

**LIHC ATTACHMENT 16A: TYPE OF DEVELOPER ENTITY—  
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR  
REGISTERED LIMITED LIABILITY PARTNERSHIP**

**(Submit pages of the applicable Attachment 16 and the Developer Organizational Chart for which information has been provided. Blank pages should not be uploaded in THOMAS.)**

NAME OF DEVELOPER ENTITY: \_\_\_\_\_

1. A. Number of general partners of Developer Entity: \_\_\_\_\_

1. B. Is each general partner a natural person:

- yes (*complete 1.C. below only*)  
 no (*complete 1.C. below, then go to 2. below*)

1. C. Provide **all of** the following information for **each general partner** of the Developer Entity (*attach additional pages if needed to provide complete information*).

(i) Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership (*complete 2.A. below*)  
 corporation (*complete 2.B. below*)  
 limited liability company (*complete 2.C. below*)

State of Formation: \_\_\_\_\_

(ii) Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership (*complete 2.A. below*)  
 corporation (*complete 2.B. below*)  
 limited liability company (*complete 2.C. below*)

State of Formation: \_\_\_\_\_

(iii) Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership (*complete 2.A. below*)  
 corporation (*complete 2.B. below*)  
 limited liability company (*complete 2.C. below*)

State of Formation: \_\_\_\_\_

2. A. If any general partner identified in 1.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 1.C. (*attach additional pages if needed to provide complete information*).

(i) Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership (*complete 3.A.(i) below*)

corporation (*complete 3.A.(ii) below*)

limited liability company (*complete 3.A.(iii) below*)

State of Formation: \_\_\_\_\_

(ii) Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership (*complete 3.A.(i) below*)

corporation (*complete 3.A.(ii) below*)

limited liability company (*complete 3.A.(iii) below*)

State of Formation: \_\_\_\_\_

(iii) Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership (*complete 3.A.(i) below*)

corporation (*complete 3.A.(ii) below*)

limited liability company (*complete 3.A.(iii) below*)

State of Formation: \_\_\_\_\_

2. B. If any general partner identified in 1.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each such corporation identified as a general partner in 1.C. (complete 3.B.(i) if any officer, director and/or stockholder is a partnership; complete 3.B.(ii) if any office, director and/or stockholder listed below is a corporation and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company). (attach additional pages if needed to provide complete information.)

**OFFICERS**

**Name:**

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**DIRECTORS**

**Name:**

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**STOCKHOLDERS**

**Name:**

\_\_\_\_\_  
Type of Entity:

\_\_\_\_\_  
State of Formation:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Type of Entity:

\_\_\_\_\_  
State of Formation:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Type of Entity:

\_\_\_\_\_  
State of Formation:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

2. C. If any general partner identified in 1.C. above is itself a limited liability company, provide all of the following information for **each of the following:** (i) all governors/directors, (ii) all members and (iii) all managers/officers of each limited liability company identified as a general partner in 1.C. (complete 3.C.(i) if any member and/or manager is a partnership; complete 3.C.(ii) if any member and/or manager listed below is a corporation and/or complete 3.C.(iii) if any member and/or manager listed below is a limited liability company). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS (Indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (Indicate the Chief Manager(s), if any)
<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____ _____
<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____ _____
<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____ _____

Indicate if the LLC listed above is:  Member Managed  Manager Managed  Board

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership  corporation  limited liability company

State of Formation: \_\_\_\_\_

b. Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership  corporation  limited liability company

State of Formation: \_\_\_\_\_

c. Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership  corporation  limited liability company

State of Formation: \_\_\_\_\_

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS	DIRECTORS	STOCKHOLDERS
<b>Name:</b> _____ Title: _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____ _____
<b>Name:</b> _____ Title: _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____ _____
<b>Name:</b> _____ Title: _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
	Indicate the Managing Member(s), if any	Indicate the Chief Manager(s), if any
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
Telephone No.:	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
Telephone No.:	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
Telephone No.:	Address:	Address:
	Telephone No.:	Telephone No.:

Indicate if the LLC listed above is:  Member Managed  Manager Managed  Board

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of each officer, director and stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership  corporation  limited liability company

State of Formation: \_\_\_\_\_

b. Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership  corporation  limited liability company

State of Formation: \_\_\_\_\_

c. Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership  corporation  limited liability company

State of Formation: \_\_\_\_\_



3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any stockholder identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS	DIRECTORS	STOCKHOLDERS
<b>Name:</b> _____ Title: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
<b>Name:</b> _____ Title: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
<b>Name:</b> _____ Title: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS Indicate the Managing Member(s), if any	MANAGERS/OFFICERS Indicate the Chief Manager(s), if any
<b>Name:</b> _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
<b>Name:</b> _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
<b>Name:</b> _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____

Indicate if the LLC listed above is:  Member Managed  Manager Managed  Board

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership  corporation  limited liability company

State of Formation: \_\_\_\_\_

b. Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership  corporation  limited liability company

State of Formation: \_\_\_\_\_

c. Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership  corporation  limited liability company

State of Formation: \_\_\_\_\_

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any stockholder identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

**OFFICERS**

**Name:**

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**DIRECTORS**

**Name:**

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**STOCKHOLDERS**

**Name:**

\_\_\_\_\_  
Type of Entity:

\_\_\_\_\_  
State of Formation:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Type of Entity:

\_\_\_\_\_  
State of Formation:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

**Name:**

\_\_\_\_\_  
Type of Entity:

\_\_\_\_\_  
State of Formation:

\_\_\_\_\_  
Address:

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS/DIRECTORS	MEMBERS <u>Indicate the Managing Member(s), if any</u>	MANAGERS/OFFICERS <u>Indicate the Chief Manager(s), if any</u>
<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____
<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____
<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____

Indicate if the LLC listed above is:     Member Managed     Manager Managed     Board