**Exempt Organization Business Income Tax Return**  
*(and proxy tax under section 6033(e))*  

**For calendar year 2013 or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014**

**2013**

<table>
<thead>
<tr>
<th>Part I: Unrelated Trade or Business Income</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Gross receipts or sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cost of goods sold (Schedule A, line 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross profit. Subtract line 2 from line 1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Capital gain net income (attach Form 8949 and Schedule D)</td>
<td>45,746</td>
<td></td>
<td>45,746</td>
</tr>
<tr>
<td>4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c Capital loss deduction for trusts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Income (loss) from partnerships and S corporations (attach statement)</td>
<td>45,746</td>
<td></td>
<td>45,746</td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)</td>
<td>45,746</td>
<td></td>
<td>45,746</td>
</tr>
<tr>
<td>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>45,746</td>
<td></td>
<td>45,746</td>
</tr>
<tr>
<td>10 Exploited exempt activity income (Schedule I)</td>
<td>45,746</td>
<td></td>
<td>45,746</td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income (See instructions; attach schedule)</td>
<td>45,746</td>
<td></td>
<td>45,746</td>
</tr>
<tr>
<td>13 Total, Combine lines 3 through 12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part II: Deductions Not Taken Elsewhere**  
*(See instructions for limitations on deductions.)*

| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 |
| 15 Salaries and wages | 15 |
| 16 Repairs and maintenance | 16 |
| 17 Bad debts | 17 |
| 18 Interest (attach schedule) | 18 |
| 19 Taxes and licenses | 19 |
| 20 Charitable contributions (See instructions for limitation rules.) | 20 |
| 21 Depreciation (attach Form 4562) | 21 |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22 |
| 23 Depletion | 23 |
| 24 Contributions to deferred compensation plans | 24 |
| 25 Employee benefit programs | 25 |
| 26 Excess exempt expenses (Schedule I) | 26 |
| 27 Excess readership costs (Schedule J) | 27 |
| 28 Other deductions (attach schedule) | 28 |
| 29 Total deductions. Add lines 14 through 28 | 29 |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 |
| 33 Specific deduction (Generally $1,000, but see instructions for exceptions.) | 33 |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 |

**For Paperwork Reduction Act Notice, see instructions.**
## Part III | Tax Computation

35 **Organizations Taxable as Corporations.** See instructions for tax computation.
- Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:
  - Enter your share of the $50,000, $25,000, and $8,925,000 taxable income brackets (in that order): $  __________  $  __________  $ __________
  - Enter organization’s share of: (1) Additional 5% tax (not more than $11,750) $ __________
  - (2) Additional 3% tax (not more than $100,000) $ __________
  - Income tax on the amount on line 34 ➤ 35c  6,712.

36 **Trusted Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:
- Tax rate schedule or ☐ Schedule D (Form 1041) ➤ 36

37 **Proxy tax.** See instructions ➤ 37

38 **Alternative minimum tax.** 38

39 **Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ➤ 39  6,712.

## Part IV | Tax and Payments

40a **Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .................** 40a
- Other credits (see instructions) ☐ 40b
- c General business credit. Attach Form 3800 40c
- d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
- e Total credits. Add lines 40a through 40d 40e

41 **Subtract line 40e from line 39** 41  6,712.

42 **Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) ➤ 42

43 **Total tax.** Add lines 41 and 42 ➤ 43  6,712.

44a **Payments: A 2012 overpayment credited to 2013 .................** 44a
- 2013 estimated tax payments 44b  6,320.
- c Tax deposited with Form 8868 44c
- d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
- e Backup withholding (see instructions) 44e
- f Credit for small employer health insurance premiums (Attach Form 8941) 44f
- g Other credits and payments: ☐ Form 4239 ☐ Form 4136 ☐ Other Total ➤ 44g

45 **Total payments.** Add lines 44a through 44g 45  6,320.

46 **Estimated tax penalty (see instructions), Check if Form 2220 is attached ☐ ☐** 46  32.

47 **Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ➤ 47  424.

48 **Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48

49 **Enter the amount of line 48 you want: Credited to 2014 estimated tax ☐ Refunded ☐** 49

## Part V | Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? Yes ☐ No ☒
- Accounts. If YES, enter the name of the foreign country here ☐

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Yes ☐ No ☒
- If YES, see instructions for other forms the organization may have to file...

3 Enter the amount of tax-exempt interest received or accrued during the tax year ☐ $

### Schedule A - Cost of Goods Sold

<table>
<thead>
<tr>
<th>1</th>
<th>Inventory at beginning of year</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Purchases</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Additional section 263A costs (attach schedule)</td>
<td>4a</td>
</tr>
<tr>
<td>5</td>
<td>Other costs (attach schedule)</td>
<td>4b</td>
</tr>
</tbody>
</table>

5a Total. Add lines 1 through 4b 5

6 Inventory at end of year 6

7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes ☐ No ☒

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>7/31/2015</th>
<th>President &amp; CEO</th>
</tr>
</thead>
</table>

---

### Paid Preparer

Print/Type preparer’s name: RICK COVERT
Preparer’s signature: [Signature]
Date: 7-21-15
Check ☐ if self-employed
PTIN: P00647026
Firm’s EIN: 01-0720052
Firm’s address: 301 E LAS OLAS BLVD, 4TH FLOOR
FIRM: MORRISON, BROWN, ARGIZ & FARRA, LLC
Phone no. (954) 760-9000

---

Form 990-T (2013)
## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

2. Rent received or accrued

<table>
<thead>
<tr>
<th></th>
<th>From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</th>
<th>From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3(a) Deductions directly connected with this income in columns 2(a) and 2(b) (attach schedule)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)...

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)...

## Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property

2. Gross income from or allocable to debt-financed property

3. Deductions directly connected with or allocable to debt-financed property

<table>
<thead>
<tr>
<th></th>
<th>(a) Straight line depreciation (attach schedule)</th>
<th>(b) Other deductions (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)...

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)...

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

1. Name of controlled organization

2. Exempt Controlled Organizations

   Employer Identification number

   Net unrelated income (loss) (see instructions)

   Total of specified payments made

   Part of column 4 that is included in the controlling organization's gross income

   Deductions directly connected with income in column 5

   Taxable income

   Net unrelated income (loss) (see instructions)

   Total of specified payments made

   Part of column 9 that is included in the controlling organization's gross income

   Deductions directly connected with income in column 10

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nonexempt Controlled Organizations

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Totals...
**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>Enter here and on page 1, Part I, line 9, column (A).</td>
<td></td>
<td>Enter here and on page 1, Part I, line 9, column (B).</td>
</tr>
</tbody>
</table>

**Totals**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

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

**Totals**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Schedule J - Advertising Income**

(see instructions)

**Part I** Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals (carry to Part II, line (5))**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Part II** Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals from Part I**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Totals, Part II (lines 1-5)**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Schedule K - Compensation of Officers, Directors, and Trustees**

(see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total** Enter here and on page 1, Part II, line 14... 0.
**CHAPMAN PARTNERSHIP, INC.**

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1. **Taxable income or (loss) before net operating loss deduction**

2. **Adjustments and preferences:**
   - a. Depreciation of post-1986 property
   - b. Amortization of certified pollution control facilities
   - c. Amortization of mining exploration and development costs
   - d. Amortization of circulation expenditures (personal holding companies only)
   - e. Adjusted gain or loss
   - f. Long-term contracts
   - g. Merchant marine capital construction funds
   - h. Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)
   - i. Tax shelter farm activities (personal service corporations only)
   - j. Passive activities (closed-end companies and personal service corporations only)
   - k. Loss limitations
   - l. Depletion
   - m. Tax-exempt interest income from specified private activity bonds
   - n. Intangible drilling costs
   - o. Other adjustments and preferences

3. **Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o**

4. **Adjusted current earnings (ACE) adjustment:**
   - a. ACE from line 10 of the ACE worksheet in the instructions
   - b. Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)
   - c. Multiply line 4b by 75% (.75). Enter the result as a positive amount
   - d. Enter the excess, if any, of the corporation’s total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). **Note:** You must enter an amount on line 4d (even if line 4b is positive)
   - e. ACE adjustment
      - If line 4b is zero or more, enter the amount from line 4c
      - If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount
   - f. Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT
   - g. Alternative tax net operating loss deduction (see instructions)
   - h. Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions
   - i. Exemption phase-out (if line 7 is $310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):
      - a. Subtract $150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-
      - b. Multiply line 8a by 25% (.25)
      - c. Exemption. Subtract line 8b from $40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-
   - j. Subtract line 8c from line 7. If zero or less, enter -0-
   - k. Multiply line 9 by 20% (.20)
   - l. Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)
   - m. Tentative minimum tax. Subtract line 11 from line 10
   - n. Regular tax liability before applying all credits except the foreign tax credit
   - o. Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation’s income tax return
### Adjusted Current Earnings (ACE) Worksheet

See ACE Worksheet Instructions.

1. **Pre-adjustment AMTI:** Enter the amount from line 3 of Form 4626

2. **ACE depreciation adjustment:**
   - **a.** AMT depreciation
   - **b.** ACE depreciation:
     - (1) Post-1953 property
     - (2) Post-1989, pre-1994 property
     - (3) Pre-1990 MACRS property
     - (4) Pre-1990 original ACRS property
     - (5) Property described in sections 168(f)(1) through (4)
     - (6) Other property
     - (7) Total ACE depreciation. Add lines 2b(1) through 2b(6)
   - **c.** ACE depreciation adjustment. Subtract line 2b(7) from line 2a

3. **Inclusion in ACE of items included in earnings and profits (E&P):**
   - **a.** Tax-exempt interest income
   - **b.** Death benefits from life insurance contracts
   - **c.** All other distributions from life insurance contracts (including surrenders)
   - **d.** Inside buildup of undistributed income in life insurance contracts
   - **e.** Other items (see Regulations sections 1.56(g)(1)(c)(ii) through (k) for a partial list)
   - **f.** Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e

4. **Disallowance of items not deductible from E&P:**
   - **a.** Certain dividends received
   - **b.** Dividends paid on certain preferred stock of public utilities that are deductible under section 247
   - **c.** Dividends paid to an ESOP that are deductible under section 404(k)
   - **d.** Nonpatronage dividends that are paid and deductible under section 1382(c)
   - **e.** Other items (see Regulations sections 1.56(g)(1)(d)(3)(i) and (ii) for a partial list)
   - **f.** Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e

5. **Other adjustments based on rules for figuring E&P:**
   - **a.** Intangible drilling costs
   - **b.** Circulation expenditures
   - **c.** Organizational expenditures
   - **d.** LIFO inventory adjustments
   - **e.** Installment sales
   - **f.** Total other E&P adjustments. Combine lines 5a through 5e

6. **Disallowance of loss on exchange of debt pools**

7. **Acquisition expenses of life insurance companies for qualified foreign contracts**

8. **Depletion**

9. **Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property**

10. **Adjusted current earnings.** Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626

---

**Totals:**

1. **Pre-adjustment AMTI:** 44,746.00
2. **ACE depreciation adjustment:** 2a
3. **Inclusion in ACE of items included in E&P:** 3a
4. **Disallowance of items not deductible from E&P:** 4a
5. **Other adjustments based on rules for figuring E&P:** 5a
6. **Disallowance of loss on exchange of debt pools**
7. **Acquisition expenses of life insurance companies for qualified foreign contracts**
8. **Depletion**
9. **Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property**
10. **Adjusted current earnings.** 44,746.00
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCOME FROM PASS THROUGH ENTITY</td>
<td>45,746.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-T, PAGE 1, LINE 5</td>
<td>45,746.</td>
</tr>
</tbody>
</table>
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part II

Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer’s identifying number, see instructions

| Type or print | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>File by the due date for filing your return. See instructions.</td>
<td>CHAPMAN PARTNERSHIP, INC.</td>
<td>65-0425069</td>
</tr>
<tr>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td>1550 NORTH MIAMI AVENUE</td>
<td></td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td>MIAMI, FL 33136</td>
<td></td>
</tr>
</tbody>
</table>

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For
Return Code Application Is For
Return Code
Form 990 or Form 990-EZ 01 Form 990 or Form 990-EZ 01
Form 990-BL 02 Form 1041-A 08
Form 4720 (individual) 03 Form 4720 (other than individual) 09
Form 990-PF 04 Form 5227 10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11
Form 990-T (trust other than above) 06 Form 8870 12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

HOWARD RUBIN, CHIEF FINANCIAL OFFICER

Telephone No. 305-329-3044 Fax No. 305-329-3044

If the organization does not have an office or place of business in the United States, check this box □

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN). If this is for the whole group, check this box □ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2015.

5 For calendar year, or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014.

6 If the tax year entered in line 5 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period

7 State in detail why you need the extension

INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME. ADDITIONAL TIME IS REQUESTED.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8a $ 0

8b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8b $ 0

8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

8c $ 0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature □ Title □ CPA Date □
CHAPMAN PARTNERSHIP, INC.

H. DANIEL VINCENT
PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 16,448,314.
2a Form 990-EZ check here □ b Total revenue, if any (Form 990-EZ, line 5) 2b
3a Form 1120-POL check here □ b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here □ b Balance Due (Form 8868, Part I, line 3c or Part II, line a8) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS an acknowledgement of receipt or reason for rejection of the transmission, the date of any delay in processing the return or refund, and the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MORRISON, BROWN, ARGIZ & FARRA, LLC to enter my PIN 25069

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature □ Official Signature □ Date □ 7-20-15

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65061320052

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized E-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature □ Official Signature □ Date □ 7-20-15

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To The IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

14110715 795691 Q0305.001 2013.060000 CHAPMAN PARTNERSHIP, INC. Q0305_02