THE UNIVERSITY OF TENNESSEE UNRELATED BUSINESS INCOME QUESTIONNAIRE

FISCAL YEAR 20____-20____

RESPONDENT NAME AND TITLE:			PHONE #:	
DEPARTMENT:			_ACCT #:	
OVERALL DETERMINATION:	REPORT	EXEMPT		

UNRELATED BUSINESS INCOME ACTIVITIES

Does your department generate external revenues from any of the following activities*, which are examples of potential sources of unrelated business income (include sources of revenue even if it results in a net loss after deducting related expenses)? Yes _____ No _____ If yes, proceed to Parts I-VI below, and answer all questions completely to the best of your knowledge. If you have more than one source of potential unrelated business income, please make a copy of pages 2 and 3 of this document and complete for each different activity (if you are uncertain whether an activity is related or unrelated, please include it). If no,

- A. Advertising
- B. Affinity card programs where service is provided to a card vendor
- C. Athletic facility use for non-University events, and recreational facility use by the publicD. Bookstore and gift shop sales to the public
- E. Catering and food service sales to the public
- F. Commercially sponsored research

proceed to the Foreign Activities Questionnaire on page 3.

- G. Computing resource leasing (i.e. software maintenance and support)
- H. Dormitory rentals to the public
- I. Entertainment events (i.e. concerts, movies, etc...)
- J. Exclusive provider and sponsor agreements
- K. Hotel and restaurant services provided to the public
- L. Hospital non-patient sales
- M. Leasing and rental activities
- N. Licensing agreements where services are provided to the licensee
- O. Merchandising operations
- P. Other sales and services provided to the public
- Q. Parking revenue from private companies or contract arrangements
- R. Participation or ownership in a partnership or joint venture with a non-University entity
- S. Travel tour programs
- T. Other activities that are not directly related to the tax-exempt purposes of the University (education, research, and public service)
- I. DESCRIPTION OF ACTIVITY: (Please include the frequency of transactions, the type of customer, and the goods sold or services provided for FY 20_____for any potentially unrelated activities).

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		YES	NO	N/A
II.	GENERAL			
	Is the activity:			
	A. conducted for the purpose of generating income?	<u> </u>		
	B. conducted on a regular basis?	. <u></u>	. <u></u>	
	C. related to the University's exempt purpose?	. <u></u>	. <u></u>	
	D. performed by volunteers?	. <u></u>	. <u></u>	
	E. conducted via the internet – ebusiness?	. <u></u>	. <u></u>	
	F. conducted for the convenience of the University			
	students, faculty, staff, or patients?			. <u> </u>

*As part of the assessment of whether your department has generated any unrelated business income, please review the activity in I cost centers and Uncoded/User Revenue general ledger account numbers.

THE UNIVERSITY OF TENNESSEE UNRELATED BUSINESS INCOME QUESTIONNAIRE - continued FISCAL YEAR 20_____-20____

		YES	NO	N/A
	Does the activity:A. involve the sale of donated merchandise?B. generate revenue from royalties?C. generate revenue from commissions?D. involve a technologically advanced or unique product or service?			
III.	ADVERTISINGA. Does the activity involve advertising or corporate sponsorship?B. Are students participating?			
IV.	 RENTAL OF PROPERTY A. Is space (land, buildings, rooms) rented to non-UT persons or entities? B. Is 10% or more of the rental charge attributable to personal property (e.g., furniture or equipment)? C. Are personal services provided (e.g., security, food, maid, or linen service, operating microphone and/ 			
	 or lights)? D. Did UT incur debt to purchase the property (identify the property)? E. Is the leasing organization non-profit? F. Is the space leased for educational, research or public service purposes? G. Is UT actively involved in the presentation of programs conducted in the rented space? H. Is the rental rate lower than commercial rates? 			
V.	 COMMERCIALLY SPONSORED RESEARCH A. Is research performed for a person or entity other than the federal or state government? B. Is the research directly related to actual patient care or to the education of students? C. Is the research an investigative activity done to explore an intellectual question or to validate a scientific hypothesis in which the University has an academic interest? D. Is the research the type ordinarily carried on incident to a commercial operation, such as ordinary testing or inspection of materials or products? 			
VI.	 PARTNERSHIPS AND JOINT VENTURES A. Does the activity generate revenue from participation in a partnership or joint venture with a non-UT party? B. Has this activity resulted in a Form K-1 being received? If so, please provide a copy of the Form K-1 to the Controller's Office. C. Does the activity generate revenue from an entity directly related to UT? 			

THE UNIVERSITY OF TENNESSEE FOREIGN ACTIVITIES QUESTIONNAIRE FISCAL YEAR 20_____-20____

RESPONDENT NAME AND TITLE:	PHONE #:
DEPARTMENT:	ACCT #:
FOREIGN ACCOUNTS	
Does your department have signature authority over a foreign bank account? Yes No questions below. If no, please proceed to the Foreign Offices portion of this questionnaire.	_ If yes, please complete the

Country in Which Account is Held
Sank Name
Account Number
Name Listed on the Account
Approximate Account Balance as of 6-30-20(U.S. dollars)

FOREIGN OFFICES

Did your department maintain an office in a foreign country at any time during the fiscal year ended June 30, 20____? Yes _____ No _____ If yes, please provide the name of the country below. If no, please proceed to the Foreign Grants portion of this questionnaire.

Foreign Country in Which an Office is Maintained ______

FOREIGN GRANTS

Did your department make any grants, directly or indirectly through a subcontract, to a foreign entity or person during the fiscal year ended June 30, 20_____? Yes _____ No _____ If yes, please complete the questions below for payments made during the fiscal year ended June 30, 20_____. If no, please proceed to the Foreign Employees portion of this questionnaire.

Payee Name
Country Where Payee Resides
Total Amount of Payments

FOREIGN EMPLOYEES

Does your department have any employees that reside and work in a foreign country? Yes _____ No _____ If yes, please contact the Controller's Office to provide further details. If no, please proceed to the Investments in Foreign Entities portion of this questionnaire.

INVESTMENTS IN FOREIGN ENTITIES

Has your department made any investment in a foreign partnership, corporate entity, or other form of business? Yes _____ No _____ If yes, please contact the Controller's Office to provide further details. If no, then proceed to the State Sales Tax questionnaire on page 4.

THE UNIVERSITY OF TENNESSEE STATE SALES TAX QUESTIONNAIRE FISCAL YEAR 20____-20____

RESPONDENT NAME AND TITLE:		PHONE #:	
DEPARTMENT:ACCT #:			
	es your department generate revenue from retail sales? If yes, plea n the State of Tennessee sales tax laws. If no, please proceed to qu		
1.	Please describe any sales made by your department (include sales, leases or rentals of tangible personal property).		
2.	Who are your customers?		
2.	Students	Faculty/ Staff	
	General Public	Educational Institutions	
	Internet	Federal or State/Local Government	
	Other (explain)		
3.	Are you collecting tax from customers on your sales?		
	Yes No		
4.	Are you registered with the State of Tennessee Department of Revenue and remitting the sales tax collected?		
	Yes No (If no, please explain below	ow)	
5.	Are you conducting in-house seminars, training classes, or camp of tangible personal property such as handbooks, manuals, lunch		
	Yes No		
6.	Please explain how you handle sales tax on tangible personal pro-	operty given to the participants in question 5 above.	