## THE UNIVERSITY of TEXAS SYSTEM Nine Universities. Six Health Institutions. Unlimited Possibilities. Unrelated Business Income Tax Non-Financial Questionnaire UT Institution: |Select... Department: Name of Activity: Contact Person Email: Contact Person Name: Phone Number: Date Submitted: The information provided on this Non-Financial Questionnaire will be used by OGC to determine whether or not an activity is subject to unrelated busi income tax (UBIT). An activity is subject to UBIT, if it meets the following criteria: (1) is a "trade or business," (2) is regularly carried on, and (3) is n substantially related to an exempt purpose. When an activity meets these three criteria it must be reported to the IRS, unless one of the several exceptions found in the Internal Revenue Code are applicable. Section 1 - General 1.1 Provide a brief description of the activity, including any goods or 1.2 Identify the account **FUND NUMBERs** and **REVENUE** ACCOUNTs for the activity: services provided or sold. (Limit to 3000 characters): 1.3 Will sales tax be collected on the activity? 1.4 Does the activity involve a technologically advanced or uniqu project that is not otherwise available within a reasonable distan Yes O Yes $\bigcirc$ No O No 1.5 Is the activity conducted in a remote location that is inaccessible 1.6 Is the activity provided solely for the convenience of student to the general public? faculty, staff, and/or patients? O Yes O Yes O No O No 1.7 Are unpaid volunteers (students or non-students) participating in 1.8 Does the activity involve the sale of donated goods or service the activity? O Yes O Yes O No $\bigcirc$ No.

Provide duties and tasks assigned to volunteers.		
1.9 Is the activity part of an agreement or contract? If yes, attach a Yes No    File Attachment   Section 2 - Trade or Business	copy of the agreement.	
2.1 Does the activity generate revenue or avoid costs?  O Yes  No  NA	2.2 What is the estimated total reverse current fiscal year?	enue for the activity during t
2.3 What is the estimated total expense for the activity during the current fiscal year?	<ul> <li>2.4 Is there a business plan for the business plan.</li> <li>Yes</li> <li>No</li> <li>File Attachment</li> </ul>	activity? <mark>If yes, attach the</mark>
2.5 Identify the customer(s) of the activity:  Student  Faculty/Staff		
☐ Patients ☐ Alumni	University Students University Faculty/Staff	%
☐ Public	University Patients %	
☐ Other Specify Other:	University Alumni	%
	General Public	%

	Other (specify)	%
	Total:	The total is greater than 100%
		0 %
2.7 Are orders taken from an internet website?	2.8 Can the general public purchas	e from the website?
○ Yes	○ Yes	
○ No	○ No	
Provide Website URL:		
2.9 Can the sales to students, faculty, staff, and patients be distingu	ished from sales to the general publi	c?
○ Yes		
○ No		
Section 3 - Regularly Carried On		
3.1 How often is the activity conducted?	3.2 Is the activity conducted on an	infrequent, casual, or sporad
O Daily	basis?	
○ Weekly	○ Yes	
○ Monthly	O No	
O Quarterly	Describe:	
○ Annually		
Other		
Specify other:		
Section 4 - Substantially Related to Exempt Purpose		
4.1 Does the activity enhance, further, or relate to an exempt	4.2 Are students participating in th	e activity as part of a learning
purpose of the University or The University of Texas System?	experience?	
○ Yes	○ Yes	
○ No	○ No	
Identify below the exempt purpose and how the activity enhances, furthers, or relates thereto:	How many students and what are	their roles and duties?

<ul> <li>4.3 Do students earn credit towards a degree for participating in this activity?</li> <li>Yes</li> <li>No</li> <li>Describe and identify degree:</li> </ul>	4.4 Explain the role of activity.	faculty or staff in the accomplishment of
Section 5 - Sponsored Research  5.1 Does the activity involve sponsored research? If no, continue to S  Yes  No	Section 6.	
All fields in this section are required.		
<ul><li>5.2 Is the research for a person or entity other than federal or state government?</li><li>Yes</li><li>No</li></ul>	5.3 Identify who, by na	nme, is funding the research?
5.4 Is the research an investigative activity done to validate a scientific hypothesis in which the University is interested, the results of which are made freely available to the general public?  O Yes  No	product incident to comexample, testing or ins	volve the performance of research to test nmercial or industrial operations? For pecting materials or products or designing ent, buildings, etc.? If yes, attach the
5.6 Does the activity involve clinical trial/drug test?  O Yes  No	5.7 Where will the clinic apply:   Medical School	cal trial/drug test take place? Check all th

		Specify locations below:
	☐ University Hospital	☐ Other Specify other location below
5.8 Are students involved in the clinical trial/drug test as part of a required training or learning experience?  Students are defined as anyone receiving instruction or training through a bona fide university educational program. In addition to undergraduate and graduate students, the term "students" includes the interns and residents of a university teaching hospital. Doctors, nurses, medical technologists and technicians, and other allied health professional may also be considered as students of a teaching hospital if they are receiving recurrent or additional instruction in their respective fields such as through a continuing education program.  Yes  No	5.9 Are students participating in the Screening/Selection of test subjects  Yes  No Observation of testing/diagnostic tell Yes  No Administration of drug/test  Yes  No Monitoring effects of drugs  Yes  No Interpretation of results/data analy  Yes  No Other  Yes  No Specify other:	echniques
5.10 Are the results of the clinical trial/drug test used as instructional material?  O Yes O No	5.11 Are the results of the clinical t publication?  O Yes O No	rial/drug test available for
5.12 Are the participants in the clinical investigation restricted to University patients?	5.13 If the subjects are University prelated to the medical condition for	

○ Yes	patients of the hospital?
○ No	○ Yes ○ No
Section 6 - Royalty and Commission Income	O NO
6.1 Does the activity generate royalty (e.g. amount paid to Univer	rsity for use of its intangible property) or commission (e.g. amount penue? If yes, attach the applicable agreement. If no, continue to Se
○ Yes	
○ No	
■ File Attachment	
All fields in this section are required.	
<ul> <li>6.2 On what basis is the royalty or commission calculated?</li> <li>Gross Income</li> <li>Net Income</li> <li>Units Produced</li> <li>Other</li> <li>Specify other royalty or commission basis is calculated:</li> </ul> Section 7 - Advertising Income 7.1 Does the activity generate revenue from advertising/advertise <ul> <li>Yes</li> </ul>	6.3 Does the University provide services in connection with the royalty?  Yes  No If yes, explain:
○ No	
All fields in this section are required.	
7.2 Is revenue generated from the sale of the commercial advertisements (or underwriting) in a University publication?  O Yes O No Identify Publication:	7.3 Are the advertisements sold by: Students:  Yes No Paid Employees: Yes No Outside Company

	○ No Uncompensated volunteers
	○ Yes
	○ No
7.4 Are students participating in this activity as part of a learning experience?  O Yes  O No  How many students and what are their roles?	7.5 Do the students earn credit toward a degree?  O Yes  O No  Describe and identify degree:
Section 8 - Sponsorship Income	
<ul><li>8.1 Does the activity generate sponsorship revenue? If yes, attach</li><li>Yes</li><li>No</li><li>If yes, attach</li><li>If yes,</li></ul>	the agreement. If no, continue to Section 9.
All fields in this section are required.	
8.2 Is the sponsor a business entity (e.g. Inc., LLC, or LP)?  O Yes O No Identify entity:	8.3 What is the total fair market value of the consideration, both cash and in-kind, being provided to the University?
8.4 What is the total fair market value of benefits (e.g. tickets, lice	nse of technology, and etc.) provided to the sponsor by the University
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Section 9 - Property Rental	

9.1 Does the activity generate reverse of Yes  No  File Attachment	enue from the rental of property?	If yes, attach the lease agreement. If no, continue to Section 10.
All fields in this section are req	uired.	
9.2 Describe the real and personal		9.3 Identify the purpose for which University property is being rented.
9.4 Does the activity generate reverse O Yes O No	enue from real property?	9.5 Is any tangible personal property (e.g. tables, chairs, overhoprojectors, and etc.) being provided by the University?  O Yes  No
9.6 Provide the percentage of total both the real and personal property		9.7 How was the value of personal properly determined for purposes of allocation percentage in question 9.6?
<u>Property</u>	<u>Percentage</u>	
Real Property	%	
Personal Property	%	
Total	The total is greater than 100%	
	0 %	
9.8 Did the University incur a debt purchase the property being rented outstanding?  O Yes  No  9.10 Does the University provide p janitorial, security, set-up, audio-whom property is being rented?  O Yes  No	d and is there a current balance bersonal services (e.g. maid, food,	9.9 Is the rent based in whole or in part on income or profits of person to whom property is being rented?  Yes  No  9.11 Describe the type, nature and extent of all services being rendered.

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9.12 Is the rent paid by a controlled person?	
(An entity with or without owners can be a "controlled person". If ar replace, or a continuing power to appoint or elect, a majority of direct overlap where UT Regents, officers, or employees or agents constitution is a controlled person. If an entity has owners and UT owns: more the corporation; more than 50 percent of the profits or capital interest in percent of the beneficial interests in a trust then the entity is a control or managing members, one of three or fewer general partners in a little partnership or LLC is a controlled person.)  O Yes	ctors or trustees of the entity, or there is management or board te a majority of the directors or trustees of the entity, then the entity and 50 percent of the stock (measured by vote or value) of a a partnership (or an LLC taxed like a partnership); or more than colled person. Also, if UT is one of three or fewer managing partnership
○ No	
Section 10 - Relief of Government Burden	
10.1 Does the activity involve the relief of a government burden? If r	no, continue to Section 11.
○ Yes	
○ No	
Identify the government burden reviewed:	
All fields in this section are required.	
10.2 Has legislative or other official actions of the government recognized the University as acting on behalf of the government?  O Yes	10.3 Does the activity involve the performance of an essential government service?  O Yes
○ No	○ No
10.4 Was the activity previously undertaken by a government unit?  O Yes	10.5 Will the government unit be exercising any on-going supervision of the activity?
○ No	○ Yes
	○ No
10.6 Is the activity an integral part of a larger government program?	
○ Yes	
○ No	

Section 11 - Partnership or Joint Venture
11.1 Does the activity involve a partnership or joint venture? If yes, attach the partnership agreement.
○ Yes
○ No
■ File Attachment
11.2 Does the activity involve a joint venture or partnership with a taxable organization?
○ Yes
○ No
Additional Attachments may be added here:  ### File Attachment
Office of General Counsel's Use Only
Reviewed By:
Date:
Determination:
Exempt:
Taxable:
Incomplete:
Determination Qualifier: (The above determination is based on the facts presented. Any change in mode or scope of the activity's operations requires a new NFQ be submitted by University. As different facts may change this determination.):