

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHAPMAN PARTNERSHIP, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1550 NORTH MIAMI AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>MIAMI, FL 33136</b>	<b>D</b> Employer identification number <b>65-0425069</b>
	<b>E</b> Telephone number <b>(305) 329-3044</b>	<b>G</b> Gross receipts \$ <b>17,780,223.</b>
	<b>F</b> Name and address of principal officer: <b>H. DANIEL VINCENT</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
	<b>J</b> Website: ▶ <b>WWW.CHAPMANPARTNERSHIP.ORG</b>	<b>L</b> Year of formation: <b>1993</b>
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PROVIDE COMPREHENSIVE SERVICES TO EMPOWER OUR HOMELESS RESIDENTS TO BECOME SELF-SUFFICIENT.</b>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>55</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>55</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>207</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12865</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>32,007.</b>	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>31,007.</b>	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>15,742,583.</b>	<b>15,831,728.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>950,234.</b>	<b>957,518.</b>	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-128,477.</b>	<b>-165,278.</b>	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>16,564,340.</b>	<b>16,623,968.</b>	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>7,289,398.</b>	<b>7,190,509.</b>
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>643,421.</b>	
		<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,404,964.</b>	<b>7,905,886.</b>
		<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,694,362.</b>	<b>15,096,395.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,869,978.</b>	<b>1,527,573.</b>	
	<b>20</b>	Total assets (Part X, line 16)	<b>59,303,763.</b>	<b>62,747,450.</b>	
		Total liabilities (Part X, line 26)	<b>3,875,824.</b>	<b>3,523,917.</b>	
		Net assets or fund balances. Subtract line 21 from line 20	<b>55,427,939.</b>	<b>59,223,533.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <b>3-9-17</b>
	Type or print name and title <b>H. DANIEL VINCENT, PRESIDENT &amp; CEO</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID HOLLANDER</b>	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00646430</b>
	Firm's name ▶ <b>MORRISON, BROWN, ARGIZ &amp; FARRA, LLC</b>	Firm's EIN ▶ <b>01-0720052</b>			
	Firm's address ▶ <b>301 E LAS OLAS BLVD, 4TH FLOOR FORT LAUDERDALE, FL 33301</b>				Phone no. (954) 760-9000

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: PROVIDE COMPREHENSIVE SERVICES TO EMPOWER OUR HOMELESS RESIDENTS TO BECOME SELF-SUFFICIENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 10,360,753. including grants of \$ ) (Revenue \$ ) HOUSING AND EMERGENCY- SEE SCHEDULE O FOR DESCRIPTION.

4b (Code: ) (Expenses \$ 1,353,004. including grants of \$ ) (Revenue \$ ) HEALTHCARE- SEE SCHEDULE O FOR DESCRIPTION.

4c (Code: ) (Expenses \$ 544,258. including grants of \$ ) (Revenue \$ ) FAMILY RESOURCE CENTERS- SEE SCHEDULE O FOR DESCRIPTION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 681,404. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 12,939,419.