			** PUBLIC DISCLOSURE COPY		_	
	0	00	Return of Organization Exempt Free	om In	ncome Tax	OMB No. 1545-0047
For	m 99	<b>90</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			<b>2010</b>
(Re	v. Janu	ary 2020)	Do not enter social security numbers on this form as			
Depa	artment of	f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and th	-	•	Open to Public Inspection
_					EP 30, 2020	
	Check if		organization		D Employer identificat	tion number
	applicable	e: C Name O	n organization			
	Addres					
	change Name	2				
	]change ]Initial	<u>_</u>	pusiness as	<i>i</i>	65-0425069	2
	return _Final		r and street (or P.O. box if mail is not delivered to street address) Row NORTH MIAMI AVENUE	oom/suite	E Telephone number (305) 329-	2044
	return/ termin-					
_	ated Amend	<b>G</b> Gross receipts \$	19,218,621.			
	return	MIAM	II, FL 33136		H(a) Is this a group retu	
	Applica tion pendin		and address of principal officer: SYMERIA HUDSON		for subordinates?	Yes X No
	ponum	SAME	AS C ABOVE		H(b) Are all subordinates inclu	ded? Yes No
			<b>X</b> 501(c)(3) $\bigcirc$ 501(c) ( ) ◀ (insert no.) $\bigcirc$ 4947(a)(1) or	527	If "No," attach a lis	t. (see instructions)
			CHAPMANPARTNERSHIP.ORG		H(c) Group exemption r	
			X Corporation	L Year o	f formation: 1993 M S	State of legal domicile: FL
P	art I	Summary				
đ	1 1		be the organization's mission or most significant activities: <b>PROVID</b>			
Governance	'	<u>TO EMPO</u>	WER OUR HOMELESS RESIDENTS TO BECOME	E SEL	F-SUFFICIENT	•
srne	2	Check this bo	ox 🕨 🛄 if the organization discontinued its operations or disposed	d of more t	than 25% of its net asset	
o ve	3	Number of vo	ting members of the governing body (Part VI, line 1a)			49
		Number of inc	dependent voting members of the governing body (Part VI, line 1b) $\dots$			49
es Se	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)			201
<u>viti</u>	6		of volunteers (estimate if necessary)			1291
Activities &	7 a <sup>-</sup>	Total unrelate	ed business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 39	<u></u>		0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		18,279,776.	18,263,700.
Revenue	9	•	ice revenue (Part VIII, line 2g)		0.	0.
ě	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,102,074.	897,921.
ш.	11 (	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-281,650.	-304,228.
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,100,200.	18,857,393.
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		8,453,980.	8,502,972.
use.	16a		fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b		sing expenses (Part IX, column (D), line 25) 973,960			
Ш	1 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		9,693,418.	9,706,016.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,147,398.	18,208,988.
		Revenue less	expenses. Subtract line 18 from line 12		952,802.	648,405.
S OL					inning of Current Year	End of Year
sets	<b>20</b> <sup>-</sup>	Total assets (F	Part X, line 16)		70,402,287.	74,722,227.
tAs	21	Total liabilities	s (Part X, line 26)		1,603,886.	2,035,127.
Net			fund balances. Subtract line 21 from line 20		68,798,401.	72,687,100.
	art II	Signature				
	•		I declare that I have examined this return, including accompanying schedules an			nowledge and belief, it is
true	, correct	t, and complete	Declaration of preparer (other than officer) is based on all information of which	n preparer h	nas any knowledge.	
			Howard Kupin		MAY 10, 2021	
Sig	n	,	e of officer		Date	
He	re		RD RUBIN, CHIEF FINANCIAL OFFICER			
		Type or p	print name and title	-		
					ate Check	] PTIN
			parer's name Preparer's signature		ate Check	1
Pai	d j		RODRIGUEZ, CPA		if self-employed	P01404398
	d parer	LISETTE Firm's name			if self-employed	1

May the IRS dis	cuss this return with the preparer shown above? (see instructions)
932001 01-20-20	LHA For Paperwork Reduction Act Notice, see the separate instructions.

FORT LAUDERDALE, FL 33301

932002	01-20-20	SEE SCHEDULE	O FOR CONTINUATI		1 <b>990</b> (2019
	Other program services (Describe on Schedu         (Expenses \$ 1,143,930. inclu         Total program service expenses ►	lie O.) <sup>Iding grants of \$</sup> 15 , 601 , 245 •	) (Revenue \$	)	
4d	Other program services (Decoribe on School)				
	(Code:) (Expenses \$ 86 FAMILY RESOURCE CENTERS	9,299. including grants of 5 - SEE SCHEDU	LE O FOR DESCRIP	) (Revenue \$ TION •	
	(Code:) (Expenses \$1,25) HEALTHCARE - SEE SCHEDU	3,590. including grants of JLE O FOR DESC		) (Revenue \$	
4a	revenue, if any, for each program service reprint (Code:       ) (Expenses \$ 12,33         HOUSING       AND         EMERGENCY       -	4,426. including grants of		) (Revenue \$ ON •	
4	Describe the organization's program service a Section 501(c)(3) and 501(c)(4) organizations	accomplishments for each are required to report the a			
3	Did the organization cease conducting, or ma If "Yes," describe these changes on Schedule	ake significant changes in h	low it conducts, any program se	rvices? Ye	es X No
	Did the organization undertake any significan prior Form 990 or 990-EZ? If "Yes," describe these new services on Sch		he year which were not listed or		es 🚺 No
	BECOME SELF-SUFFICIENT.				
	Briefly describe the organization's mission: PROVIDE COMPREHENSIVE S		POWER OUR HOMELE	SS RESIDENTS TO	
		ise or note to any line in this			

Form 990 (2019)

Part IV Checklist of Required Schedules

CHAPMAN PARTNERSHIP, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
46	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
L.	Part VI	<u>11a</u>	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		х
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
332003	3 01-20-20	⊦orm	390	(2019)

932003 01-20-20

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	<u></u>	
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 58			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	01-20-20	Form	990	(2019)

<sup>2019.05094</sup> CHAPMAN PARTNERSHIP, INC. Q0305.01

Form	990 (2019) CHAPMAN PARTNERSHIP, INC. 65-0425	069	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 201			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		-	, agn	(0040)

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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#### CHAPMAN PARTNERSHIP, INC.

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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI
 X

		1	1	10		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		49			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
	Enter the number of voting members included on line 1a, above, who are independent	1b		49			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		Σ
	Did the organization make any significant changes to its governing documents since the prior Form 9				4		2
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		2
6	Did the organization have members or stockholders?				6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?				7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or				
	persons other than the governing body?				7b		Σ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes, " provide the names and addresses on Schedule O				9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			00000			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			1	10a		Σ
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b		
19	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y 00101	e ming the l	onn.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12a	X	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				120	21	-
С		,			10-	х	
~	in Schedule O how this was done				12c	X	-
	Did the organization have a written whistleblower policy?				13	X	┢
	Did the organization have a written document retention and destruction policy?				14	Λ	
5	Did the process for determining compensation of the following persons include a review and approva	-	-				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				-
	taxable entity during the year?				16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright FL$						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section	501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	olicy, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records				
	HOWARD RUBIN, CHIEF FINANCIAL OFFICER - 305-329-304						
	1550 NORTH MIAMI AVENUE, MIAMI, FL 33136						
							(20

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complet	te this table for all persons required to be listed. Beport compensation for the calendar year ending with or within the organization's tay year

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

INC

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

CHAPMAN PARTNERSHIP

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		l	mzu			ipen	Juit			(5)
(A)	(B)			<b>(C</b> Posi	ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one				than c		Reportable	Reportable	Estimated
	hours per			ss person is both an nd a director/trustee)				compensation	compensation	amount of
	week						,	from the	from related	other
	(list any hours for	Individual trustee or director						organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	ruste	trus		/ee	npen				and related
	below	dual t	Institutional trustee	_	Key employee	Highest compensated employee	ar			organizations
	line)	ndivi	nstitu	Officer	(ey ei	Highe	Former			
(1) PETER PRUITT	10.00		-		-	н е Н	4			
CHAIRMAN, BOARD OF DIRECTORS			x					0.	0.	0.
(2) CARLOS R. FERNANDEZ-GUZMAN	3.00							<b>Ŭ</b>		
IMMEDIATE PAST CHAIR			x					0.	0.	0.
(3) TRISH BELL	3.00									
CHAIR EMERITUS, BOARD OF DIRECTORS		1	x					0.	0.	0.
(4) ED JOYCE	3.00									
TREASURER, BOARD OF DIRECTORS		ĺ	x					0.	0.	0.
(5) TRACY R. SLAVENS	3.00									
SECRETARY		1	x					0.	0.	0.
(6) EVALINA BESTMAN PA	1.00									
MEMBER		1	x					0.	0.	0.
(7) BONNIE M. CRABTREE	1.00									
MEMBER			X					0.	0.	0.
(8) TOMAS P. ERBAN	1.00									
MEMBER			Х					0.	0.	0.
(9) ALLAN PEKOR	1.00									
MEMBER			Х					0.	0.	0.
(10) JORGE R. VILLACAMPA	1.00									
MEMBER			Х					0.	0.	0.
(11) TIMOTHY M. ADAMS	1.00									
MEMBER		1	X					0.	0.	0.
(12) ALAN ROSENBERG	1.00									
MEMBER		1	X					0.	0.	0.
(13) BRIGID F. CECH SAMOLE	1.00									
MEMBER		1	X					0.	0.	0.
(14) JON BATCHELOR	1.00									
MEMBER			Х					0.	0.	0.
(15) SANDY BATCHELOR	1.00									
MEMBER			X					0.	0.	0.
(16) JOSE DANS	1.00									
MEMBER			X					0.	0.	0.
(17) DEBORAH DAVIDSON	1.00									
MEMBER			Х					0.	0.	0.
932007 01-20-20										Form 990 (2019)

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Form **990** (2019)

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65-0425069

	HAPMAN	PARTNERS	HI	P,	I	NC	•			65-04	<u>125(</u>	)69	F	age <b>8</b>
Part VII Section A. Officers, D	irectors, Tru	istees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)		(B)			(C				(D)	(E)			(F)	
Name and title		Average	(do	not cl	Posi			ne	Reportable	Reportable		Es	timat	ed
		hours per	box	, unles	ss per	son is	s both	an	compensation	compensatio	n	an	nount	of
		week		cer an	d a di	recto	r/trus	ee)	from	from related	I		other	
		(list any	recto						the	organization	I		pensa	
		hours for related	or di	ee			ated		organization	(W-2/1099-MIS	;C)		om th	
		organizations	ustee	trust		96	npens		(W-2/1099-MISC)			•	aniza <sup>:</sup> d relat	
		below	lual tr	tional		voldr	st con yee	L					anizat	
		line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orge	iinzai	10113
(18) NANCY J. DAVIS		1.00		-	0	×	ет	ш.						
MEMBER		1.00		x					0.		0.			0.
(19) JACQUELINE DONATE		1.00												<u> </u>
MEMBER		1.00	•	x					0.		0.			0.
(20) THOMAS B. DAVIS		1 00							0.					0.
		1.00							0					0
MEMBER		1 0 0		X					0.		0.			0.
(21) ALAN EISENBERG		1.00												•
MEMBER		1		X					0.		0.			0.
(22) TANYA FERREIRO, CPA		1.00												
MEMBER				X					0.		0.			0.
(23) JOSE GONZALEZ		1.00												
MEMBER				X					0.		0.			0.
(24) DIEGO GORDILLO		1.00												
MEMBER				X					0.		0.			Ο.
(25) NANCY HECTOR		1.00												
MEMBER			1	X					0.		0.			Ο.
(26) CARLOS HERNANDEZ		1.00												
MEMBER				x					0.		0.			Ο.
1b Subtotal									0.		0.			0.
c Total from continuation she									981,046.		0.	11	<u>6</u> 0	21.
<u>d</u> Total (add lines 1b and 1c)									981,046.		0.			$\frac{21}{21}$ .
2 Total number of individuals (i										000 of reportable			5,0	
compensation from the orga	-		056	IISLE	u au	ove	<i>y</i> wii	016	ceived more than \$100,		;			4
compensation from the organ													Yes	No
2 Did the exception list and	form or office	v divector truct	I		mal		~ ~ ~	hia	best componented ampl		Г		100	
3 Did the organization list any											ŀ	~	Х	
line 1a? If "Yes," complete S												3		
4 For any individual listed on lin											ŀ		v	
and related organizations gre		,		•								4	X	
5 Did any person listed on line						-			-	lual for services	-			
rendered to the organization		mplete Schedule	e J f	or su	ich p	perso	on .					5		X
Section B. Independent Contrac														
<b>1</b> Complete this table for your	five highest o	compensated inc	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report corr	pensation fo	r the calendar ye	ear e	endin	ig wi	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C		
	e and busines								Description of s	ervices	C	omper	nsatic	on
WOW MARKETING, 808	3 S. DC	UGLAS RO	AD	,	EX (	•								
TOWER, 5TH FLOOR,	CORAL	GABLES,	FL						MARKETING SE	RVICES		49!	<u>5,3</u>	56.
PRESTIGE GROUP, 1835 EAST HALLANDALE BEACH							CONSTRUCTION							
BLVD. #665, HALLANDALE BEACH, FL								SERVICES			432	2,4	88.	
JACKSON MEMORIAL HOSPITAL														
1611 NW 12 AVENUE, MIAMI, FM 33136								CLIENT SERVI	CES		300	6,4	95.	
JACKSON HEALTH SYSTEM - PSYCHIATRIST								PSYCHIATRIST						
1611 NW 12 AVENUE, MIAMI, FL 33136								SERVICES			29	8.9	49.	
SOUTHEASTERN MOBIL				00	0 9	<u>5.</u> 1	W .	f					- , ,	
152ND STREET SUITH		-					•••	h	DENTAL SERVI	TES		27	5 N	00.
								-				<u> </u>	5,0	50.
2 Total number of independent			Jt IIr	nitec	1 to t	_	-	req	above) who received mo	bre than				
\$100,000 of compensation fr			TN	<b>TT</b> 7	m <b>T</b> /	7 0 NT		הדנ	TEMO				000	(0.0.4.2)
SEE PART VII,	SECITC	A CONT	T 1/	OA	тт(	OIN	С.	16	G T G		1	rorm ?	330	(2019)

932008 01-20-20

Form 990 CHAPMAN PARTNERSHIP, INC. 65-042506											
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated	
	hours	(cl	heck	allt	that	app	ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week	_				oyee		the	organizations	compensation	
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the	
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related	
	organizations	ruste	ll trus		/ee	m pen				organizations	
	below	dual t	utiona	<u> </u>	u plo	st co	Ŀ			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former				
(27) OSMOND C. HOWE, JR.	1.00								_		
MEMBER			X					0.	0.	0.	
(28) SHERRILL HUDSON	1.00									_	
MEMBER			X					0.	0.	0.	
(29) RICHARD LEDGISTER	1.00									-	
MEMBER			X					0.	0.	0.	
(30) MARILE LOPEZ	1.00										
MEMBER			X					0.	0.	0.	
(31) JOHN M. MALLOY, JR.	1.00										
MEMBER			X					0.	0.	0.	
(32) BRENT MCLAUGHLIN	1.00										
MEMBER			X					0.	0.	0.	
(33) MARISA T. MENDEZ	1.00										
MEMBER			Х					0.	0.	0.	
(34) BRONWYN C. MILLER	1.00										
MEMBER			X					0.	0.	0.	
(35) ROBERTO MUNOZ	1.00										
MEMBER			X					0.	0.	0.	
(36) JACQUIE O'MALLEY	1.00										
MEMBER			X					0.	0.	0.	
(37) FATIMA PEREZ	1.00										
MEMBER			X					0.	0.	0.	
(38) MATTHEW PINZUR	1.00										
MEMBER			Х					0.	0.	0.	
(39) JONAH PRUITT, III	1.00										
MEMBER			Х					0.	0.	0.	
(40) EVAN REES	1.00										
MEMBER			Х					0.	0.	0.	
(41) DENRICK ROLLE	1.00										
MEMBER			X					0.	0.	0.	
(42) CARLOS SABALLOS	1.00										
MEMBER		1	X					0.	Ο.	0.	
(43) BRIAN SAN MIGUEL	1.00										
MEMBER		1	X					0.	Ο.	Ο.	
(44) JOSE SARIEGO	1.00										
MEMBER			X					0.	0.	0.	
(45) SCOTT L. SCHNEIDER	1.00										
MEMBER		]	x					0.	0.	0.	
(46) BRADLEY STEIN	1.00										
MEMBER			X					0.	0.	0.	
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>				

Form 990 CHAPMAN	ARTNERS	HI	Р,	I	NC	•			65-042	5069
Part VII Section A. Officers, Directors, Tru	stees, Key En	est	t Compensated Employees (continued)							
(A) Name and title	<b>(B)</b> Average hours			<b>(C</b> Posi all 1	<b>C)</b> ition	1		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) JAY A. STEINMAN MEMBER	1.00		x					0.	0.	0.
(48) DALE CHAPMAN WEBB	1.00									
MEMBER			x					0.	0.	0.
(49) STEFAN H. ZACHAR III MEMBER	1.00		x					0.	0.	0.
(50) HOWARD RUBIN	40.00									
CHIEF FINANCIAL OFFICER				Х				210,534.	0.	33,980.
(51) LISA MAGRINO CHIEF OPERATING OFFICER	40.00			x				242 055	0.	20 026
(52) SYMERIA HUDSON	40.00			^				242,955.	0.	28,936.
PRESIDENT, CEO				x				343,716.	0.	28,626.
(53) FLAVIA LLIZO	40.00									
FORMER VP OF DEVELOPMENT & MARKETING							Х	183,841.	0.	24,479.
Total to Part VII, Section A, line 1c						_		981,046.		116,021.

932201 04-01-19

			2019) CHAPMAN PART	ΓNE	RSHIP, 1	INC.		65-0425	069 <sub>Page</sub> 9
Pa	rt V	/	Statement of Revenue						
			Check if Schedule O contains a respon	ise o	r note to any line	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a						
ant			Membership dues <b>1b</b>						
n G			Fundraising events 1c		1,126,750.				
ifts r A			Related organizations 1d						
, G			Government grants (contributions) <b>1e</b>		12,286,538.				
Sir			All other contributions, gifts, grants, and		, ,				
utio		•	similar amounts not included above <b>1f</b>		4,850,412.				
otl		g	Noncash contributions included in lines 1a-1f		1,190,440.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f		<b>▶</b>	18,263,700.			
0.0					Business Code	_ /_ / ·			
0	2	а							
vice		b							
Ser		č		_					
am Ser evenue		d							
Program Service Revenue		e							
Pro			All other program service revenue						
			Total. Add lines 2a-2f	···· <u>L</u>					
	3		Investment income (including dividends, int	teres	t. and				
	_		other similar amounts)			897,921.			897,921.
	4		Income from investment of tax-exempt bone						
	5		Royalties	-	1				
	-		(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
	Ŭ		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (loco)						
	7		Gross amount from sales of (i) Securitie		(ii) Other				
		u	assets other than inventory <b>7a</b>		()				
		h	Less: cost or other basis						
e		Ň	and sales expenses						
venue		c	Gain or (loss)						
0			Net gain or (loss)						
Other R	8		Gross income from fundraising events (not						
σţΡ	Ŭ		including \$ 1,126,750. of						
•			contributions reported on line 1c). See						
				8a	57,000.				
		b		8b	361,228.				
			Net income or (loss) from fundraising events			-304,228.			-304,228.
	9		Gross income from gaming activities. See						
				9a					
		b		9b					
			Net income or (loss) from gaming activities		►				
	10		Gross sales of inventory, less returns						
			-	10a					
		b		10b					
			Net income or (loss) from sales of inventory	/ <u></u> .	<b>&gt;</b>				
~					Business Code				
Miscellaneous Revenue	11	а		_ [					
ane		b		_ [					
eve:		с		_ [					
lisc		d	All other revenue	[					
2			Total. Add lines 11a-11d		►				
	12		Total revenue. See instructions			18,857,393.	0.	0.	593,693.
93200	9 01	-20-	20						Form <b>990</b> (2019

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CHAPMAN PARTNERSHIP Part IX Statement of Functional Expenses

Da	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 001 005		116 500	40 452
	trustees, and key employees	1,001,625.	844,670.	116,502.	40,453.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,760,620.	4,857,927.	670,034.	232,659.
8	Pension plan accruals and contributions (include	100 000	122.225		F 996
	section 401(k) and 403(b) employer contributions)	172,633.	139,836.	27,471.	5,326.
9	Other employee benefits	1,082,513.	884,405.	157,880.	40,228.
10	Payroll taxes	485,581.	399,535.	66,677.	19,369.
11	Fees for services (nonemployees):				
а	F	11.005	10.670	4.045	
b	F	14,925.	10,678.	4,247.	
С	Accounting	175,629.		175,629.	
d	Lobbying				
е	ě ř				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	541,114.	253,912.	204,187.	83,015.
12	Advertising and promotion	293,850.	10,221.		283,629.
13	Office expenses	598,763.	510,326.	35,360.	53,077.
14	Information technology				
15	Royalties				
16	Occupancy	1,342,147.	1,327,244.	14,903.	
17	Travel	70,913.	45,433.	21,657.	3,823.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	118,105.	42,614.	74,831.	660.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,173,301.	1,173,301.		
23	Insurance	293,307.	251,747.	41,560.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OT TENM EXDENCED	1,166,724.	1,166,724.		
b	IN-KIND EXPENSES	1,150,336.	1,150,336.		
c	HOOD	909,934.	909,934.		
d		837,810.	837,810.		
	All other expenses	1,019,158.	784,592.	22,845.	211,721.
25 25	Total functional expenses. Add lines 1 through 24e	18,208,988.	15,601,245.	1,633,783.	973,960
26	Joint costs. Complete this line only if the organization	-,,	-,,,,,,,,,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight in the following SOP 98-2 (ASC 958-720)				

INC.

932010 01-20-20

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12 2019.05094 CHAPMAN PARTNERSHIP, INC. Q0305.01

Form 990 (2019)

10260510 795691 Q0305.001

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Total liabilities and net assets/fund balances

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Form 990 (2019)

CHAPMAN PARTNERSHIP, INC.

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 1 Cash - non-interest-bearing 5,712,359. 6,990,756. 2 2 Savings and temporary cash investments 1,248,196. 1,058,878. 3 3 Pledges and grants receivable, net 858,538. 587,243. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 394,811. 210,557. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 31,720,692. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 14,124,489. 14,022,586. 10c 51,852,207. 48,063,894. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 70,402,287. 74,722,227. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 584,436. 339,153. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,019,450. 495,974. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. 25 1,200,000. of Schedule D 1,603,886. 2,035,127. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 15,905,439. 16,134,847. 27 27 Net assets without donor restrictions Net assets with donor restrictions 52,663,554. 56,781,661. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 68,798,401. 72,687,100. Total net assets or fund balances 32 32 70,402,287. 74,722,227.

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Form 990 (2019) Part X | Balance Sheet

Form	990 (2019) CHAPMAN PARTNERSHIP, INC.	65-	0425069	Pa	.ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,85		
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,20	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	64	8,4	05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68,79	<u> </u>	
5	Net unrealized gains (losses) on investments	5	3,24	0,2	94.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	72,68	7,1	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2019)

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Department of the Treasury Internal Revenue Service

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## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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van	le or	the organization סעאיס	ΜΆΝ ΟΧΟΨΝΈ	RSHIP, INC.					5-0425069	er			
Pa	rt I	Reason for Public (			molete thi	is nart ) Se	e instructions	0	J-0423009	—			
		nization is not a private found											
1		A church, convention of ch					1)(A)(i)						
2	님	A school described in sect					•,\\~,\\')•						
2	님	A hospital or a cooperative					;;)						
4	님	A medical research organiz						(iii) Enter	the hospital's name				
7		city, and state:			400011004				the helphar e harne,				
5		An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a do	vernmental u	nit describe	ed in				
Ŭ		section 170(b)(1)(A)(iv). (C			or operation	ou oy u ge							
6				nental unit described in	section 17	70(b)(1)(A)	(v)						
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe		(1)(A)(vi). (Complete Part	: 11.)								
9	$\square$	An agricultural research org				ed in coniu	unction with a	land-grant	college				
		or university or a non-land-g											
		university:	, , ,			, j	,	5					
10		An organization that norma	Ily receives: (1) more	e than 33 1/3% of its supp	port from c	contributio	ns, membersł	nip fees, an	d gross receipts from				
		activities related to its exem											
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Con											
11		An organization organized a	and operated exclus	ively to test for public saf	ety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform th	he functio	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section &	509(a)(2).	See section &	509(a)(3). (	Check the box in				
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.					
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled l	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustee	es of the su	upporting				
	_	organization. You must o	complete Part IV, Se	ections A and B.									
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving				
		control or management o			ame persoi	ns that co	ntrol or manao	ge the supp	ported				
	_	organization(s). You mus											
С		_ Type III functionally inte						ly integrate	ed with,				
_	_	its supported organization		· ·									
d		Type III non-functionally						-					
		that is not functionally int	с С	<b>v</b>	•		•	an attentiv	/eness				
	_	requirement (see instructi											
е		Check this box if the orga					Type I, Type	II, Type III					
f	Ent	functionally integrated, or er the number of supported of											
י מ		vide the following information	•	ad organization(s)									
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of	monetary	(vi) Amount of other	_			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instruction	is)			
Tota	l												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 15

# Schedule A (Form 990 or 990-EZ) 2019 CHAPMAN PARTNERSHIP INC 65-0425 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>15707677.</u>	<u>15587497.</u>	16368487.	<u>17208530.</u>	<u>17130260.</u>	82002451.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15707677.	15587497.	16368487.	17208530.	17130260.	82002451.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4492926.
	Public support. Subtract line 5 from line 4.						77509525.
	ction B. Total Support	1	[		1	1	. <u></u>
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	15707677.	15587497.	16368487.	17208530.	17130260.	82002451.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	802,609.	1154074.	1242722.	1102074.	897,921.	5199400.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						87201851.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is fo	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
800	organization, check this box and sto	p here	oontago				
	ction C. Computation of Public						0.0.00
	Public support percentage for 2019 (I		•			14	88.89 %
	Public support percentage from 2018					15	87.79 %
16a	<b>33 1/3% support test - 2019.</b> If the	0			14 is 33 1/3% or m	iore, check this bo	
_	stop here. The organization qualifies		•				
b	<b>33 1/3% support test - 2018.</b> If the				l line 15 is 33 1/3%	or more, check th	
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-		-	
	meets the "facts-and-circumstances"	-	-	• • • • •			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						e
40	organization meets the "facts-and-circ		-		• • • •		
18	Private foundation. If the organization	on ala not check a		a, 100, 17a, or 17t			s ▶ ) or 990-EZ) 2019
					3010	54415 A (FULIII 99(	J UI 330-EZ) 20 19

#### Schedule A (Form 990 or 990-EZ) 2019 CHAPMAN PARTNERSHIP, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			-	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			_			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					_	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here		•				<b>&gt;</b>
See	ction C. Computation of Publi	ic Support Per	rcentage			1 1	
	Public support percentage for 2019 (			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20			line 13, column (f))		17	%
18						18	%
19a	<b>33 1/3% support tests - 2019.</b> If the						7 is not
	more than 33 1/3%, check this box a	-		· ·	••••		►∟
k	<b>33 1/3% support tests - 2018.</b> If the	-					
~~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	pox on line 14, 19	a, or 19b, check t			
9320:	23 09-25-19		17	7	Sch	edule A (Form 990	or 990-EZ) 2019

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Yes No

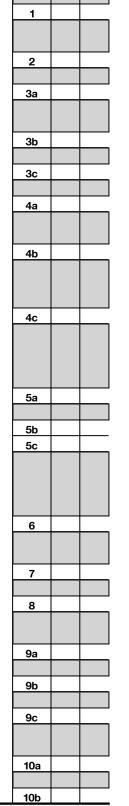
#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

932024 09-25-19



Schedule A (Form 990 or 990-EZ) 2019

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## Schedule A (Form 990 or 990-EZ) 2019 CHAPMAN PARTNERSHIP, INC. Part IV Supporting Organizations (continued)

11         Has the organization accepted a gift or combibution from any of the following presents?         Image: Combibution from any of the following presents?         Image: Combibution following followi				Yes	No
betwy, the governing body of a supported organization?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) or (b) above?     b A family member of a person described in (a) above a discribed in (a) above	11	Has the organization accepted a gift or contribution from any of the following persons?			
	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
e A 39% controlled entity of a person described in (a) or (b) above? // 'Yes' to a. b. or c. provide detail in Part V. <pre>             110             Section B. Type I Supporting Organizations</pre>		below, the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations  Yes No  Regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year 11 *No,* describe in Part VI how the supported organization's director are trustees at all times during the tax year 11 *No,* describe in Part VI how the supported organization's director are trustees at all times during the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  D Ud the organization opace for the benefit of any supported organization of the time the supported organization opace for the benefit of any supported organization of the time the supported organization opace the benefit of any our supported organization of the time the supported organization opace to the the time of any supported organization of the time the support of organization opace to the supporting organization of the time the support of the directors or trustees of each of the organization are directors or trustees during the tax year.  Were a majority of the organization was vested in the same persons that controlled or managed the supporting organizations.  Section D. All Type II Supporting Organizations was vested in the same persons that controlled or managed the supported organizations, by the last day of the fifth month of the organization's governing documents in effect on the date of notification, and (ii) opcies of the organization spectral mark of the supporting organization's supported organization's supported organizations were (i) a cose and continuous working relationation' if the organization's the organization spectral mark the active of notification, the extent not previded organization fill.  Section D. All Type III Supporting Organizations were (i) a cost of the organization's supported organization's income or assets at all times during the tax year?  Were any of the organization is supported organization's supported organizations (i) and is ausoparted organization's and and a	b	A family member of a person described in (a) above?	11b		
1 Did the directors, invalees, or membership of one or more supported organizations have the power to regularly apoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'We,' describe in <b>Part VI</b> how the supported organization of directors or trustees at all times during the tax year? If 'We,' describe in <b>Part VI</b> how the supported organization of the support of organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization supported organization of the support of organization or management of the supporting organization. <b>Yes</b> No <b>Y</b>			11c		
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1       Were a majority of the organization's supported organization(s)? // */ko,* describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).       1         2       Section D. All Type III Supporting Organizations       1         1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's of theores, directors, or trustees either (i) appointed or elected by the supported organization(s).       2         3       By reason of the reganization is officers, directors, directors, or trustees and indication is supported organization's income or assets at all its regard.       2         2       Were a majority of the organization sinvestment policies and in directing the use of the organization's income or assets at all its regard.       2         3       By reason of the relationship described in (2), did the organizations.       1 "Mo," esplain in Part VI how the supported organization's income or assets at all its way ear? If Yes, " describe in Part VI the role the organization's income or assets at all its way ear? If Yes, "the in Part VI the role the organization's activities the Activities Test. Complete line 2 below.       2       2       2       2		supervised, or controlled the supporting organization.	2		
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or management of the supporting organization was vested in the same persons that controlled or managed   1   Section D. All Type III Supporting Organizations     1   1   2   1   1   0   1   1   1   1   1    2    1   1   1   1    1    1    1    1    1    1    1    1    1    1    1    2    2    2    2    2    3    2    3    3    3   3   3   3   3   3   3   3   3    3    3    3    3    3    3 <td>1</td> <td></td> <td></td> <td></td> <td></td>	1				
the supported organization(s)       1         Section D. All Type III Supporting Organizations       Yes       No         1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, no the extent not previously provided?       Yes       No         2       Were any of the organization's difficers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).       2		or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
Section D. All Type III Supporting Organizations       Yes         1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?         2       Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization's diverse during the tax year? If 'Yes, 'describe in Part VI the role the organization's income or assets at all times during the tax year? If 'Yes, 'describe in Part VI the role the organization's income or assets at all times during the tax year? If 'Yes, 'describe in Part VI the role the organization's supported organizations atisfied the Activities Test. Compilete Ine 2 below.       3         1       Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).       Yes No         2       Activities Test. Answer (a) and (b) below.       1       2         2       Activities Test. Answer (a) and (b) below.       2       2         3       1       Check the organization's outline activities that. Ut for the organization's involvement, one or more of the organization's apported organization's and (b) evorganization's apported organization's aposition that t		or management of the supporting organization was vested in the same persons that controlled or managed			
1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?         2       Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization if "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).       2         3       By reason of the relationship described in (2), did the organization's tincetment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization supported organizations and the two ganization supported in this regard.       2         3       Section E. Type III Functionally Integrated Supporting Organizations.       3       3         9       Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).       3         1       Did substantially all of the organization was responsive? If "Yes," then in Part VI identify those supported organization is activities during the tax year directly furthered their exempt purposes, how the organization's activities during the tax errores of the supported organization's mowethese activities during the		the supported organization(s).	1		
<ul> <li>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's of (ii) serving on the governing body of a supported organization? If 'No, 'explain in Part VI how the organization's of (io) endowed and continuous working relationship with the supported organization(s).</li> <li>By reason of the relationship described in (2), did the organization's supported organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organization subsected the organization is supported organization subsected the Activities Test. Answer (a) and (b) below.</li> <li>Check the box next to the method that the organization use to satisfy the Integral Part Test during the year (see instructions).</li> <li>a</li></ul>	Sec	tion D. All Type III Supporting Organizations			
<ul> <li>organization's fax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the supported organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's officers, directors, or trustees either (i) appointed or granizations in Part VI how the organization's directed in (2), did the organization's supported organization's income or assets at all times during the tax year? (II "Yes," <i>escliain</i> in Part VI the role the organization's supported organizatin's supported organizatio</li></ul>				Yes	No
<ul> <li>year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</li> <li>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization's officers directing the use of the organization's invostment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations supported organization's supported organizations at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations supported organizations at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization supported organizations at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization supported organizations is the parent of each of its supported organizations. Complete line 3 below.</li> <li>C Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>A chivities Test. Answer (a) and (b) below.</li> <li>D id ubustantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's involvement.</li> <li>D id the organization's position that its supported organization's involvement, one or more of the organization's output dorganization(s) would have een gaaged in these activities described in (a) constitute activities that, but for the organization's involvement.</li> <li>D id the organization's involvement.</li> <li>Parent of Supported Organization's involvement.</li> <li>Parent of</li></ul>	1				
organization's governing documents in effect on the date of notification, to the extent not previously provided?       1         2       Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization an intender a close and continuous working relationship with the supported organization(s).       2         3       By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.       2         Section E. Type III Functionally Integrated Supporting Organizations.       3       3         1       Deck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).       3         2       Activities Test. Answer (a) and (b) below.       5       2         3       Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities doreganization determined that these activities does supported organizations, and how the organization determined that these activities during by outd have been engaged in these activities during in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have engaged in thes					
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		of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019 CHAPMAN PARTNERSHIP, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CHAPMAN PARTNERSHIP, II	$\mathbf{NC}$
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Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016 Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

chedule A (	Form 990 or 990-EZ) 2019 CHAPMAN PARTNERSHIP, INC.	65-0425069 Page
	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	ine 1; Part V, Section B, line 1e; Part V,

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

65	-042	250	69

or gunization type (on our only).			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

INC.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

CHAPMAN PARTNERSHIP

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Page 2

Employer identification number

65-0425069

## CHAPMAN PARTNERSHIP, INC.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,321,928.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$410,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 11,720,104.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

25 2019.05094 CHAPMAN PARTNERSHIP, INC. Q0305.01

10260510 795691 Q0305.001

Page 3

Employer identification number

CHAPMAN PARTNERSHIP, INC.

65-0425069

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

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#### 10260510 795691 Q0305.001

Name of organization			Employer identification number	
снарма	N PARTNERSHIP, INC.		65-0425069	
Part III	Exclusively religious, charitable, etc., contribution	ns to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year	
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl	naritable, etc., contributions of \$1,000 or le	y. For organizations ess for the year. (Enter this info. once.)  \$	
( ) ) ]	Use duplicate copies of Part III if additional s	pace is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(_) Tuonofou of sift		
		(e) Transfer of gift		
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	L	(e) Transfer of gift		
	Transferee's name, address, an	d <b>ZIP</b> + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift	I	
	Transferee's name, address, an	d <b>ZI</b> P + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
·				
F	(e) Transfer of gift			
	Transferee's name, address, an	d <b>ZIP</b> + 4	Relationship of transferor to transferee	
923454 11-06-1	9		Schedule B (Form 990, 990-EZ, or 990-PF) (2019	

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10260510 795691 Q0305.001

SCHEDULE	D
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(Form	990)
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## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.



Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.
Go to www.irs.gov/Form990 for instructions and the latest information.

	CHAPMAN PARTNERSHI	P, INC	65-0425069
Pa		d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🛛 🗌 Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	sement is located 🕨	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(	ר)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 📃 No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Forn	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB $\ensuremath{\sc A}$	C C	
а	Revenue included on Form 990, Part VIII, line 1		• • •
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019
93205	10-02-19		
		28	

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Sche		PARTNERSHI						25069		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other \$	Similar	Asset	s <sub>(contin</sub>	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that r	make sigi	nificant us	se of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange prograr	n					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organizatior	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	ures, or other	similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	lection?			[	Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "א	res" on F	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on Fe				-	/?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i							1 _		
		(a) Current year	(b) Prior year	(c) Two years		d) Three ye		1		
	Beginning of year balance	43,469,424.	41,788,156.	38,654	-		3,699.		858,	
b	Contributions	204,649.	206,808.		,865.		9,768.	-	209,	
	Net investment earnings, gains, and losses	3,823,592.	1,767,781.	2,965	,849.	4,47	1,450.	2,	914,	871.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	171,607.	293,321.	41	,475.					
f	Administrative expenses									
g	End of year balance	47,326,058.	43,469,424.		,156.	38,65	54,917.	33,	983,	699.
2	Provide the estimated percentage of the curr		(line 1g, column (a)	) held as:						
	Board designated or quasi-endowment	.00	_%							
b	Permanent endowment  42.00	%								
С	Term endowment  58.00	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held an	d administere	d for the	organizat	tion	r		
	by:								Yes	No
	(i) Unrelated organizations									<u>X</u>
	(ii) Related organizations									X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?					. 3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990,						
	Description of property	(a) Cost or ot	• • •	or other	. ,	cumulated	b	(d) Bool	< value	е
		basis (investm	· ·		depr	eciation		4 4 4 4 4		
	Land			5,000.		0		1,495		
	Buildings			6,960.		87,32			9,63	
с	Leasehold improvements			5,476.		30,18		1,46		
d	Equipment			2,722.		04,60			<u>3,1</u>	
	Other			0,534.	3,3	75,99			1,54	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	. column (B), line 10	) <u>c.)</u>			▶ 1	.4,022	2,58	86.
						S	Schedule	e D (Form	ı 990)	2019

Schedule D (Form 990	) 2019	CHAPMAN	PARTNE

65-0425069 Page 3

	ule D (Form 990) 2019	CHAPMAN PAR	TNERSHIP, INC	•	65-0425069 Page 3
Part	VII Investments -	Other Securities.			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) D	escription of security or categ	JOTY (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Fin	ancial derivatives				
(2) Clo	sely held equity interests				
(3) Ot					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	Col. (b) must equal Form 990	). Part X. col. (B) line 12.) 🕨			
Part	VIII Investments -	Program Related.			
		•	on Form 990 Part IV line	11c. See Form 990, Part X, line 13.	
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)	., .				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(8)</u> (9)					
	Col. (b) must equal Form 990	Dart V. col. (P) line 12 )			
Part	IX Other Assets.				
		anization answered "Yes"	on Form 990 Part IV line	11d. See Form 990, Part X, line 15.	
	Complete il tile org		Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>			45.)		
Part		orm 990, Part X, col. (B) line	<u>e 15.)</u>		
i uit			on Form 000 Port IV line	11e or 11f. See Form 990, Part X, lir	22.25
		escription of liability	on Form 990, Fart IV, line	The of Thi. See Form 990, Part A, in	(b) Book value
<u>1.</u>	. ,				
(1)	Federal income taxes	TECTION PROGR	λ <b>Μ</b>		
(2)	REFUNDABLE A		AM		1 200 000
(3)	REFUNDABLE A	DVANCE			1,200,000.
(4)					
(5)					<u> </u>
(6)					
(7)					
(8)					
(9)					1 000 000
		orm 990, Part X, col. (B) line	,		▶ 1,200,000.
2 lia	bility for uncertain tax not	sitions In Part XIII provide	the text of the footnote to	the organization's financial stateme	nte that reporte the

Liability for uncertain tax positions. In Part XIII, provide the text of the foothote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

932053 10-02-19

	dule D (Form 990) 2019 CHAPMAN PARTNERSHIP, INC.		0425069 Page 4					
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.						
1	Total revenue, gains, and other support per audited financial statements		1	23,283,874.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments		3,240,294.					
b	Donated services and use of facilities	2b	824,959.					
С	Recoveries of prior year grants	<b>2</b> c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	4,065,253.			
3	Subtract line 2e from line 1			3	19,218,621.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b	-361,228.					
С	Add lines <b>4a</b> and <b>4b</b>			4c	-361,228.			
U.		5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)						
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	18,857,393.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	nents With	I Expenses per F					
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	nents With	Expenses per F		n.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	<b>nents With</b> <sup>2a.</sup>	I Expenses per F					
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<b>nents With</b> <sup>2a.</sup>	I Expenses per F	Retur	n.			
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements	nents With	I Expenses per F	Retur	n.			
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With 2a. 2a	I Expenses per F	Retur	n.			
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With <sup>2a.</sup> 2a 2b	824,959.	Retur	n.			
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         T XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a            2a            2b            2c	I Expenses per F	Retur	n. 19,395,175.			
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a            2a            2b            2c            2d	824,959. 361,228.	Retur	n. <u>19,395,175.</u> 1,186,187.			
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         T XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a            2a            2b            2c            2d	824,959. 361,228.	1	n. 19,395,175.			
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         TXII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a            2a            2b            2c            2d	824,959. 361,228.	1	n. <u>19,395,175.</u> 1,186,187.			
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12</i> )         Total revenue Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12</i> )         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a            2a            2b            2c            2d	824,959. 361,228.	1	n. <u>19,395,175.</u> 1,186,187.			
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12</i> )         Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12</i> )         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	824,959. 361,228.	1	n. <u>19,395,175.</u> 1,186,187.			
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form</i> 990. Part I. line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       Prior year adjustments         Other losses       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d	824,959. 361,228.	1	n. <u>19,395,175.</u> <u>1,186,187.</u> <u>18,208,988.</u> 0.			
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         TXII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	824,959. 361,228.	1 2e 3	n. <u>19,395,175.</u> <u>1,186,187.</u> <u>18,208,988.</u>			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

ENDOWMENT ESTABLISHED FOR A VARIETY OF PURPOSES TO SUPP	ORT	THE
---	-----	-----

ORGANIZATION'S MISSION IN PERPETUITY.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR

TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE

SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND

INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES,

31

IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST

EXPENSE, RESPECTIVELY.

932054 10-02-19

PART XI, LINE 4B - OTHER ADJUSTMENTS:

#### SPECIAL EVENTS EXPENSE (NETTED WITH SPECIAL EVENTS REVENUE

<u>ON FORM</u> 990)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE (NETTED WITH SPECIAL EVENTS REVENUE

<u>ON FORM 990)</u>

Schedule D (Form 990) 2019

932055 10-02-19

000000000	[]u[]]lemental []nformation []egarding []undraising or []aming []cti[]ities							OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if t organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019
Department of the Treasury	_	Attach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		PARTNERSHIP, INC.					Employer ide	entification number 069
	ng []cti[]ities[] complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not
<ol> <li>Indicate whether the a Mail solicitat</li> <li>Mail solicitat</li> <li>Internet and</li> <li>Phone solicitat</li> <li>In-person so</li> <li>2 a Did the organization key employees list</li> </ol>	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa	ed funds through any of the followin e Solicita	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
compensated at le				agreei				5
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser sted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No	-			
				1				
		n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form S	90 or	990-E	Z. 9	Sche	dule G (Form S	990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 CHAPMAN PARTNERSHIP, INC. 65-0425069 Page 2								
Pa	nt I							
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events			
					NONE	(d) Total events		
			GALA		0	(add col. <b>(a)</b> through		
			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
Revenue	1	Gross receipts	1,183,750.			1,183,750.		
ш	2	Less: Contributions	1,126,750.			1,126,750.		
	~		57,000.			57,000.		
_	3	Gross income (line 1 minus line 2)	57,000.			57,000.		
	4	Cash prizes						
6	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs	320,100.			320,100.		
irect E>	7	Food and beverages						
Ō	8	Entertainment						
	9	Other direct expenses	41 100			41,128.		
	10	Direct expense summary. Add lines 4 through				361,228.		
	11					-304,228.		
Pa	rt I	<b>3 Complete in the origin Labor</b>	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than			
		\$15,000 on Form 990-EZ, line 6a.		(L) Dull tabe/instant				
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue						···· (u) ···· ··· ··· (u)		
Re	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	└── Yes %	└── Yes %			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	0	Net gaming income summary. Subtract line 7						
	8	net gaming income summary. Subtract line 7	nonnine 1, column (d)		·····	<u> </u>		
9	En	ter the state(s) in which the organization condu	cts gaming activities:					
	a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:							
5		,						
10a	We	ere any of the organization's gaming licenses re	woked, suspended, or te	erminated during the tax y	/ear?	Yes No		
b	lf "	Yes," explain:						
93208	32 09	9-11-19			Schedule G (For	rm 990 or 990-EZ) 2019		

Schedule G (Form 990 or 990 EZ) 2019 CHAPMAN PARTNERSHIP, INC.	65-0425069 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b> %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
Name	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	mount
of gaming revenue retained by the third party  \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided	
Director/officer Employee Independent contractor	
<ul><li>17 Mandatory distributions:</li><li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to</li></ul>	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	
organization's own exempt activities during the tax year <b>&gt;</b> \$	
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
932083 09-11-19 Schedi	ule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ)	CHAPMAN	PARTNERSHIP,	INC.
Part IV   Supplemental Inform	nation (contin	ued)	

	(continued)	
_		
_		
_		
		Schedule G (Form 990 or 990-EZ)

(Fo	HEDULE J rm 990)       Compensation Information         For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees         Complete if the organization answered "Yes" on Form 990, Part IV, line 23.         Attach to Form 990.         Go to www.irs.gov/Form990 for instructions and the latest information.	nployer ide	OMB No. 1 20 Open to Insper	<b>19</b> Publiction	ic
	CHAPMAN PARTNERSHIP, INC.		125069		
Part I Questions Regarding Compensation					
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel Housing allowance or residence for personal reside Travel for companions Payments for business use of personal reside Tax indemnification and gross-up payments Discretionary spending account Payments for business (such as maid, chauffeur, class)	use ence			
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract  Independent compensation consultant  X Compensation survey or study  K Form 990 of other organizations  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				37
a	Receive a severance payment or change-of-control payment?		. <u>4a</u>		X X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>		
5	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
а	The organization?		5a		X
	Any related organization?				Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
	The organization?				<u>X</u>
b	Any related organization?		6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v
•	not described on lines 5 and 6? If "Yes," describe in Part III		. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract eventuation department in Part III.				X
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9		
Hequiations section 53.4958-6(c)?       9         LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.       Schedule J (Form 99					2019

932111 10-21-19

Schedule J (Form 990) 2019 CHAPMAN	<b>IAN</b>	PARTNERSHIP,	P, INC.		65-0425069	069		Page 2
s, Trustee	bldm	yees, and Highest C	ompensated Emp	loyees. Use duplica	tte copies if additional	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	be re	ported on Schedule J, 990, Part VII.	, report compensat	ion from the organiz	ation on row (i) and fro	m related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ed inc	dividual must equal th	e total amount of F	orm 990, Part VII, S	ection A, line 1a, applic	able column (D) and (E	) amounts for that indiv	vidual.
		(B) Breakdown of W-2 and/or 1099-MISC compensation	V-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(r)-(l)(g)	In column (b) reported as deferred on prior Form 990
(1) HOWARD RUBIN	Ξ	186,901.	23,633.	.0	10,997.	22,983.	244,514.	.0
CHIEF FINANCIAL OFFICER		•0	.0	.0	.0	.0	•0	0.
(2) LISA MAGRINO	) <u>=</u>	218,768.	24,187.		12,409.	16,527.	271,891.	0.
CHIEF OPERATING OFFICER	(ii)	.0		0.				0.
(3) SYMERIA HUDSON	Ξ	289,535.	54,181.	.0	12,70	15,92	372,342.	•0
PRESIDENT, CEO	≘		I			I	I	.0
		163,87	9,434.	10,534.	3,881.	20,598.	208,320.	.0
FORMER VP OF DEVELOPMENT & MARKETING			0	<b>.</b>	0	.0	.0	.0
	Ξ.							
	<b>E</b>							
	Ξ							
	Ξ							
	(ii)							
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	(ii)							
							Schedu	Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019 CHAPMAN PARTNERSHIP, INC.	65-0425069 Pag	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	e this part for any additional information.	
	Schedule J (Form 990) 2019	) 2019

SCHEDULE L		Tra	nsactior	ıs V	Vith	Interested	Perso	ons			ON	/IB No. <sup>-</sup>	1545-00	)47
(Form 990 or 990-EZ)	Complete if	the o				" on Form 990, Par EZ, Part V, line 38a		5a, 25b, 2	6, 27,	28a,		20	19	]
Department of the Treasury			Atta	ch to	Form 9	990 or Form 990-E	Ζ.					pen T		olic
Internal Revenue Service		ào to v	www.irs.gov/Fo	orm99	0 for ir	nstructions and the	latest info	rmation.	-			spect		
Name of the organization				тъ	TNI	r				-	identi 250		on nu	Imber
Part I Excess E			ARTNERSH			<u>- •</u> on 501(c)(4), and se	ction 501(c	)(29) orga				09		
						urt IV, line 25a or 25t								
1			elationship bet			ified					<u>.</u>	(d)	Corre	ected?
(a) Name of disquali	fied person		person and or	ganiza	ation	(	<b>c)</b> Descript	ion of tran	Isactio	n		Y	es	No
												_		
												_	_	
												_	-	
2 Enter the amount of	f tax incurred by	the or	ganization man	agers	or disq	ualified persons dur	ring the yea	r under						
										► \$				
3 Enter the amount of	f tax, if any, on li	ne 2, a	above, reimburs	ed by	the org	ganization				▶ \$				
Part II   Loans to	and/or From	n Inte	erested Pers	sons.										
Complete if	the organization	n answ	vered "Yes" on I	Form 9	90-EZ.	Part V, line 38a or I	Form 990. I	Part IV. lin	e 26: o	or if th	e orga	nizatio	n	
•	amount on Fori					,		,	,		Ŭ			
(a) Name of	(b) Relatio		(c) Purpose		oan to or n the	(e) Original	(f) Balar	nce due		In	(h) Ap by bo	proved ard or	(1) *	Vritten
interested person	with organ	ization	of loan		zation?	principal amount			defa	ault?	comm	ittee?	agree	ement?
				To	From				Yes	No	Yes	No	Yes	No
														<u> </u>
Total	I					▶ \$	1							
	r Assistance	Ben	efiting Inter	este	d Per									
Complete if	the organization	n answ	vered "Yes" on I	Form 9	90, Pa	rt IV, line 27.								
(a) Name of interes	sted person	(	<ul> <li>b) Relationship interested pers the organiza</li> </ul>	son an		(c) Amount of assistance		<b>(d)</b> Type assistan			•	) Purp assista		of
		_												
		_												
		+												
		+												
		+												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

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· · · · · ·	ving Interested Persons.				Page
· · · · · ·					
( ) )	<u>d "Yes" on Form 990, Part IV, line 28a, 28</u>	3b, or 28c.	1		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation'
OSE DANS	MEMBER	317 153	JOSE DANS O	Yes	No X
JE DANS	MEMDER	547,155.	DOSE DANS O		<u> </u>
rt V Supplemental Information.					
Provide additional information for resp	oonses to questions on Schedule L (see in	nstructions).			
H L, PART IV, BUSINESS 1	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
) NAME OF PERSON: JOSE I	DANS				
) DESCRIPTION OF TRANSAC	CTION: JOSE DANS OWNS	WOW MARKET	ING. CHAPMA	N	
RTNERSHIP ENGAGES WOW MA	ARKETING ANNUALLY FOR	MARKETING	SERVICES.		
		111111111111	5211120251		

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

19

Department of the Treasury	
Internal Revenue Service	

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

mou	ucuons	and	uic	latest

Employer	identificati	on number
c		060

ZU

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	CHAPMAN PART	NERSHI	P, INC.			65-0	425	069	
Pa	rt I Types of Property								
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contributio amounts reported c Form 990, Part VIII, lin	n	<b>(d)</b> Method of de noncash contribu		•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (PROGRAM GOODS)	Х	728	1,150,33	36.FA	IR MARKET	VAI	LUE	OF
26	Other ( SPECIAL EVENT )	Х	4	40,10	)4.FA	IR MARKET	VAI	LUE	OF
27	Other ► ( )								
28	Other  ( )								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions					
	for which the organization completed Form 828	- 33, Part IV, [	Donee Acknowledg	gement 29					
								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 tl	hrough 28	, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to	be used for	or			
	exempt purposes for the entire holding period?			· · · · · · · · · · · · · · · · · · ·			30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard con	tributions	?	31		Х
	Does the organization hire or use third parties								
	contributions?		•	· •			32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is	checked.				
	describe in Part II.	. ,							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

932141 09-27-19

this part for any additional information.		
932142 09-27-19		Schedule M (Form 990) 2019
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INC.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete

CHAPMAN PARTNERSHIP,

Schedule M (Form 990) 2019

Part II

65-0425069

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047 2019 Open to Public Inspection

CHAPMAN PARTNERSHIP, INC.

Employer identification number 65-0425069

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHAPMAN PARTNERSHIP OFFERS A COMPREHENSIVE, HOLISTIC APPROACH TO

HOMELESS ASSISTANCE THROUGH ONSITE SERVICES AND PARTNERSHIPS THAT HELP

RESIDENTS ATTAIN SELF-SUFFICIENCY AND HOUSING STABILITY. THESE

RESOURCES INCLUDE A WIDE ARRAY OF PROGRAMS THAT GO FAR BEYOND JUST

EMERGENCY SHELTER AND FACILITATE ACCESS TO COMPREHENSIVE CASE

MANAGEMENT; MEDICAL SERVICES (PRIMARY CARE, DENTAL AND MENTAL HEALTH);

CHILD CARE (EARLY HEAD START, HEAD START, AND AFTERSCHOOL AND SUMMER

PROGRAMMING); JOB DEVELOPMENT, TRAINING AND PLACEMENT; PERMANENT

HOUSING (SUPPORTED AND NON-SUPPORTED); AND FOLLOW-UP CASE MANAGEMENT TO

ENSURE HOUSING STABILITY ONCE OUTPLACED FROM THE EMERGENCY SHELTER

ENVIRONMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTHCARE AT CHAPMAN PARTNERSHIP ENCOMPASSES MEDICAL, DENTAL AND

MENTAL HEALTH SERVICES. HEALTH CLINICS LOCATED AT CHAPMAN PARTNERSHIP

NORTH AND CHAPMAN PARTNERSHIP SOUTH ARE RUN BY ADVANCED REGISTERED

NURSE PRACTITIONERS. SERVICES FOCUS ON STABILIZING AND ADDRESSING THE

IMMEDIATE NEEDS OF CHAPMAN RESIDENTS, AND INCLUDE ADDRESSING ACUTE

HEALTH PROBLEMS AND CHRONIC CONDITIONS. THE CLINICS OPERATE AS A

RESIDENT'S PRIMARY CARE HOME DURING THEIR SHELTER STAY. THROUGH THE

OPERATION OF A MOBILE DENTAL UNIT, RESIDENTS HAVE ACCESS TO PREVENTIVE

AND RESTORATIVE ORAL HEATH CARE, INCLUDING DENTAL EXAMS, X-RAYS,

CLEANINGS, FILLINGS AND TOOTH EXTRACTIONS. MENTAL HEALTH SERVICES ARE

FACILITATED BY AN ONSITE PSYCHIATRIST AND PRIMARILY ADDRESS MEDICATION

MANAGEMENT TO HELP RESIDENTS DEAL WITH COMMON DIAGNOSES, SUCH AS

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

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Schedule O (Form 990 or 990-E2
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Name of the organization

Page 2

DEPRESSION AND ANXIETY DISORDERS, BIPOLAR DISEASE AND SCHIZOPHRENIA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FAMILY RESOURCE CENTERS AT CHAPMAN PARTNERSHIP NORTH AND CHAPMAN

PARTNERSHIP SOUTH PROVIDE CHILDREN WITH A NURTURING ENVIRONMENT THAT

HELPS THEM REMAIN ENGAGED AND CONNECTED TO EDUCATIONAL, PHYSICAL AND

SOCIAL-EMOTIONAL ACTIVITIES ESSENTIAL FOR HEALTHY DEVELOPMENT. THE

FAMILY RESOURCE CENTERS OFFER AFTER SCHOOL AND FULL-DAY SUMMER

PROGRAMMING, AS WELL AS YEAR-ROUND EVENING FAMILY ENRICHMENT ACTIVITIES

THAT FOSTER FAMILY BONDING, CONTRIBUTING TO THE OVERALL WELLBEING OF

THE FAMILY UNIT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE JOB DEVELOPMENT PROGRAM OPERATED AT CHAPMAN PARTNERSHIP NORTH AND

CHAPMAN PARTNERSHIP SOUTH INCLUDES VOCATIONAL TRAINING; WORK READINESS

ASSISTANCE (E.G., RESUME WRITING, INTERVIEW SKILLS, AND COMPUTER

TRAINING); AND JOB PLACEMENT, WITH THE GOAL OF ASSISTING PERSONS

EXPERIENCING HOMELESSNESS IN SECURING FULL-TIME JOBS PAYING ABOVE

MINIMUM WAGE. WITHIN JOB DEVELOPMENT, THE WORKFORCE TRADES PROGRAM IS A

15-WEEK APPRENTICESHIP FOR RESIDENTS AGES 18 AND ABOVE. UPON

GRADUATION, PARTICIPANTS EARN FIVE NATIONALLY RECOGNIZED CERTIFICATIONS

IN CONSTRUCTION TRADES AND ARE ELIGIBLE FOR ENTRY-LEVEL EMPLOYMENT

PAYING A LIVING WAGE.

EXPENSES \$ 1,143,930. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

JON BATCHELOR AND SANDY BATCHELOR ARE FAMILY RELATIVES.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Page 2					
Name of the organization CHAPMAN PARTNERSHIP, INC.	Employer identification number 65-0425069				
FORM 990, PART VI, SECTION B, LINE 11B:					

THE ORGANIZATIONS FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTANT. A

DRAFT OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY FOR REVIEW AND

APPROVAL PRIOR TO FILING. THE APPROVED VERSION IS THEN FILED UPON

ACCEPTANCE BY THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY DURING A BOARD OF

DIRECTOR'S MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE SALARIES OF THE PRESIDENT & CEO AND TOP MANAGEMENT OFFICIALS IS

DETERMINED BY THE EXECUTIVE COMMITTEE WHICH REVIEWS THE SALARIES OF OTHER

LIKE ORGANIZATIONS IN DETERMINING THE REASONABLENESS OF SALARIES. THE

SALARIES OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE

DETERMINED BY THE HUMAN RESOURCES DEPARTMENT AND ARE APPROVED BY THE

PRESIDENT & CEO.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES IT FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE. A PERSON MAY CALL OR WRITE THE ORGANIZATION TO REQUEST SUCH INFORMATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE

ORGANIZATION'S WEBSITE. A PERSON MAY CALL OR WRITE THE ORGANIZATION TO

Schedule O (Form 990 or 990-EZ) (2019)

10260510 795691 Q0305.001

932212 09-06-19

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2019.05094 CHAPMAN PARTNERSHIP, INC. Q0305.01

Name of the organization CHAPMAN PARTNERSHIP, INC.	Employer identification number 65-0425069
REQUEST SUCH INFORMATION.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
47	Chedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships         Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         ▲ Attach to Form 990.         ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	anizations and Unrelated Partnerships ion answered "Yes" on Form 990, Part IV, line 33, 34, 35b ▶ Attach to Form 990. gov/Form990 for instructions and the latest information.	rtnerships ine 33, 34, 35b, 36 tinformation.	s, or 37.		OMB No. 1545-0047 2019 Open to Public Inspection
Name of the organization CHAPMAN PARTNERSHIP	, INC				Employer identification number 65-0425069	cation number ) 6 9
Part I Identification of Disregarded Entities. Complete if the organization	ete if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II         Identification of Related Tax-Exempt Organizations.           organizations during the tax year.	ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-exe	mpt
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
CP 1551, INC. 1550 NORTH MIAMI AVENUE MIAMI, FL 33136	ACQUIRING REAL PROPERTY	FLORIDA	501(C)(3)		CHAPMAN PARTNERSHIP, INC.	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2019

932161 09-10-19 LHA

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Schedule R (Form 990) 2019 CHAPMAN PARTNERSHIP, INC	PMAN PARTNERSHIP	SHIP, as a Partne		the organiza	. $65-0425069$ Complete if the organization answered "Yes" on Form 990. Part IV, line 34, because it had one or more related	es" on Form 990	Part IV, line	34. because	65-04 e it had one or m	- 0 4 2 5 0 6 9	Page 2
Part III organizations treated as a partnership during the tax year.	artnership during the t	ax year.		0							
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated,		(f) Share of total s income er	<b>(g)</b> Share of end-of-year	(h) Dispro portionate allocations?	(i) Code V-UBI amount in box	(j) General or managing partner?	(k) Percentage ownership
		foreign country)		excluded If of sections 5	512-514)		assets	Yes No	K-1 (Form 1065	) Yes No	
Part IV Identification of Related Organizations Taxable as a Corporation	ganizations Taxable	as a Corpo	or Trust.	l omplete if the	Complete if the organization answered "Yes"	I wered "Yes" on I	orm 990, Pe	rt IV, line 3 <sup>2</sup>	on Form 990, Part IV, line 34, because it had one or more related	one or m	ore related
	orporation or trust duri	ng tne tax y	ear.								
(a)				(c)	(q)	(e)				(H	
Name, address, and EIN of related organization		Prim	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	, Share of total income	f total ne	Share of P end-of-year c assets	Percentage ownership	512(b)(13) controlled entity? Yes No
932162 09-10-19				- 07		_		-	Schedu	ile R (For	Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019 CHAPMAN PARTNERSHIP, INC.

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		or more related organizations listed in Parts II-IV7	with one or more related organizations listed in Parts II-IV?	le. transactions with one or more related organizations listed in Parts II-IV? trolled entity trolled entity	le. transactions with one or more related organizations listed in Parts II-IV? trolled entity (s) related organization(s) d organization(s)	le. transactions with one or more related organizations listed in Parts II-IV7 trolled entity	le. trolled entity	his schedule. e following transactions with one or more related organizations listed in Parts IHV? from a controlled entity
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During the tax year, did the organization engage in any of the following transactions with Receipt of (I) interest, (III) annuities, (III) royalties, or (Iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Loans or loan guarantees by related organization(s) Loans or loan guarantees to reform related organization(s) Dividends from related organization(s) Exochange of assets form related organization(s) Exochange of assets form related organization(s) Exochange of assets form related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Exormance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of paid employees with related organization(s) for expenses	<ul> <li>any entry is listed in Parts II, III, or IV or this schedule.</li> <li>r, did the organization engage in any of the following transacest. (iii) annuities. (iii) royalties, or (iv) rent from a controlled tal contribution to related organization(s)</li> <li>antees by related organization(s)</li> <li>s from related organization(s)</li> <li>equipment, or other assets to related organization(s)</li> <li>equipment, or other assets to related organization(s)</li> <li>vices or membership or fundraising solicitations by related vices or membership or fundraising solicitations by related organipoyees with related organization(s)</li> <li>id to related organization(s)</li> </ul>	<ul> <li>any entry is listed in Parts II, III, or IV of this solution and the organization engage in any of the followest, (iii) annuities, (iii) royalties, or (iv) rent from a cal contribution from related organization(s)</li> <li>antees by related organization(s)</li> <li>antees by related organization(s)</li> <li>antees by related organization(s)</li> <li>antees by related organization(s)</li> <li>antees to or for related organization(s)</li> <li>antees to or for related organization(s)</li> <li>antees by related organization(s)</li> <li>antees to or for related organization(s)</li> <li>antees to or for related organization(s)</li> <li>s from related organization(s)</li> <li>s from related organization(s)</li> <li>equipment, or other assets to related organizations</li> <li>vices or membership or fundraising solicitations</li> <li>equipment, mailing lists, or other assets with riployees with related organization(s)</li> <li>id to related organization(s)</li> </ul>	* any entity is listed in Parts II, III, or l set, (ii) annuities, (iii) royalties, or (iv) set, (ii) annuities, (iii) royalties, or (iv) tal contribution from related organization antees by related organization(s) atted organization(s) strom related organization(s) strom related organization(s) strom related organization(s) equipment, or other assets to related vices or membership or fundraising vices or membership or fundraising vices with related organization(s) i, equipment, malling lists, or other a ployees with related organization(s) id to related organization(s)	* any entity is listed in Pe *, did the organization en est, (ii) annuitles, (iii) roy tal contribution to related al contribution from rela antees by related organ ated organization(s) shated organization(s) shated organization(s) shated organization(s) shated organization equipment, or other ass vices or membership or vices or membership or vices or membership or vices with related organizatio id to related organizatio id by related organizatio	* any entity i *, did the ori est, (ii) annu tal contribut antees to ol antees by re ated organ * ated organ * from relate s with relate equipment, vices or me vices or me vices or me vices or me iployees with id to related		

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Page 4		enue)	<b>(k)</b> Percentage ownership					900) 2010
069		gross revenue)	(j) General or F managing partner?					(Form
65-0425069		assets or gro	(i) Code V-UBI Ge amount in box 20 ma of Schedule K-1 De (Form 1065) Ve					Schedulue B (Form 900) 2019
9		red by total	Dispropor- Dispropor- tionate allocations? of Sc Ves No (Foi	2				
	37.	which the organization conducted more than five percent of its activities (measured by total assets or tain investment partnerships.	(g) Share of end-of-year al assets					
	990, Part IV, line 3	than five percent	(f) Share of total income					
	" on Form	cted more	er orgs?					
	e organization answered "Yes" on Form 990, Part IV, line 37	ne organization condu stment partnerships.	(d) Predominant income (related, unrelated, excluded from tax under sections 512-214)					
P, INC.	mplete if the organi	ip through which th sion for certain inve	(c) Legal domicile (state or foreign country)					
CHAPMAN PARTNERSHIP	le as a Partnership. Co	ntity taxed as a partnersh ructions regarding exclus	<b>(b)</b> Primary activity					
Schedule R (Form 990) 2019 CHAPMA	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	<b>(a)</b> Name, address, and EIN of entity					

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Part VII	Supplemental Infor	rmation
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Provide additional information for responses to questions on Schedule R. See instructions.

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