

## **Unrelated Business Income Questionnaire**

### **INSTRUCTIONS**

This questionnaire must be completed for any event with third-party (non-CCSU) involvement **and/or** any generation of revenue (i.e. charge admission/donations).

### **PURPOSE**

The completed questionnaire is intended to assist CCSU Fiscal Affairs in identifying activities that may generate unrelated business income. Activities determined to be taxable must be reported on the University's Exempt Organization Business Income Tax Return (Form 990-T), filed with the Internal Revenue Service annually.

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**Requestor Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Employer/Organization:** \_\_\_\_\_

1. Organization(s) involved in the event (select all that apply):

CSCU

CCSU

State Government

Local Government

Non-Profit

For Profit

Other (please list/describe): \_\_\_\_\_

2. Describe the purpose of the event, highlighting any nexus to education, research, community service, or provision of government services:

3. Is the event a meeting or training?

Meeting

Training

Other (please list/describe): \_\_\_\_\_

4. Please complete the following:

| <b>Attendee Type</b> | <b>Estimated # of Attendees</b> | <b>How much will Attendees be charged?</b> |
|----------------------|---------------------------------|--|
| CCSU/CSCU Employees  |                                 |  |
| Students             |                                 |  |
| Community            |                                 |  |
| Non-CCSU Employer    |                                 |  |

5. Will CCSU receive any percentage of revenue or profit generated? If yes, please describe.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For CCSU Central Reservations Office Use Only:**

**Reservation #:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**