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Form 990-T

AMENDED RETURN - SECTION 512(a)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning AUG 1, 2017, and ending JUL 31, 2018

Go to www.irs.gov/Form990T for instructions and the latest information 1807

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization ( Check box if name changed and see instructions )

D Employer identification number (Employees' trust, see instructions)

94-2340692

B Exempt under section 501(c)(3) 408(e) 408A 529(a)

Print or Type

PALO ALTO UNIVERSITY, INC.

Number, street, and room or suite no If a P.O. box, see instructions

1791 ARASTRADERO ROAD

City or town, state or province, country, and ZIP or foreign postal code

PALO ALTO, CA 94304

900099

C Book value of all assets at end of year 30,623,070.

F Group exemption number (See instructions)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

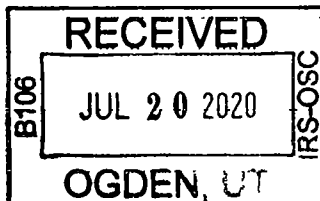
H Describe the organization's primary unrelated business activity SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of JUNE KLEIN Telephone number 800-818-6136

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34.



SCANNED NOV 24 2020

55 Received in Batching Ogden OCT 20 2020

**Part III Tax Computation**

**35 Organizations Taxable as Corporations** See instructions for tax computation  
 Controlled group members (sections 1561 and 1563) check here  See instructions and

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 **35c** 0.

**36 Trusts Taxable at Trust Rates** See instructions for tax computation Income tax on the amount on line 34 from.  
 Tax rate schedule or  Schedule D (Form 1041) **36**

**37 Proxy tax** See instructions **37**

**38 Alternative minimum tax** **38**

**39 Tax on Non-Compliant Facility Income** See instructions **39**

**40 Total** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.

**Part IV Tax and Payments**

**41a** Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **41a**

**b** Other credits (see instructions) **41b**

**c** General business credit Attach Form 3800 **41c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**

**e Total credits** Add lines 41a through 41d **41e**

**42** Subtract line 41e from line 40 **42** 0.

**43 Other taxes** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **43**

**44 Total tax** Add lines 42 and 43 **44** 0.

**45a** Payments: A 2016 overpayment credited to 2017 **45a**

**b** 2017 estimated tax payments **45b** 1,600.

**c** Tax deposited with Form 8868 **45c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) **45d**

**e** Backup withholding (see instructions) **45e**

**f** Credit for small employer health insurance premiums (Attach Form 8941) **45f**

**g** Other credits and payments.  Form 2439  Form 4136  Other \_\_\_\_\_ Total **45g**

**46 Total payments** Add lines 45a through 45g **46** 1,600.

**47** Estimated tax penalty (see instructions) Check if Form 2220 is attached  **47**

**48 Tax due** If line 46 is less than the total of lines 44 and 47, enter amount owed **48**

**49 Overpayment** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 1,600.

**50** Enter the amount of line 49 you want. **Credited to 2018 estimated tax** **Refunded** **50** 1,600.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file **Yes** **No**

**53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Signature of officer** *[Signature]* **Date** 7/8/20 **Title** VP BUSINESS AFFAIRS & CFO

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name **MAGA E. KISRIV** Preparer's signature *[Signature]* Date 7/02/2020 Check  if self-employed PTIN P01008919

Firm's name **HOOD & STRONG LLP** Firm's EIN **94-1254756**

Firm's address **275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111** Phone no **415.781.0793**

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
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QUALIFIED TRANSPORTATION AND PARKING FRINGE BENEFITS

TO FORM 990-T, PAGE 1

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FOOTNOTES

STATEMENT 2

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WE ARE AMENDING FORM 990-T TO CLAIM A REFUND DUE TO THE  
REPEAL OF SECTION 512(a)(7).