



MHDC LOW INCOME HOUSING TAX CREDIT PROGRAM NONPROFIT QUESTIONNAIRE

The purpose of this questionnaire are as follows:

- A. To provide information required to determine if an applicant is eligible for tax credits from the 10% of the annual state tax credit ceiling under Section 42 (h)(5) of the Internal Service Revenue Code for developments involving qualified nonprofit organizations.
- B. To provide information to determine if an application is eligible for preference relating to “ownership by a Missouri tax-exempt organization, or public housing authority, with an express purpose of fostering low income housing.

Please answer every question or indicate if not applicable. Use additional sheets if necessary.

NOTE: Both the nonprofit organization or local public housing authority (PHA) and their applicant (if different) must sign this questionnaire.

1. General Information

- a. Name of Development: _____
- b. Name of Ownership Entity: _____
- c. Name of participating nonprofit of PHA: _____

Legal status: 501(c)(3)
 501(c)(4)
 Tax exempt under (a)
 Public housing authority
 Other (specify) _____

- d. If nonprofit or PHA will participate through a related subsidiary entity, name of such entity

Legal status: 501(c)(3)
 501(c)(4)
 Tax exempt under (a)
 Public housing authority
 Other (specify) _____

2. Does the applicant intent to request an allocation of tax credits from the nonprofit set-aside portion of the state credit ceiling under Section 42(h)(5)? Yes No

3. Is the nonprofit or PHA (or a related subsidiary entity) assured of owning an interest in the project throughout the compliance period? Yes No

a. List all the general partners of the ownership entity and the percentages of their interest:

b. describe in detail the nonprofit or PHA (or related subsidiary) ownership interest:

4. Describe the nonprofit or material participation in the development of the project:

5. Describe the service area of the nonprofit in relation to the proposed development:

6. Describe the nonprofit or PHA material participation in the operation of the project throughout the extended use period:

7. Will the nonprofit or PHA be contributing funds to the project? Yes No

If yes, explain: _____

8. Will the nonprofit or PHA receive any part of the development or management fees paid in connection with the project? Yes No

If yes, explain: _____

9. How many full-time staff members does the nonprofit or PHA (or if applicable, any related nonprofit have)?

Please specify: _____

Describe the type and extent of their activities: _____

10. Is the nonprofit affiliated with or controlled by any for-profit organization? Yes No

If yes please identify the for-profit organization: _____

a. Has any for-profit entity (including the owner of the project or any entity directly or indirectly related to such owner) appointed any directors to the governing board of the nonprofit? Yes No

If yes, explain: _____

b. Does the nonprofit have any financial arrangements with any individual(s) or for-profit entity, including anyone or any entity related, directly or indirectly, to the owner of the project? Yes No

If yes, explain: _____

c. Disclose any business or personal (including family) relationships that any of the staff members, directors, or other principals involved in the formation or operation of the nonprofit have, either directly or indirectly, with any persons or entities involved or to be involved in the project on a for-profit basis including, but not limited to, the owner of the project, any of its for-profit general partners, employees, limited partners, or any other parties directly or indirectly related to such owner: _____

11. The nonprofit or PHA may not have been formed by any individuals(s) or for-profit entity for the principal purpose of being included in the non-profit set-aside or earning points under the Project Selection Criteria.

a. Date of legal formation of nonprofit or PHA: _____

b. Purpose of formation of nonprofit: _____

12. Provide the following required materials for the participating entity:

- a. Articles of incorporation
- b. By-laws
- c. IRS Determination letter
- d. Nonprofit certificate of incorporation and certificate of good standing (State)
- e. List of current Board of Directors or Commissioners (include dates of appointment and affiliation)
- f. Most recent audited financials (include list of major donors)

13. Provide any additional information which MHDC may find useful for the purposes outlined at the beginning of this questionnaire.

The undersigned applicant and nonprofit or PHA hereby certify that, to the best of its knowledge, all of the foregoing information is correct, complete, and accurate.

Date

Applicant Signature

Printed Name and Title

Date

Nonprofit or PHA signature

Printed Name and Title