016	29			
30 Underpayment on line 17 x Number of days on line 29 x % 366	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2016 and before 10/01/2016	31			
32 Underpayment on line 17 x Number of days on line 31 x % 366	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2016 and before 1/1/2017	33			
34 Underpayment on line 17 x Number of days on line 33 x % 366	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2016 and before 2/16/2017	35			
36 Underpayment on line 17 x Number of days on line 35 x % 365	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38 \$			6.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2015)

**FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) CHAPMAN PARTNERSHIP, INC.					Identifying Number 65-0425069	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty	
		-0-				
01/15/16	1,163.	1,163.				
01/15/16	-3.	1,160.	60	.000081967	6.	
03/15/16	1,163.	2,323.				
03/15/16	-6,677.	-4,354.				
03/31/16	0.	-4,354.	76	.000109290		
06/15/16	1,162.	-3,192.				
09/15/16	1,163.	-2,029.				
12/31/16	0.	-2,029.	46	.000109589		
Penalty Due (Sum of Column F).					6.	

* Date of estimated tax payment, withholding credit date or installment due date.

**Florida Corporate Income/Franchise Tax Return**FEIN **65-0425069**F-1120, R. 01/16 **1019**For calendar year 2015
or tax year beginning**OCT 1**, 2015
ending**SEP 30, 2016**Rule 12C-1.051
Florida Administrative Code
Effective 01/16

861502016093000020050372365042506900002

Name **CHAPMAN PARTNERSHIP, INC.**Address **1550 NORTH MIAMI AVENUE**City/State/ZIP **MIAMI, FL 33136**☐ Check here if any changes have been made to name or address**Computation of Florida Net Income Tax**

- | | | |
|--|---|-----------|
| 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return | Check here if negative <input type="checkbox"/> | 31,007.00 |
| 2. State income taxes deducted in computing federal taxable income
(attach schedule) | Check here if negative <input type="checkbox"/> | |
| 3. Additions to federal taxable income (from Schedule I) | Check here if negative <input type="checkbox"/> | |
| 4. Total of Lines 1, 2 and 3 | Check here if negative <input type="checkbox"/> | 31,007.00 |
| 5. Subtractions from federal taxable income (from Schedule II) | Check here if negative <input type="checkbox"/> | |
| 6. Adjusted federal income (Line 4 minus Line 5) | Check here if negative <input type="checkbox"/> | 31,007.00 |
| 7. Florida portion of adjusted federal income (see instructions) | Check here if negative <input type="checkbox"/> | 31,007.00 |
| 8. Nonbusiness income allocated to Florida (from Schedule R) | Check here if negative <input type="checkbox"/> | |
| 9. Florida exemption | | 31,007.00 |
| 10. Florida net income (Line 7 plus Line 8 minus Line 9) | | 0.00 |
| 11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater
(see instructions for Schedule VI) | | 0.00 |
| 12. Credits against the tax (from Schedule V) | | |
| 13. Total corporate income/franchise tax due (Line 11 minus Line 12) | | 0.00 |
| 14. a) Penalty: F-2220 _____ b) Other _____
c) Interest: F-2220 _____ d) Other _____ | Line 14 Total ▶ | |
| 15. Total of Lines 13 and 14 | | |
| 16. Payment credits: Estimated tax payments 16a \$ _____
Tentative tax payment 16b \$ _____ | | |
| 17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.
If the amount is negative (overpayment), enter on Line 18 and/or Line 19 | | 0.00 |
| 18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon | | |
| 19. Refund: Enter amount of overpayment to be refunded here and on payment coupon | | |

544081
10-06-15**Florida Corporate Income Tax Return****1019**
F-1120
R. 01/16

Do Not Detach

YEAR ENDING **09/30/16**

To ensure proper credit to your account, enclose your check with tax return when mailing.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically ☐Name **CHAPMAN PARTNERSHIP, INC.**Address **1550 NORTH MIAMI AVENUE**City/State/ZIP **MIAMI, FL 33136**

650425069	0	0	0
20151001	0	0	0
20160930	3100700	0	0
00000000	0.000000	0	0
012	0	0	0
202	0	0	0
3100700	0	0	0
0	3100700	0	0

0

8615 0 20160930 0002005037 2 3650425069 0000 2



CHAPMAN PARTNERSHIP, INC.

FEIN 65-0425069

1019
F-1120
R. 01/16
Page 2
09/30/16

This return is considered incomplete unless a copy of the federal return is attached.			
If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign here	Signature of officer (must be an original signature)	Date	Title PRESIDENT & CEO
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/> Preparer's PTIN P00646430
	Firm's name (or yours if self-employed) and address MORRISON, BROWN, ARGIZ & FARRA, LLC 301 E LAS OLAS BLVD, 4TH FLOOR FORT LAUDERDALE, FL		FEIN 01-0720052 ZIP 33301

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: **FLORIDA**
- B. Florida Secretary of State document number: **N93000003330**
- C. Florida consolidated return? YES ☐ NO ☒
- D. ☐ Initial return ☐ Final return (final federal return filed)
- E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) ☒ General Rule
☐ Election A ☐ Election B
- F. Principal Business Activity Code (as pertains to Florida)
900000
- G. A Florida extension of time was timely filed? YES ☐ NO ☒
- H-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.
- H-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____
- H-3. The federal common parent has sales, property, or payroll in Florida? YES ☐ NO ☒
- I. Location of corporate books:
1550 NORTH MIAMI AVENUE
City, State, ZIP: **MIAMI, FL 33136**
- J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒
- K. Enter date of latest IRS audit:
a) List years examined: _____
- L. Contact person concerning this return: **H. DANIEL VINCENT**
a) Contact person telephone number: **305-329-3044**
b) Contact person e-mail address: _____
- M. Type of federal return filed ☐ 1120 ☐ 1120S or **990-T**

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135If you are requesting a **refund** (Line 19), send your return to:Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440**Remember:**

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME CHAPMAN PARTNERSHIP, INC.

FEIN 65-0425069

TAXABLE YEAR ENDING 09/30/16

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. Other additions (attach statement)	19.	19.
20. Total Lines 1 through 19 in Columns (a) and (b). Enter totals for each column on Line 20. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	20.	20.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ►	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ►	2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions)	3.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12.	12.



NAME **CHAPMAN PARTNERSHIP, INC.**

FEIN **65-0425069** TAXABLE YEAR ENDING **09/30/16**

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) + Col. (b) Rounded to Six Decimal Places	(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					1.000000

**III-B For use in computing average value of property
(use original cost).**

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods				
2. Buildings and other depreciable assets				
3. Land owned				
4. Other tangible and intangible (financial org. only) assets (attach schedule)				
5. Total (Lines 1 through 4)				
6. Average value of property				
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a.				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b.				
7. Rented property (8 times net annual rent)				
a. Rented property in Florida 7a.				
b. Rented property Everywhere 7b.				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).				
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida 8a.				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere 8b.				

III-C Sales Factor

	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))		

III-D Special Apportionment Fractions (see instructions)

	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)			
2. Transportation services			

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. (b))	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column (c))	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



NAME **CHAPMAN PARTNERSHIP, INC.**

FEIN **65-0425069**

TAXABLE YEAR ENDING **09/30/16**

Schedule V - Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. State housing tax credit (attach certification letter)	12.
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14. Florida renewable energy technologies investment tax credit	14.
15. Florida renewable energy production tax credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Credits for spaceflight projects	18.
19. Research and Development tax credit	19.
20. Energy Economic Zone tax credit	20.
21. Other credits (attach schedule)	21.
22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



NAME **CHAPMAN PARTNERSHIP, INC.**

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TAXABLE YEAR ENDING **09/30/16**

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
Total allocated to Florida	1.
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
Total allocated elsewhere		2.

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3.
(Enter here and on Schedule II, Line 7)	

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2016

1. Florida income expected in taxable year	1.	\$	31,007.00
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	31,007.00
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	
4. Total Estimated Florida tax (5.5% of Line 3)*		\$	
Less: Credits against the tax	4.	\$	

* Taxpayers subject to federal alternative minimum tax must compute

Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

Payment due dates and	Last day of 4th month - Enter 0.25 of Line 4	5a.	
payment amounts:	Last day of 6th month - Enter 0.25 of Line 4	5b.	
	Last day of 9th month - Enter 0.25 of Line 4	5c.	
	Last day of fiscal year - Enter 0.25 of Line 4	5d.	

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1.	\$	
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a. --	\$	
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b. --	\$	
(c) Total of Lines 2(a) and 2(b)	2c.	\$	
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	



CHAPMAN PARTNERSHIP, INC.

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CHAPMAN PARTNERSHIP, INC.

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