

Annual Unrelated Business Income Questionnaire

All tax exempt organizations and nonexempt charitable trusts, including independent colleges, universities and hospitals exempt under section 501(c)(3) of the Internal Revenue Code (IRC) are required to file IRS Form 990-T, "Exempt Organizations Business Income Tax Return" if they have gross income from an unrelated trade or business of \$1,000 or more. The following instructions were prepared by the office of Tax & Compliance to assist departments in the identification of unrelated business activities as defined by the IRC, carried on at Florida State University (FSU). Activities which are determined to produce unrelated business income (UBI) will be included in FSU's Form 990-T, "Exempt Organization Business Income Tax Return," for submission to the Internal Revenue Service (IRS).

This questionnaire provides the basis for establishing whether or not an activity is an unrelated trade or business. The department administrator must complete the questionnaire for all activities within his/her domain. This questionnaire is not intended to discourage or eliminate revenue-generating activities. The office of Tax & Compliance will review each activity to determine if any exclusions apply. This determination will be based on the facts presented. Any change in mode or scope of the activity's operations will require a new Annual Unrelated Business Income Questionnaire be submitted by the department, as different facts may change the determination.

	Departm	nent In	formation		
Department Name:	e:		Contact Person Name:		
Department/Fund Code	e		Phone:		
Today's Date:			Email:		
<u>IMPOR</u>	RTANT NOTE: USE THE "ADD FILE" BU	JTTON	S TO ADD ATTACHI	MENTS TO THIS DOCUM	ENT
Section 1. General					
1.1 Was sales tax collected?		1.2 Were the activities conducted in a remote location that is inaccessible to the general public?			
○ YI	ΞS	○ YES			
○ NO					
1.3 Were the activities provided solely for the convenience of students, faculty, staff, and/or patients?		1.4 Were the activities part of an agreement or contract?			
C VI	FC .	ONO			
○ YI		If yes, please attach a copy of the agreement to this document			
○ N			•		
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	e activity performed by the departmer son(s) for offering these goods or servi			tion of the goods or	

Section 2. Trade or Business				
2.1 Did the activity generate revenue?	2.2 Is there a business plan for these activities?			
○ YES	○ YES			
○ NO	ONO			
	If yes, please attach a copy of the business plan to this			
	document.			
2.3 Identify the customer(s) of these activites:	2.4 What percentage of the activities total revenues is attributable to each customer group? (Enter % as decimal: .25 will display as 25%)			
C STUDENT/FACULTY/STAFF				
OTHER FSU DEPARTMENTS	Customer Group Percentage			
○ PATIENTS	Students/Faculty/Staff			
○ ALUMNI	Other FSU Departments Patients			
○ OTHER SUS	Alumni			
STATE OF FL (DEPTS/AGENCIES)	Other SUS			
○ US GOV (DEPTS/AGENCIES)	State of FL (Depts/Agencies)			
GENERAL PUBLIC	US Gov (Depts/Agencies)			
	General Public			
Other, please specify:	Interest Earnings			
	Total (Must Be 100%)			
2.5 Are orders taken from an internet website?	2.6 Can the general public purchase from the website?			
○ YES	○ YES			
○ NO	○ NO			
If yes, provide URL:				
2.7 Can the sales to students, faculty, staff, and patients be distinguished from sales to the general public?	2.8 Are there free or discounted rates for the activities?			
○ YES	○ VEC			
○ NO	○ YES			
	○ NO			
Section 3. Regularly Carried On				
3.1 How often are the activities conducted?	3.2 Are the activities conducted on an infrequent, casual, or sporadic basis?			
○ DAILY				
○ WEEKLY	○ NO			
○ MONTHLY	<u> </u>			
○ QUARTERLY				
○ ANNUALLY	Please describe:			
Other, please specify:				

4.1 Does the activities enhance further or					
4.1 Does the activities enhance, further, or relate to an exempt purpose of The Florida State University?		4.2 Are students participating in the activities as part of a learning experience?			
YES		YES			
○ NO		ONO			
Describe how the activities enhance, furthers, or relates:		How many students and what are their roles and duties:			
4.3 Do students earn credit towards a degr	ee for participat	ing in these activities?			
○ VEC					
○ YES					
○ NO					
Describe/Identify Degree:					
ı					
Section 5. Copyrights, Royalties, Commiss	rions and Otho	w Dovronijo tvom Intonsiblo Dvomovtiv			
section 3. Copyrights, Royalties, Commiss	sions, and othe	n nevertue from intaligible Property			
5.1 Did your department receive revenue f licensing of intangible property? Examples		5.2 What types of intangible revenue were received?			
copyrights, royalties, patents, broadcast righ		COPYRIGHTS			
rentals, logo usage, exclusive use contracts, t	rade names,	ROYALTIES			
etc.		○ PATENTS			
○ NO		○ BROADCAST RIGHTS			
		MAILING LISTS			
If yes, please attach the applicable agree this document	ement to	C LOGO USAGE			
If no, you may skip to section 6		C EXCLUSIVE USE			
		Other, please specify:			
5.3 On what basis is the royalty or commission calculated?					
5.3 On what basis is the royalty or commiss calculated?	sion	5.4 Does the University provide services in connection with the royalty or commission?			
	sion				
calculated?	sion	royalty or commission?			
calculated? GROSS INCOME	sion	royalty or commission? O YES			
calculated? GROSS INCOME NET INCOME	sion	royalty or commission? O YES			
calculated? GROSS INCOME NET INCOME UNITS PRODUCED	sion	royalty or commission? YES NO			
calculated? GROSS INCOME NET INCOME UNITS PRODUCED	sion	royalty or commission? YES NO			
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calculated? GROSS INCOME NET INCOME UNITS PRODUCED	sion	royalty or commission? YES NO			
calculated? GROSS INCOME NET INCOME UNITS PRODUCED	sion	royalty or commission? YES NO			
calculated? GROSS INCOME NET INCOME UNITS PRODUCED	sion	royalty or commission? YES NO			

6.2 Types of advertising? PRINTED PUBLICATIONS OTHER PRINTED MATERIALS WEBSITES TV/RADIO BROADCASTING Other, please specify: 6.4 Are students participating in this activity as part of a learning experience? YES NO How many students and what are their roles:			
How many students and what are their foles.			
7.2 Types of sponsorship revenue received: PRINTED PUBLICATIONS EVENTS (CONFERENCES, ETC.) WEBSITES FACILITIES BILLBOARDS SCOREBOARD TV/RADIO BROADCASTING Other, please specify:			

7.3 What is the total fair market value of the consideration, both cash and in-kind, being provided?	7.4 What is the total fair market value of benefits (e.g. tickets, license of technology, etc.) provided to the sponsor by the University?		
7.5 Is the sponsor a business entity (e.g. Inc., LLC, or LP)? YES NO Identify entity:			
Section 8. Retail Sales			
8.1 Did your department receive revenue from the sale of goods or merchandise? Examples would include sales of inventory from a store, catalog, or via the internet. YES NO If no, skip to Section 9	8.2 Types of sales: STORE CATALOG (including phone sales) WESBITE Other, please specify:		
Section 9. Property Rental			
9.1 Did your department generate revenue from the rental of property? YES NO If Yes, please attach lease agreement to this document If no, skip to section 10	9.2 Describe the real and personal property rented:		
9.3 Is any tangible personal property (e.g. tables, chairs, overhead projectors, etc.) being provided by the university? YES NO Other, please specify:	9.4 Did the University incur a debt (e.g. bonds, mortgage) to purchase the property being rented and is there a current outstanding balance? YES NO		
9.5 Is the rent based in any part on the income or profits of the person/organization to whom property is being rented? YES NO If yes, please explain:	9.6 Does the University provide personal services (e.g. maid, food, janitorial, security, set-up, audio-visual, etc.) to or for the person/organization to whom property is being rented? YES NO If yes, please explain:		

9.7 Identify the purpose for which University property is being rented:				
Section 10. Other Services				
10.1 Did your department rece exempt mission during the pre			hat may be unrela	ated to the University's tax-
○ TRAVEL TOU	RS			
○ COMMERCIA	L RESEARCH			
○ PRODUCT TE	STING			
CONFERENC	E SERVICES			
CATERING SI	ERVICES			
○ COMPUTER/	TECHNOLOGY SERVICES			
O PARKING LO	T OPERATIONS			
Other, please s	pecify:			
Section 11. Partnership or Join	t Venture			
11.1 Was your department invo	olved in a partnership or	11.2 Was the partn	ership or joint ver	nture with a taxable
joint venture in the previous fis		organization?		
○ YES		○ YES		
○ NO		ONO		
If yes, please attach the partr this document	nership agreement to			
I certify that the information podetermine if the activity shou submitted to the IRS. I also und Annual Unrelated Business Inco or Exempt determination.	ld be included in FSU's l erstand that any changes	Exempt Organization in the mode or scope	n Business Incon of the activity's	ne Tax Return (Form 990-T) operations will require a new
In order to report UBI activities which demonstrates the profit n				
Department Signature (DDDHC)			Date	
Printed Name & Title				
INTERNAL USE ONLY				
Reviewed by		Determination		Date