



**U.S. Department of Treasury**  
*Community Development Financial Institutions Fund*

*FY 2014*  
*Sub-CDE Dissolution Report User Guidance*

*CIIS 12.1*



## *FY 2014 Sub-CDE Dissolution Report*

### **GENERAL INFORMATION ABOUT THE SUB-CDE DISSOLUTION REPORT**

The CDFI Fund allows organization to report the dissolution of subsidiary-CDEs at the any time during the seven year tax credit compliance period.

The link for the Sub-CDE Dissolution Report can be found on the menu bar of the CIIS Homepage.

### **SUB-CDE DISSOLUTION REPORT DATA POINTS**

Upon accessing the Sub-CDE Dissolution Report, confirm that the following fields are correct.

**\*If any of the following fields are incorrect, contact the CIIS Help Desk.**

#### **Allocatee**

- The Report will display the name of the Parent CDE

#### **Sub-CDE Certification Number**

- The Sub-CDE Certification Number will populate on the screen *after* a *Sub-CDE* has been selected.

**The following fields require a response.**

### **Sub Allocatee**

- Select the appropriate Sub-CDE from the dropdown menu.
- After selecting the appropriate Sub-CDE, the system will populate the *Certification Number* field.

### **Date of Dissolution**

- Enter the Date of Dissolution in the following format, mm/dd/yyyy .
- NOTE: Date of Dissolution or Termination of NMTC activity\*: Report the date that the Subsidiary Allocatee dissolves (i.e. cancelation of incorporation/formation) or the date the Subsidiary Allocatee completes its compliance period, exits the NMTC transaction and is no longer controlled by the Allocatee.

### **Reason for Dissolution**

- Select from the following options:
  - Completion of NMTC Credit Period
  - No NMTC Activity
  - Loss of Control by Allocatee
  - Other – Provide details in the *'Reason for Dissolution Details'* text box if this option is selected.

### **Reason for Dissolution Details**

- Provide any additional details regarding the dissolution of the Sub-CDE (*this field is optional unless "Other" was selected for 'Reason for Dissolution' in which case a response is mandatory*)

## **Certification Statement**

The Allocatee certifies the submitted information is true and correct. By submitting the above information, the Allocatee agrees to continue to comply with the provisions of the Allocation Agreement(s) and all ongoing compliance, reporting and record retention requirements for itself and on the behalf of the dissolved Subsidiary Allocatee for the remaining duration of the term of the Allocation Agreement(s).

### **CIIS Help Desk**

Email: [ciishelp@kearneyco.com](mailto:ciishelp@kearneyco.com)

Phone: 703.373.1516

Monday – Friday 8a.m. – 8p.m. EST