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Form **14018** (September 2008)	Department of the Treasury – **Internal Revenue Service** **Compliance Questionnaire Colleges and Universities**	OMB No. 1545-2071

This questionnaire asks for information about your college or university and how it operates. Answer the questions based on the instructions provided at the beginning of each part of the questionnaire. Complete the questionnaire and follow the instructions in the accompanying letter for returning it to us. If you prefer, you can download the questionnaire from our web site at http://www.irs.gov/pub/irs-tege/cucp_questionnaire.pdf.

PLEASE DO NOT SUBMIT ANY BOOKS OR RECORDS.

PART 1 – ORGANIZATION INFORMATION

Answer the questions in Part 1 based on the year or period referred to in each question.
Enter the organization's complete name and provide that organization's employer identification number (EIN).
In addition, provide the name, title and phone number of a person to contact should we have any questions.

Name of College or University	**EIN**
Full Name and Title of Contact Person	**Contact Phone Number**

1. Indicate the type of institution that best describes your college or university for the tax year ending in 2006. **Check only one box.**
   a. ☐ A private institution, offering a four-year or higher degree, recognized as exempt from federal income tax under IRC 501(c)(3).
   b. ☐ A private institution, offering only a two-year degree, recognized as exempt from federal income tax under IRC 501(c)(3).
   c. ☐ A private institution, whether non-profit or for-profit, that is not recognized as exempt from federal income tax.
   d. ☐ A public institution, offering a four-year or higher degree, that is not recognized by the IRS as exempt from federal income tax under IRC 501(a) as an organization described in IRC 501(c)(3), the income of which is excluded from tax under IRC 115.
   e. ☐ A public institution, offering a four-year or higher degree, that has applied for and received recognition of exemption under IRC 501(c)(3).
   f. ☐ A public institution, offering a four-year or higher degree, that is a political subdivision; i.e. an entity with the powers of government (power to tax, police (or regulatory) powers, or power of eminent domain).
   g. ☐ A church or organization claiming to be a church that is **not** a separately incorporated church-supported school or other organization incorporated separately from the church.
   h. ☐ Other - describe _____

If you checked "b" "c" "g" or "h," STOP you do not need to complete the rest of the questionnaire. Please follow the instructions in the accompanying letter for sending the questionnaire back to us. Otherwise, go to question 2.

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2. How many students, including graduate and professional students, were enrolled at your College/University in Fall 2006? Use full-time equivalents (FTEs) per your enrollment or other records? _____

3. How many full-time and part-time students were enrolled at your college or university in Fall 2006? a. Full-time _____ b. Part-time _____

4. What was the size of your faculty in Fall 2006? For this purpose, you may use reports filed with the federal government, such as the Department of Education. Include adjuncts that are full-time under "Full-Time." a. Full-Time _____ b. Adjunct _____

5. Enter the number of employees you reported on line 1, Part I of Form 941 for the first quarter of 2006. _____

6. How many of the employees reported in 5 above were: a. Faculty _____ b. Staff _____ c. Students _____

7. What was the student/faculty ratio, (e.g., 20:1) in Fall 2006? _____

8. a. If you are a private institution, do you currently have a written conflict of interest policy in place that governs members of the organization's ruling body and its top management officials? Yes ☐ No ☐ If "Yes," enter the date this policy was adopted. _____ (Use mm/dd/yyyy format.)

   b. If you are a public institution, is there a state statute explicitly governing conflicts of interest for members of the organization's governing body and its top management officials? Yes ☐ No ☐

9. a. If you are a private institution, do you currently have a written conflict of interest policy in place that governs full-time faculty?
   Yes ☐ No ☐ If "Yes," enter the date this policy was adopted. _____ (Use mm/dd/yyyy format)

   b. If you are a public institution, is there a state statute explicitly governing conflicts of interest for full-time faculty? Yes ☐ No ☐

10. Does your organization currently make its audited financial statements available to the public? Yes ☐ No ☐

    a. If they are available on a website, please provide the website address _____

11. What was your annual published full-time tuition rate (including mandatory fees but exclusive of room and board) for undergraduate students in Fall 2006? a. In-State $_____ b. Out-of-State $_____ c. Other $_____

12. What was the annual average tuition discount rate used to calculate the net average tuition after discounts for Fall 2006?
    a. In-State _____ % b. Out-of-State _____ % c. Other _____ %

13. For the tax year ending in 2006, what were your organization's:
    a. Gross assets? $_____ b. Net assets? $_____ c. Gross revenue? $_____ d. Total expenses? $_____

14. Does your organization currently conduct distance learning activities? Yes ☐ No ☐

15. Does your organization currently conduct educational programs outside the United States? Yes ☐ No ☐

16. Does your organization currently maintain offices, campuses, and/or employees in at least five countries outside the United States?
    Yes ☐ No ☐

17. Enter the information requested in the table below for the five (5) highest paid employees of your organization for calendar year 2006. Do not include officers, directors, trustees and key employees (defined in the instructions). Determine *highest paid,* based on the amounts reported on Form(s) W-2, box 5 **for 2006**. (See the instructions if the individual was not subject to Medicare taxes.)

Column instructions:

- In column b, enter the appropriate alpha code(s) from the list below that describes the position(s) held by the employee.
- In column c and d, enter the amount reported on Form(s) W-2, box 5.
- In column e, enter the number of related organizations that paid compensation.
- In column f, enter any NCAA athletically-related income (use fiscal year ending within the 2006 calendar year if that is how the income is reported for NCAA purposes) regardless of whether the amount was reported in column c or d.

☐ Check this box if your athletic coaches are not employed by your organization.

A = Faculty (Instructional and Research)
B = Heads of Department
C = Sports Coach
D = Administrative/Managerial
E = Investment Manager
F = Other – Describe in space provided

	(a) Name of Employee	(b) Position(s) (see codes above)	(c) Compensation from Your Organization	(d) Compensation from Related Organizations	(e) No. of Related Orgs.	(f) NCAA Athletic Income
1		; ; ; ; Other:				
2		; ; ; ; Other:				
3		; ; ; ; Other:				
4		; ; ; ; Other:				
5		; ; ; ; Other:				

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18. Enter the information requested in tables A through D below for the five (5) highest gross revenue generating organizations in each category that are related to your organization. **Complete the information based on the tax year ending in 2006.** For a definition of a related organization, see the instructions. For more information on classification of corporations, partnerships, disregarded entities and trusts, see Regulation sections 301.7701-2, 3, and 4.

Instead of completing the tables, you may provide an organizational chart provided it contains the same information requested below. The chart also may include organizations that are not the highest gross revenue generating entities. If you provide an organizational chart, you may consolidate single-member limited liability companies (LLCs) whose exclusive activity is as a passive holder of real estate assets instead of listing each one.

A. Disregarded Entities – List the five (5) largest based on gross revenue

	Information	Entity 1	Entity 2	Entity 3	Entity 4	Entity 5
(i)	**Name**					
(ii)	**EIN**					
(iii)	**Address**					
(iv)	**Location**	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐
(v)	**Primary Activity**					
(vi)	**Name of Direct Controlling Entity**					

B. Related Tax-Exempt Organizations – List the five (5) largest based on gross revenue

	Information	Organization 1	Organization 2	Organization 3	Organization 4	Organization 5
(i)	**Name**					
(ii)	**EIN**					
(iii)	**Address**					
(iv)	**Location**	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐
(v)	**Primary Activity**					
(vi)	**Exempt Code Section**					
(vii)	**If 501(c)(3)**	Public Charity ☐ Private Fdn ☐	Public Charity ☐ Private Fdn ☐	Public Charity ☐ Private Fdn ☐	Public Charity ☐ Private Fdn ☐	Public Charity ☐ Private Fdn ☐
(viii)	**Name of Direct Controlling Entity**					

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C. Related Organizations Taxable as a Partnership – List the five (5) largest based on gross revenue

	Information	Partnership 1	Partnership 2	Partnership 3	Partnership 4	Partnership 5
(i)	**Name**					
(ii)	**EIN**					
(iii)	**Address**					
(iv)	**Location**	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐
(v)	**Primary Business Activity, Product or Service**					
(vi)	**Name of Direct Controlling Entity**					
(vii)	**Are You A General or Managing Partner?**	General ☐ Managing ☐	General ☐ Managing ☐	General ☐ Managing ☐	General ☐ Managing ☐	General ☐ Managing ☐
(viii)	**Your Percentage of Ownership**	%	%	%	%	%

D. Related Organizations Taxable as a Corporation or Trust - List the five (5) largest based on gross revenue

	Information	Corp or Trust 1	Corp or Trust 2	Corp or Trust 3	Corp or Trust 4	Corp or Trust 5
(i)	**Name**					
(ii)	**EIN**					
(iii)	**Address**					
(iv)	**Location**	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐	Foreign ☐ Domestic ☐
(v)	**Primary Business Activity, Product or Service**					
(vi)	**Name of Direct Controlling Entity**					
(vii)	**Type of Entity**	C-Corp ☐ S-Corp ☐ Trust ☐ Pers. Serv. Corp ☐	C-Corp ☐ S-Corp ☐ Trust ☐ Pers. Serv. Corp ☐	C-Corp ☐ S-Corp ☐ Trust ☐ Pers. Serv. Corp ☐	C-Corp ☐ S-Corp ☐ Trust ☐ Pers. Serv. Corp ☐	C-Corp ☐ S-Corp ☐ Trust ☐ Pers. Serv. Corp ☐
(viii)	**Percentage Ownership**	%	%	%	%	%

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19. For private institutions, check any arrangement(s) described below that you currently have a written policy on, which is designed to assure that transactions with non-501(c)(3) related organizations (taxable or exempt) are made at arm's length. For public institutions, check any arrangement(s) that are subject to a specific statute designed to assure that transactions are made at arm's length. **Check all that apply.**

a. ☐ Provision of goods or services
b. ☐ Lending of money
c. ☐ Rental of property
d. ☐ Transfers of assets
e. ☐ Cost sharing and expense reimbursement arrangements
f. ☐ Licensing arrangements
g. ☐ Shared employees
h. ☐ Other transfers of assets, liabilities or funds (items not listed in a through g)

20. For private institutions, check any items of income below for which you currently have a written policy in place that establishes arm's length assurances when such amounts are paid or accrued to your organization from a controlled entity within the meaning of section 512(b)(13). For public institutions, check any items of income that are subject to a specific statute designed to assure that transactions are made at arm's length. For a definition of controlled entity, see the instructions. **Check all that apply.**

a. ☐ Management fees
b. ☐ Interest
c. ☐ Rents
d. ☐ Royalties
e. ☐ Annuities

21. Describe below how your organization currently determines pricing in its dealings with related organizations, including payments or accruals of interest, rents, royalties, or annuities by a controlled entity to your organization. If more space is needed, attach additional sheets.

22. If your organization is a controlling organization within the meaning of IRC section 512(b)(13), enter the number of entities you controlled for the tax year ending in 2006. If you are not a controlling organization, enter "0." _____ (For the definition of a controlled entity under IRC section 512(b)(13), see the instructions.)

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PART II – ACTIVITIES

Please complete this section based on the tax year ended in 2006 unless otherwise noted.

23. Provide the information requested in tables A through E below. Base your responses on the aggregate of all of the organization's activities of the type referred to in the applicable row (e.g., Advertising – printed publications).

Column instructions:

- In column a, check the box next to any activity your organization directly (not indirectly through another organization) engaged in even if the activity was not reported on Form 990-T, *Unrelated Business Income Tax Return.* **Note:** Items 28 through 30 relate to activities conducted by partnerships, subchapter S corporations, or controlled entities in which you are an owner.
- In column b, check the box(es) that describes how you treated the income from the activity as unrelated trade or business income (UBI).
- In column c, enter the appropriate explanation code if you indicated in column b that none or part of the income from the activity was UBI. See the instructions for a list of the explanation codes.
- In column d, check the box if the activity was managed or operated by an unrelated third party.
- In column e, indicate (yes/no) whether your organization incurred a loss from the activity in at least three out of the five previous years (2001 – 2005).

Complete columns f through h only if you checked "yes" in column e and you reported the activity on Form 990-T for at least one of the loss years.

- In column f, indicate (yes/no) if expenditures (paid or accrued) to non-501(c)(3) related organizations (taxable or exempt) exceeded $50,000 during any single loss year.
- In column g, enter the predominant reason for the losses using the codes listed below.
- In column h, indicate (yes/no) if your organization has future plans for making a profit.

Predominant Reason Codes

A = Business was in start-up phase
B = Actual costs were significantly greater than anticipated or budgeted
C = Competitive pressures prevented pricing to allow for full recovery of costs
D = Less demand for product or service than was projected
E = Business was in business cycle downturn
F = Budgeted to operate at breakeven or a loss because doing so contributed to the organization's exempt mission
G = Business was in winding-up phase
H = Other

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	(a) Activity	(b) UBI	(c) Explanation Code (See Instructions)	(d) Third Party Managed/ Operated	(e) Loss 3 Out of 5 Years (2001-2005)	(f) Expenditures to non-501(c)(3) Affiliates >$50,000	(g) Predominant Reason Code (See above)	(h) Future Profit
A. ADVERTISING								
1.	☐ Printed Publications	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
2.	☐ Other Printed Material	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
3.	☐ Internet	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
4.	☐ Facilities (Billboard, Scoreboard, etc.)	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
5.	☐ TV/Radio Broadcasting	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
B. CORPORATE SPONSORSHIPS								
1.	☐ Printed Materials including Publications	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
2.	☐ Events	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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3.	☐ Internet	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
4.	☐ Facilities (Billboard, Scoreboard, etc.)	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
5.	☐ TV/Radio Broadcasting	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

C. RENTAL

1.	☐ Facility Rental	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
2.	☐ Rental of Arena	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
3.	☐ Recreation Center Usage	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
4.	☐ Athletic Facilities Usage	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
5.	☐ Personal Property Rental	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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	(a) Activity	(b) UBI	(c) Explanation Code (See Instructions)	(d) Third Party Managed/ Operated	(e) Loss 3 Out of 5 Years (2001-2005)	(f) Expenditures to non-501(c)(3) Affiliates >$50,000	(g) Predominant Reason Code (See above)	(h) Future Profit
6.	☐ Telecomm Related or Broadcast Tower Rentals	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
7.	☐ Other Rentals	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

D. OTHER

1.	☐ Catalog Sales	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
2.	☐ Internet Sales	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
3.	☐ Travel Tours	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
4.	☐ Broadcast Rights	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
5.	☐ Royalties from Oil and Gas Interests	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
6.	☐ Affinity Cards	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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7.	☐ Mailing List Rentals	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
8.	☐ Logo Usage	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
9.	☐ Working Interest in Oil, Gas, Etc.	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
10.	☐ Other Royalties	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
11.	☐ Exclusive Use Contracts	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
12.	☐ Commercial Research	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
13.	☐ Patents	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
14.	☐ Copyrights and Trade Names or Trade Secrets	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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15.	☐ Operation of Hotel	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
16.	☐ Operation of Conference Center	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
17.	☐ Operation of Restaurant	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
18.	☐ Catering Services	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
19.	☐ Food Services	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
20.	☐ Credit Card Promotions	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
21.	☐ Computer Services	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
22.	☐ Exploited Exempt Activity Income (non-advertising)	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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23.	☐ Bartering	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
24.	☐ Parking Lot Operations	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
25.	☐ Power Generations	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
26.	☐ Bookstore	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
27.	☐ Golf Course	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
For 28 through 30, base your responses on revenues, expenses, income and/or losses derived from your ownership share in the Partnership, S-Corporation or Controlled Entity (section 512(b)(13)).								
28.	☐ Partnership Allocations	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
29.	☐ S-Corp Allocations	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
30.	☐ Income from Controlled Entities	All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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	(a) Activity	(b) UBI	(c) Explanation Code (See Instructions)	(d) Third Party Managed/ Operated	(e) Loss 3 Out of 5 Years (2001-2005)	(f) Expenditures to non-501(c)(3) Affiliates >$50,000	(g) Predominant Reason Code (See above)	(h) Future Profit
E. OTHER ACTIVITIES NOT INCLUDED ABOVE – ONLY LIST ACTIVITIES THAT GENERATED MORE THAN **$50,000** IN ANNUAL GROSS REVENUE								
1.		All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
2.		All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
3.		All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
4.		All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐
5.		All UBI ☐ Part UBI ☐ No UBI ☐ Debt Financed UBI ☐		☐	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

24. From the activities checked in question 23, list in descending order the five largest activities by gross revenue that were **not** treated as unrelated trade or business activities for the tax year ending in 2006. Include the letter (A thru E) of the category (table) the activity is listed under and the activity (e.g., A - printed publications; D – bookstore).

a. _____ d. _____

b. _____ e. _____

c. _____

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25. If, for the tax year ending in 2006, your organization conducted activities through a joint venture that was taxed, for Federal income tax purposes, as a partnership of which your organization was a partner or member, list in descending order the five largest activities (e.g., bookstores, educational instruction) by gross revenue that were **not** treated as unrelated business activities. **Note:** Do not report activities that generate passive investment income such as rents or royalties.

a. _____ d. _____

b. _____ e. _____

c. _____

26. If your organization never filed a Form 990-T, check here ☐ and skip to question 31.

27. For each activity reported on your Form 990-T for the tax year ending in 2006, provide the information requested below (round to the nearest dollar). If you did not file a Form 990-T for the tax year ending in 2006, use your most recently filed Form 990-T and enter the year of that return here . (Use yyyymm format.)

Column instructions:

Provide the information for each applicable activity listed in column a. Add any additional activities on lines 33 through 38 of column a.

- In column b, enter the gross receipts or sales from the activity that were included on line 1a of Form 990-T.
- In column c, enter the cost of goods sold from the activity that were included on line 2 of Form 990-T.
- In column d, enter the total net unrelated trade or business income from the activity that was included on line 13, column C of Form 990-T.
- In column e, enter the total deductions from the activity that were included on line 29 of Form 990-T.
- In column f, enter any net operating loss deduction from the activity that was included on line 31 of Form 990-T.
- In column g, enter the alpha code below that describes your expense allocation method for the activity.

Expense Allocation Method Codes (Column g)

A = Gross receipts for facility costs

B = Actual time in use for fixed facility costs

C = Time available for use for fixed facility costs

D = Other

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	(a) UBI Activity	(b) Part I, Line 1a (Gross Receipts or Sales)	(c) Part I, Line 2 (Cost of Goods Sold)	(d) Part I, Line 13, Column C (Total Net UBI)	(e) Part II, Line 29 (Total Deductions)	(f) Part II, Line 31 (Net Operating Loss Deduction)	(g) Expense Allocation Method (see codes above)
1.	Advertising						
2.	Facility Rental						
3.	Arena Rental						
4.	Recreation Center Usage						
5.	Athletic Facilities Usage						
6.	Personal Property Rentals						
7.	Telecomm Related Rentals						
8.	Debt Financed Income						
9.	Catalog Sales						
10.	Internet Sales						
11.	Travel Tours						
12.	Partnership Allocations						
13.	S-Corp Allocations						
14.	Working Interest in Oil, Gas, etc.						
15.	Exclusive Use Contracts						
16.	Commercial Research						
17.	Patents						
18.	Intellectual Property						
19.	Hotel Operation						
20.	Conference Center Operation						
21.	Restaurant Operation						

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	(a) UBI Activity	(b) Part I, Line 1a (Gross Receipts or Sales)	(c) Part I, Line 2 (Cost of Goods Sold)	(d) Part I, Line 13, Column C (Total Net UBI)	(e) Part II, Line 29 (Total Deductions)	(f) Part II, Line 31 (Net Operating Loss Deduction)	(g) Expense Allocation Method (see codes above)
22.	Catering Services						
23.	Food Services						
24.	Income from Controlled Orgs						
25.	Credit Card Promotions						
26.	Computer Services						
27.	Exploited Exempt Activity Income						
28.	Bartering						
29.	Parking Lot Operations						
30.	Power Generations						
31.	Bookstore						
32.	Golf Course						
List other UBI activities below.							
33.							
34.							
35.							
36.							
37.							
38.							
39.	**TOTAL** (Each column total should equal the amount reported on your Form 990-T)						

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28. Using the total expenses reported for ALL activities on your Form 990-T for the tax year ending in 2006 (Part II, Line 29 – Total Deductions), provide a percentage breakdown of direct vs. indirect expenses. If you did not file a Form 990-T for the tax year ending in 2006, provide the breakdown based on your Form 990-T for the year shown in question 27.
    a. Direct Expenses _____ %
    b. Indirect Expenses _____ %
    Total 100 %

29. Of the unrelated business income activities included on your Form 990-T for the tax year ending in 2006, list in column 'a' the five that resulted in the largest losses included on line 30 of your Form 990-T, and complete columns 'b' through 'f' for each activity. If you did not file a Form 990-T for the tax year ending in 2006, provide the information based on your Form 990-T for the year shown in question 27.

Column instructions:

- In column b, enter the total income for the activity that was included on line 13, column A of Form 990-T.
- In column c, enter the total deductions for the activity that were included on line 29 of Form 990-T.
- In column d, enter the unrelated business taxable income before net operating loss deduction for the activity that was included on line 30 of Form 990-T.
- In column e, enter the direct expenses for the activity that were included on line 29 of Form 990-T.
- In column f, enter the indirect expenses for the activity that were included on line 29 of Form 990-T.

	(a) UBI Activity	**(b) Line 13, Column A (Total UBI)**	**(c) Line 29 (Total Deductions)**	**(d) Line 30 (UBTI before NOL)**	**(e) Direct Expenses Included in Line 29 (Total Deductions)**	**(f) Indirect Expenses Included in Line 29 (Total Deductions)**
1.						
2.						
3.						
4.						
5.						

30. Of the total expenses reported for ALL activities on your Form 990-T for the tax year ending in 2006 (Part II, Line 29 – Total Deductions), provide a percentage breakdown of inter-company expenses vs. other expenses. If you did not file a Form 990-T for the tax year ending in 2006, provide the breakdown based your Form 990-T for the year shown in question 27.
    a. Expenses paid or accrued to related organizations _____ %
    b. All other expenses _____ %
    Total 100 %

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31. For the 2006 tax year, did your organization rely on an independent accountant(s) or counsel to provide advice on any of the following: **Check all that apply.**

a. ☐ Determine whether activities were unrelated or exempt

b. ☐ Allocation of expenses between unrelated and exempt activities

c. ☐ Pricing between the organization and its related organizations for expenses incurred in unrelated activities

d. ☐ None of the above

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PART III – ENDOWMENT FUNDS

Answer the questions in Part III based on the fiscal year ending in 2006 that you generally used to report endowment amounts and activity to others, such as government regulators.

Generally, endowment funds are used for one or more functions of a college or university. Answer the questions in this part based on all endowments held for the institution's benefit including those held by others, such as external parties and related entities.

32. Did your organization have endowment fund(s)? Yes ☐ No ☐

33. Did another organization, including an institutional foundation, hold or maintain endowment funds on your behalf?
Yes ☐ No ☐

If you answered "No" to questions 32 and 33, skip Part III and go to Part IV. Otherwise, go to question 34.

34. If you are a public institution, was your endowment fund(s) managed by your state treasury or other state agency?
Yes ☐ No ☐

If "Yes," skip to question 46.

35. If you are a private institution or you answered "no" to question 34, answer the following questions:
   a. Did your organization have an investment policy for endowment funds? Yes ☐ No ☐
   b. Who managed the investments in your endowment fund(s)? **Check all that apply.**
      i ☐ Related entity ii ☐ External party iii ☐ In-house
   c. If you checked "external party," complete the information below for the external parties that managed your largest endowment fund investments. Types of investments include international, hedge funds, etc.

	Name of External Party	Types of Investments
i		
ii		
iii		
iv		

36. Did your organization have an investment committee that oversaw investment of your endowment fund assets?
Yes ☐ No ☐

If "No," skip to question 40.

37. How many individuals were members of the investment committee that oversaw the endowment fund(s)? _____

38. Did the investment committee approve the selection of external parties used to manage the investments in your endowment fund(s)?
Yes ☐ No ☐

39. Did your investment committee approve investment-guidance recommendations made by outside consultants?
Yes ☐ No ☐

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40. How many individuals were on staff whose primary responsibility was investment management of your endowments? _____

41. Did your institution engage an outside consultant for investment guidance? Yes ☐ No ☐

42. How did your organization compensate its internal investment managers? **Check all that apply. (See instructions for the definition of each category.)**

☐ a. Wages or Salary ☐ c. Mutual Fund Fees e. Other (describe briefly) _____

☐ b. Asset-Based Fees ☐ d. Performance-Based Fees

43. How did your organization compensate its external investment managers? **Check all that apply. (See instructions for the definition of each category.)**

☐ a. Wages or Salary ☐ c. Mutual Fund Fees e. Other (describe briefly) _____

☐ b. Asset-Based Fees ☐ d. Performance-Based Fees

44. Were compensation arrangements for internal investment managers reviewed and approved by a committee of the board or the full board? Yes ☐ No ☐

45. Were compensation arrangements for external investment managers reviewed and approved by a committee of the board or the full board? Yes ☐ No ☐

Remember to respond to the endowment questions based on the fiscal year ending in 2006 that you used to report endowment amounts and activities to others.

46. What was the average amount of your endowment assets per full-time equivalent student? $_____

(Endowment assets are the total of all long-term endowments held for the institution's benefit including those held by others such as foundations.)

47. What was the total year end fair market value (FMV) of your endowment assets? $_____

a. Did your investment committee or board adopt a target spending rate for all endowments? Yes ☐ No ☐

If "No," skip to question 48.

b. If "Yes," did your organization meet the adopted target spending rate? Yes ☐ No ☐

c. What was your target spending rate? _____%

48. What was the year end FMV of quasi endowments? $_____ If not applicable, check here ☐

(Quasi endowments are endowment pool investments of which the principal can be spent at the discretion of the institution's trustees. A quasi endowment contains investments of unrestricted gifts.)

49. What was the year end FMV of term endowments? $_____ If not applicable, check here ☐

(Term endowments are endowment pool investments of which the principal can be spent after its defined "term" has passed. A term can be a period of time, an event, or a benchmark of growth of principal.)

50. What was the year end FMV of true endowments? $_____ If not applicable, check here ☐

(True endowments are gifts to the endowment pool of which only the return on the principal investment can be spent. Usually, the principal investment remains permanently invested in the institution's endowment pool.)

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51. Indicate whether your institution or a related entity had any of the life income funds listed below even if the endowment funds were not used for these purposes or you did not have endowments. (Life income funds are assets donated to the institution usually on the condition that the institution pays a specified amount of income to the donor or designated individual(s) for their lifetime, after which the institution has complete ownership of the assets.)

a. **Charitable Gift Annuities** Yes ☐ No ☐

(i) If "Yes," what percent of your endowment was comprised of charitable gift annuities? _____%

(Charitable gift annuities are donor purchased annuities with a stipulated amount or percentage of the value paid annually to a designated individual(s) and the rest going to the institution.)

b. **Charitable Remainder Trust** Yes ☐ No ☐

(i) If "Yes," what percent of your endowment was comprised of charitable remainder trusts? _____%

(A charitable remainder trust is usually an irrevocable trust that pays income to a designated individual(s) until the grantor dies, at which time the remainder passes to the institution.)

c. **Pooled Income Funds** Yes ☐ No ☐

(i) If "Yes," what percent of your endowment was comprised of pooled income funds? _____%

(A pooled income fund is a fund combining a number of separate gifts or property transfers from which the contributors receive some interest income and transfer the rest to the institution.)

52. Did you make foreign investments of endowment funds through an investment entity? Yes ☐ No ☐

If "Yes," what type of entity did you use for your foreign investments? **Check all that apply.**

☐ a. Corporation ☐ b. Partnership ☐ c. Trust ☐ d. Limited Liability Company ☐ e. Other

53. As of the last day of the fiscal year ending in 2006, what percentage of your endowment assets (total investment pool) was invested in the following areas? (The total should equal 100%)

a. **Alternatives**

(i) Hedge Funds _____%

(ii) Private Equity _____%

(iii) Venture Capital _____%

(iv) Natural Resources _____%

(v) Other _____%

b. **Fixed Income Funds**

(i) U.S. Fixed Income _____%

(ii) Non-U.S. Fixed Income _____%

(iii) Other _____%

c. **Equity Funds**

(i) U.S. Equity _____%

(ii) Non-U.S. Equity _____%

(iii) Other _____%

d. **Real Estate**

(i) Public Real Estate _____%

(ii) Private Real Estate _____%

e. **International Funds** _____%

f. **Cash** _____%

g. **Other Investments** _____%

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54. What is the primary investment objective, e.g. total real return (net of investment management fees), for your investment portfolio for the next five year period? ☐ a. Less than 5% ☐ b. 5%-10% ☐ c. 11%-20% ☐ d. Greater than 20%

55. Did the board or committee members place restrictions on the purchase or sale of certain securities because of particular donor restrictions or special requests? Yes ☐ No ☐

56. In the table below, provide information on how your endowment funds were distributed. Remember to use the fiscal year ending in 2006 that you used to report endowment amounts and activities to others.

Column instructions:

- In column a, check the categories that best describe how you used your endowment funds.
- In column b, enter the percentage of your total distributions for each category checked in column a.
- In column c, enter the amount distributed for each category checked in column a.
- In column d, enter the percentage of distributions that were restricted by the donor for each category checked in column a.
- In column e, enter the percentage of distributions that were restricted by your board or committee for each category checked in column a.

	(a) Categories of Use		(b) Percent of Total Distributions	(c) Amount Distributed	(d) Restricted by Donor	(e) Restricted by Board or Committee
1.	Scholarships, Awards, Grants and/or Loans	☐	%		%	%
2.	Public Service	☐	%		%	%
3.	Research	☐	%		%	%
4.	Administrative Support (Discretionary)	☐	%		%	%
5.	General Education Support and/or Libraries	☐	%		%	%
6.	General University Operations	☐	%		%	%
7.	Chairs, Professorships	☐	%		%	%
8.	Other	☐	%		%	%
	Total Dollars Distributed		100 %	$		

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57. List the top five restrictions (i.e., fellowships, lines of research, specific student activity, student aid, loan funds) placed on endowments by donors or board/committee members.

Restrictions
a.
b.
c.
d.
e.

58. Did your organization monitor endowment distributions to ensure that they were used for the donor's intended purpose(s)?
Yes ☐ No ☐

If "Yes," how did you monitor the distributions? **Check all that apply**.

a. ☐ Reports (monthly, quarterly or annual)

b. ☐ Financial audits on distributions

c. ☐ Other – describe _____

59. What was your policy on disbursements made from the endowment fund that were not used in the fiscal year of disbursement?
Check all that apply.

a. ☐ Amount applied to following year

b. ☐ Amount returned to endowment fund

c. ☐ Amount placed into general operating account for general use

d. ☐ Other – describe _____

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PART IV – EXECUTIVE COMPENSATION

Please respond to all executive compensation questions based on the calendar year 2006.

60. Enter the information requested in the table below for the six (6) highest paid officers, directors, trustees and key employees of your college or university. To determine *highest paid*, add the amounts reported on Form(s) W-2, box 5 and Form(s) 1099-MISC, box 7 for 2006. (See the instructions if the individual is not subject to Medicare taxes.)

Column instructions:

- In column a, enter the name of the officer, director, trustee or key employee.
- In column b, enter the appropriate alpha code from the list below that describes the title of the individual.
- In column c, enter the compensation reported on Form(s) W-2, box 5 and Form(s) 1099-MISC, box 7 from your organization.
- In column d, enter the compensation reported on Form(s) W-2, box 5 and Form(s) 1099-MISC, box 7 from any related organization(s).
- In column e, enter the number of related organizations that reported compensation for the individual.

A	=	CEO	E	=	Treasurer/Vice President	I	=	Individual Trustee
B	=	Chancellor/President	F	=	Key Employee	J	=	Other Officer
C	=	Executive Director	G	=	Dean of School	K	=	Other Director
D	=	CFO	H	=	Institutional Trustee	L	=	Other – Indicate title in space provided

	(a) Name	(b) Title (See codes above)	(c) Compensation from Your Organization	(d) Compensation from Related Organizations	(e) No. of Related Organizations
1					
2					
3					
4					
5					
6					

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61. Complete the table below based on the six (6) individuals you identified in question 60. Be sure the number of the person matches the number of the person identified in question 60. For each type of remuneration including the deferred compensation items, report the aggregate amount from your college or university and all related organizations. For purposes of deferred compensation "participant's contributions," include pre-income tax contributions made by the person (participant), such as elective deferrals to 401(k), 403(b), or 457 plans. Report deferred compensation even if the person was not vested.

	Type of Remuneration	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
a.	Individual's base salary						
b.	Bonus						
c.	Contributions to employee benefit plans (e.g. health benefit)						
d.	Incentives (including short term and long term)						
e.	Contributions to life, disability and/or long term care insurance						
f.	Split-dollar life insurance (premiums paid by organization)						
g.	Loans/credit extension (forgone interest or debt forgiveness)						
h.	Stock or stock options – equity-based compensation						
i.	Severance or change of control payments						
j.	Personal use of organization credit card (not reimbursed by person)						
k.	Personal use of organization owned or leased vehicles						
l.	Personal travel for the person or a spouse/family member (not reimbursed by the person)						
m.	Expense reimbursements (non-accountable plan)						
n.	Value of organization provided housing and utilities						
o.	Value of organization provided vacation home						

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	Type of Remuneration	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
p.	Personal services provided (e.g., housekeeper, lawn service, maintenance or repair services) at person's residence						
q.	Other personal services provided (e.g., legal, financial, retirement)						
r.	Health/social club dues						
s.	Personal use of organization owned aircraft or boat						
t.	First-class travel						
u.	Scholarships and fellowship grants (taxable)						
v.	Other executive fringe benefits (other than section 132 fringes)						
w.	Other compensation (not otherwise classified above)						
	Contributions to Deferred Compensation Plans	**Person 1**	**Person 2**	**Person 3**	**Person 4**	**Person 5**	**Person 6**
x.	Organization's contributions to an IRC 401(a) plan						
y.	Participant's contributions to an IRC 401(a) plan						
z.	Organization's contributions to an IRC 403(b) plan						
aa.	Participant's contributions to an IRC 403(b) plan						
bb.	Organization's contributions to an IRC 457(b) plan						
cc.	Participant's contributions to an IRC 457(b) plan						
dd.	Organization's contributions to an IRC 457(f) plan						
ee.	Participant's contributions to an IRC 457(f) plan						
ff.	Organization's contributions to IRC 415(m) qualified governmental excess benefit arrangements						
gg.	Participant's contributions to IRC 415(m) qualified governmental excess benefit arrangements						
hh.	Other deferred compensation arrangements, whether qualified or unqualified						

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Answer questions 62 through 74 in the table below for each person identified in question 60 including that person's family members. Be sure the number of the person matches the number of the person identified in question 60. See the Instructions for a definition of "person's family members."

Loan/Extension of Credit Questions		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
62.	Did your organization provide loans and/or extensions of credit to the person?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
63.	How was the agreement for loans and/or extensions of credit to the person made?	Written ☐ Verbal ☐ Neither ☐	Written ☐ Verbal ☐ Neither ☐	Written ☐ Verbal ☐ Neither ☐	Written ☐ Verbal ☐ Neither ☐	Written ☐ Verbal ☐ Neither ☐	Written ☐ Verbal ☐ Neither ☐
64.	Did your organization maintain written documents detailing terms, payments, and interest rates for all loans or extensions of credit to the person?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
65.	Were all loans or credit extensions approved by Board members?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
66.	Did the person make cash payments according to a specified repayment schedule?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
67.	If "No" to question 66, what events would trigger the person's repayment of loans or extensions of credit?	Termination ☐ Retirement ☐ Asset Sale ☐ Other Event ☐ None above ☐	Termination ☐ Retirement ☐ Asset Sale ☐ Other Event ☐ None above ☐	Termination ☐ Retirement ☐ Asset Sale ☐ Other Event ☐ None above ☐	Termination ☐ Retirement ☐ Asset Sale ☐ Other Event ☐ None above ☐	Termination ☐ Retirement ☐ Asset Sale ☐ Other Event ☐ None above ☐	Termination ☐ Retirement ☐ Asset Sale ☐ Other Event ☐ None above ☐
68.	Did all loan agreement interest rates meet the requirements of the Applicable Federal Rate (AFR) described in IRC section 6621? This generally is the rate applicable on the date each loan was made.	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
69.	If "No" to question 68, was interest charged above or below the AFR rate, or comparable to the rate a bank would charge for similar loans?	Above ☐ Below ☐ Bank Rate ☐	Above ☐ Below ☐ Bank Rate ☐	Above ☐ Below ☐ Bank Rate ☐	Above ☐ Below ☐ Bank Rate ☐	Above ☐ Below ☐ Bank Rate ☐	Above ☐ Below ☐ Bank Rate ☐

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Loan/Extension of Credit Questions		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
70.	Was security/collateral provided for the loans and/or credit extensions?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
71.	Was any portion of loans or extensions of credit to the person considered compensation for services performed?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
72.	If "Yes" to question 71, on what form did you report the person's loans or credit extensions?	W-2 ☐ 1099 ☐ Not Rpt ☐	W-2 ☐ 1099 ☐ Not Rpt ☐	W-2 ☐ 1099 ☐ Not Rpt ☐	W-2 ☐ 1099 ☐ Not Rpt ☐	W-2 ☐ 1099 ☐ Not Rpt ☐	W-2 ☐ 1099 ☐ Not Rpt ☐
73.	Did the organization forgive any of the person's loans or indebtedness during the year?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
74.	If "Yes" to question 73, on what form did you report the person's forgiveness of indebtedness?	W-2 ☐ 1099 ☐ Not Rpt ☐	W-2 ☐ 1099 ☐ Not Rpt ☐	W-2 ☐ 1099 ☐ Not Rpt ☐	W-2 ☐ 1099 ☐ Not Rpt ☐	W-2 ☐ 1099 ☐ Not Rpt ☐	W-2 ☐ 1099 ☐ Not Rpt ☐

Public colleges and universities STOP, you do NOT need to complete the rest of this questionnaire. Please follow the instructions in the accompanying letter for returning the questionnaire to us.

Questions 75 through 94 ask about the process your organization used to establish the compensation of certain management officials. By asking these questions, the IRS is not inferring that a particular process referred to in a question is considered a "best practice" or superior to another process (e.g., using an outside compensation consultant instead of an internal compensation expert to determine the range of reasonable compensation). See the instructions for more information.

Remember to use calendar year 2006 to answer these questions.

75. Did your organization have a formal written compensation policy that governed compensation of at least some of your officers, directors, trustees, or key employees? Yes ☐ No ☐

76. If "Yes," what was the effective date of that policy? _____ (Use mm/dd/yyyy format)

77. Did your organization hire an outside executive compensation consultant to provide comparable compensation data to determine the compensation of any of your officers, directors, trustees, or key employees? Yes ☐ No ☐

78. If "Yes" to question 77, did the executive compensation consultant provide other services to your organization? Yes ☐ No ☐

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79. If “Yes” to question 78, briefly describe the nature of the other services:

80. Who in your college/university sets the compensation for the following positions? **Check all that apply.**

	(a) Officers	(b) Board of Directors	(c) Compensation Committee	(d) Other	(e) If Other, please describe
1. Officers	☐	☐	☐	☐	
2. Directors	☐	☐	☐	☐	
3. Trustees	☐	☐	☐	☐	
4. Key Employees	☐	☐	☐	☐	

Answer 81 through 94 based on the six (6) individuals you identified in question 60. Be sure the number of the person matches the number of the person identified in question 60.

		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
81.	Did the person have an employment or independent contractor agreement with your organization? If “No,” skip to question 83.	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
82.	What type of employment or independent contractor agreement did the person have with your organization?	Written ☐ Verbal ☐ None ☐	Written ☐ Verbal ☐ None ☐	Written ☐ Verbal ☐ None ☐	Written ☐ Verbal ☐ None ☐	Written ☐ Verbal ☐ None ☐	Written ☐ Verbal ☐ None ☐
83.	Did the organization use a process intended to satisfy the rebuttable presumption procedure of section 4958 to determine compensation of the person?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
84.	Did the organization document the basis for setting the person's compensation before the person received the compensation?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
85.	Were fixed payments to the person made pursuant to the "initial contract" exception of IRC 4958? (See Regulation section 53.4958-4(a)(3)(iii) for more information.)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

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		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
86.	Was the person a disqualified person immediately prior to entering into the employment or independent contractor arrangement with your organization?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
87.	Was the person's compensation approved by the Board of Directors or other authorized governing body that did not have a conflict of interest?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
88.	Did the person recuse his/herself from discussions on his/her own compensation?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
89.	Did the person recuse his/herself from voting on his/her own compensation?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
90.	Did the organization obtain an independent compensation comparability survey that was used in setting the person's compensation?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
91.	If “Yes” to question 90, was the person's compensation set within the range of the comparability survey data?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
92.	If “Yes” to question 91, what percentage from the comparability survey data was used to determine the person's compensation?	%	%	%	%	%	%

93. Check the factors that were included in the comparability data and used by your organization, or by any outside compensation consultants retained by your organization, in setting each person’s compensation. **Check all that apply.**

Compensation Factors	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
a. Compensation levels paid by similar organizations	Taxable ☐ Tax-Exempt ☐	Taxable ☐ Tax-Exempt ☐	Taxable ☐ Tax-Exempt ☐	Taxable ☐ Tax-Exempt ☐	Taxable ☐ Tax-Exempt ☐	Taxable ☐ Tax-Exempt ☐
b. Level of person’s education and experience	☐	☐	☐	☐	☐	☐
c. Specific responsibilities of position	☐	☐	☐	☐	☐	☐
d. Previous salary or compensation package	☐	☐	☐	☐	☐	☐
e. Similar services in the same geographic or metropolitan area	☐	☐	☐	☐	☐	☐

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Compensation Factors	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
f. Similar number of employees	☐	☐	☐	☐	☐	☐
g. Similar number of students	☐	☐	☐	☐	☐	☐
h. Annual budget and/or gross revenue/assets	☐	☐	☐	☐	☐	☐
i. Nature of curriculum (e.g., 2 yr. vs. 4 yr.; undergraduate vs. graduate)	☐	☐	☐	☐	☐	☐
j. Other factors - briefly describe.						

94. Indicate the sources used, including those used by outside compensation consultants retained by your organization, to obtain comparability data for each person's compensation. **Check all that apply.**

Compensation Sources	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
a. Published surveys of compensation at similar institutions	☐	☐	☐	☐	☐	☐
b. Internet research on compensation at similar institutions	☐	☐	☐	☐	☐	☐
c. Phone survey(s) of compensation at similar institutions	☐	☐	☐	☐	☐	☐
d. Outside expert hired specifically to provide comparable compensation data and report	☐	☐	☐	☐	☐	☐
e. Report prepared by an expert compensation analyst employed by your organization	☐	☐	☐	☐	☐	☐
f. Written offers of employment from similar institutions	☐	☐	☐	☐	☐	☐
g. Forms 990 filed by other colleges and universities	☐	☐	☐	☐	☐	☐
h. Annual budget or gross revenue/assets	☐	☐	☐	☐	☐	☐

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
i. Nature of curriculum (e.g., 2yr. vs. 4yr., undergraduate vs. graduate)	☐	☐	☐	☐	☐	☐
j. Other sources - briefly describe.						

Note: If you need more space to respond to a particular question, attach additional sheets and reference the question number. Please do not submit any books or records.

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