Form **990** 1

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

АГ	or the	2005 Ca	nendar yea		07-01-2005 and endin	g 06-30-20	006	D E	mploveri	identification number
	heck if a ddress cl	applicable hange	Please use IRS	C Name of organization YESHIVA UNIVERSITY					3-1624	
	ame cha	_	label or print or		O box if mail is not delivered	to street add	dress) Room	ı/suite		
	nitial retu		type. See Specific	500 West 185th Street						<u> </u>
	ınal retur		Instruc- tions.	City or town, state or cou New York, NY 10033	intry, and ZIP + 4				-	number 0-5475
_	mended		tions.	New fork, NY 10033						
_										nethod Cash ✓ Accrual pecify) ►
j A	pplication	n pending					1			
					and 4947(a)(1) nonexemp Schedule A (Form 990 or 99		el			section 527 organizations for affiliates?
						,.		-	•	of affiliates
G \	Neb sit	: e: ► N/A	7				H(c)	Are all affilia	tes include	ed?
J	Organiza	ation typ	e (check only	one) 🕨 🔽 🐯 501(c) (3)	◀ (insert no)	L) or 52	27	(If "No," atta	ach a list	See instructions)
К (Check he	re ► □ ıf	the organizat	ion's gross receipts are norm	nally not more than \$25,000 T	he .	H(q)	•		rn filed by an organization
C	organızatı	ion need n	ot file a returi	n with the IRS, but if the org	anization received a Form 990 states require a complete re) Package in	I	covered by a		<u> </u>
	ne man,	it should t	iie a retain wi	thout infancial data Some s	require a complete is		_ <u>I</u>	Group Exe		ganization is not required to
L	Gross r	eceıpts	Add lines 6	b, 8b, 9b, and 10b to li	ne 12 🕨 825,662,992		M	attach Sch	if the or Form 9 (Form)	ganization is not required to 90, 990-EZ, or 990-PF)
P	art I	Reve	nue, Exp	enses, and Chang	es in Net Assets or	Fund B	alances	(See the	ınstruc	tions.)
	1	Contrib	utions, gifts	s, grants, and sımılar ar	mounts received					
	а	Directi	oublic supp	ort		1a		75,100,612	2	
	Ь	Indirec	t public sup	port		1b				
	С	Govern	ment contri	butions (grants)		1c	15	59,726,332		
	d	Total (add lines 1a through 1c) (cash \$ 234,826,944 noncash \$								234,826,944
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .								263,487,478
	3	Membership dues and assessments							3	
	4	Interest on savings and temporary cash investments							4	
	5	Dividends and interest from securities							5	27,698,434
	6a	Gross rents								
	b	Less rental expenses 6b								
	C				6b from line 6a)				6с	4,496,077
些	7)				7	1,944,207
Revenu	8a			n sales of assets	(A) Securities		(B) C	ther	_	
æ	_		nan inventoi	•	288,692,254					
	Ь р			is and sales expenses	243,144,903 45,547,353	 			-	
	C		. , ,	·	nns (A) and (B))					45 547 252
	d 9	-	` ,	•	edule) If any amount is f				8d	45,547,353
		·		•	edute) It ally allount is t	rom gamı	ig, check i	iele 🕶		
	а	Gross	evenue (no	t including \$ $\frac{130,924}{5}$.	of	9a		1,251,090		
	ь			ses other than fundrais		9b		1,604,313	-	
	c		•		(subtract line 9b from lin				9c	-353,223
	10a			entory, less returns and		10a				
	ь	Less c	ost of good	s sold		10b				
	c	Gross pro	ofit or (loss) fr	om sales of inventory (attac	h schedule) (subtract line 10b	from line 10	Da)		10c	
	11	Otherr	evenue (fro	m Part VII, line 103)					11	3,266,508
	12	Total re	evenue (add	l lines 1d, 2, 3, 4, 5, 6c	, 7, 8d, 9c, 10c, and 11)				12	580,913,778
	13	Progran	n services i	(from line 44, column (E	3))				13	555,830,406
8	14	Manage	ement and g	jeneral (from line 44, co	olumn (C))				14	17,096,115
Expenses	15	Fundra	sıng (from l	ine 44, column (D)) .					15	15,187,613
щ	16	Paymer	nts to affilia	tes (attach schedule)					16	
	17	Total e	xpenses (ad	ld lines 16 and 44, colu	ımn (A))				17	588,114,134
<u>s</u>	18	Excess	or (deficit)	for the year (subtract l	ine 17 from line 12) .				18	-7,200,356
Nel Assets	19				of year (from line 73, col				19	1,802,441,092
(Hell)	20				nces (attach explanation)				20	106,806,286
_	21	Netass	ets or fund	balances at end of yea	r (combine lines 18, 19,	and 20)			21	1,902,047,022

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash $58,760,161 noncash 0) If this amount includes foreign grants, check here$	22	58,760,161	58,760,161		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	2,960,240	2,812,227	59,205	88,808
26	Other salaries and wages	26	256,198,652	243,006,386	6,294,039	6,898,227
27	Pension plan contributions	27	15,146,106	14,388,801	302,922	454,383
28	Other employee benefits	28	37,176,217	35,317,406	743,524	1,115,287
29	Payroll taxes	29	15,583,382	14,804,213	311,668	467,501
30	Professional fundraising fees	30	325,000			325,000
31	Accounting fees	31	529,825		529,825	
32	Legal fees	32	1,392,209		1,392,209	
33	Supplies	33	57,934,889	54,712,437	1,360,327	1,862,125
34	Telephone	34	1,217,751	1,055,011	115,059	47,681
35	Postage and shipping	35	2,186,446	1,728,116	291,575	166,755
36	Occupancy	36	20,776,234	19,565,018	698,973	512,243
37	Equipment rental and maintenance	37	2,418,028	2,331,811	67,651	18,566
38	Printing and publications	38	4,519,190	1,991,084	128,479	2,399,627
39	Travel	39	2,559,837	2,389,720	49,758	120,359
40	Conferences, conventions, and meetings	40	2,055,062	2,029,454	10,276	15,332
41	Interest	41	6,320,469	6,320,469		
42	Depreciation, depletion, etc (attach schedule)	42	28,217,888	26,572,837	949,332	695,719
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	588,114,134	555,830,406	17,096,115	15,187,613

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

PRI IS PRO AN CO CA OT	IVATE, NONPROFIT INSTITUION OF HIGHE COMPOSED OF SEVERAL COLLEGES AND S OFESSIONAL, POST-DOCTORAL EDUCATION D CLINICAL SERVICES AT ITS ALBERT-EIN NTRACTS, AND SIMILIAR AGREEMENTS WI MPUSES OF YESHIVA UNIVERSITY (MANHA	R ED CHOO N AN ISTEI TH SI	YESHIVA UNIVERSITY ("THE UNIVERSITY") IS A JCATION BASED IN NEW YORK CITY THE UNIVERSITY DLS PROVIDING UNDERGRADUATE, GRADUATE, D TRAINING THE UNIVERSITY PERFORMS RESEARCH N COLLEGE OF MEDICINE (AECOM) UNDER GRANTS, PONSORING ORGANIZATION THE MANHATTAN N CAMPUSES) INCLUDE ALL UNITS OF THE UNIVERSITY ITY OPERATES PROGRAMS IN ISRAEL AND A MUSEUM	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
pub	organizations must describe their exempt purpose achieve dications issued, etc. Discuss achievements that are not m ritable trusts must also enter the amount of grants and al	easura	in a clear and concise manner State the number of clients served, ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt is to others)	
а	SEE STATEMENT 7 - 8			
	(Grants and allocations \$ 58,760,161)		If this amount includes foreign grants, check here 🕨 🦵	555,830,406
Ь				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
c			·	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
d				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should eq	ual lın	e 44, column (B), Program services)	555,830,406

For	m 990	(2005)						Page 4
Pa	rt IV	Balance Sheets (See the instruction	ons.)					
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		hin the description	(A) Beginning of year			(B) End of year
	45	Cash—non-interest-bearing			456,749	45		1,299,905
	46	Savings and temporary cash investments		[4,741,541	46		12,689,513
	47a	Accounts receivable	47a	4,490,667				
	ь	Less allowance for doubtful accounts	47b	2,305,020	127,844	47c		2,185,647
	-			_,,			 	
	48a	Pledges receivable	48a	110,979,009				
	ь	Less allowance for doubtful accounts	48b	24,937,494	90,673,342	48c		86,041,515
	49	Grants receivable			22,811,445	49		22,032,315
	50	Receivables from officers, directors, truste	es, and	key employees				
		(attach schedule)				50	<u> </u>	
	51a	Other notes and loans receivable (attach						
2		schedule)	51a	68,905,404				
Assets	b	Less allowance for doubtful accounts	51b	10,601,535	55,080,468		-	58,303,869
ব	52	Inventories for sale or use			0.000.000	52	-	0.700.000
As	53	Prepaid expenses and deferred charges .			6,288,322	53	057	6,736,602
	54	Investments—securities (attach schedule)	•	► Cost FMV	1,451,480,371	54	195	1,511,846,995
	55a	Investments—land, buildings, and equipment basis	55a					
	ь	Less accumulated depreciation (attach schedule)	55b			55c		
	56	Investments—other (attach schedule) .			112,358,402	56	2	95,034,792
	57a	Land, buildings, and equipment basis	57a	697,553,490				_
	ь	Less accumulated depreciation (attach	57b	269,899,126	337,272,016	57c		427,654,364
	58	schedule)	370		48.510.904	58	195	27,315,313
	36	Other assets (describe F		·····························	40,510,904	36	1229	27,515,515
	59	Total assets (must equal line 74) Add lines	: 45 thr	ough 58	2,129,801,404	59		2,251,140,830
_	60	Accounts payable and accrued expenses			70,547,081	60		81,788,604
	61	Grants payable				61		
	62	Deferred revenue		F	7,649,337	62		9,060,803
.a	63	Loans from officers, directors, trustees, and		F	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 	
1		schedule)				63		
<u>!;</u>	64a	Tax-exempt bond liabilities (attach schedu		F	186,309,506	64a		181,845,902
	ь	Mortgages and other notes payable (attach		F	38,644,613	64b		38,535,128
	65	Other liablilities (describe		,	24,209,775	65	93	37,863,371
		·		,				_
	66	Total liabilities Add lines 60 through 65 .			327,360,312	66		349,093,808
	Orga	nnizations that follow SFAS 117, check here	► ▽ a	nd complete lines				
		67 through 69 and lines 73 and 74						
8	67	Unrestricted			1,090,707,638	67	<u> </u>	1,166,417,930
Balances	68	Temporarily restricted			236,609,300	68	<u> </u>	247,510,367
B	69	Permanently restricted			475,124,154	69	<u> </u>	488,118,725
Fund	Orga	anizations that do not follow SFAS 117, chec	k here l	► and				
	70	complete lines 70 through 74				70		
ŏ	70	Capital stock, trust principal, or current fur				70 71	+	
sets	71 72	Paid-in or capital surplus, or land, building, Retained earnings, endowment, accumulate		 		72	1	
Æ	73	Total net assets or fund balances (add lines		· ′		12	+	
S O	'3	70 through 72,	5 0 / LIII	ough op or filles				

column (A) must equal line 19, column (B) must equal line 21) .

Total liabilities and net assets / fund balances Add lines 66 and 73 .

1,902,047,022

2,251,140,830

1,802,441,092

2,129,801,404

73

а	Total revenue, gains, and other supp	oort per audited financial sta	tements			a	644,094,156
b	A mounts included on line a but not o	on line 12					
1	Net unrealized gains on investments	·	b1	1:	15,648,739		
2	Donated services and use of facilities		b2			1	
3	Recoveries of prior year grants .		b3			1	
4	· •					1	
•			b4		6,355,399		
	Add lines b1 through b4		-	<u> </u>	· · ·	ь	122,004,138
С	Subtract line b from line a					c	522,090,018
d	A mounts included on line 12, but no						322,030,010
	·		مد ا	I			
1	Investment expenses not included o		d1				
2	Other (specify) 🏂		d2		58,823,760		
	Add lines d1 and d2		-	1	38,823,700	.	122.004.120
						d	122,004,138
e	Total revenue (line 12) Add lines c					e	580,913,778
	IV-B Reconciliation of Expe						
a	Total expenses and losses per audit					a	531,177,988
b	A mounts included on line a but not o		1 -	ı			
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on l		b2				
3	Losses reported on line 20		b3				
4	Other (specify) 💆						
			_ b4		6,112,423		
	Add lines b1 through b4					ь	6,112,423
С	Subtract line b from line a					С	525,065,565
d	A mounts included on line 17, but no	t on line a:					
1	Investment expenses not included o	on line 6b	d1				
2	Other (specify)					1	
			d2		53,048,569		
	Add lines d1 and d2					d	63,048,569
e	Total expenses (line 17) Add lines	cand d			►	e	588,114,134
Par	director, trustee, or key e instructions.)						
		(=) = ((2)		(D) Contribi		(E) Expense
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Co (If not pa	mpensation id, enter -0)	employee beno deferred com		account and other
		<u>'</u>	<u> </u>	<u> </u>	plans		allowances
ee A	ddıtıonal Data Table						
			-				
			-				
		1					

ar	t V-A Current Officers, Director	rs, Trustees, and Key	y Employees (cont	tinued)		Yes	No
75a	Enter the total number of officers, directo	ors, and trustees permitted	l to vote on organizatio	n busıness at board			
	meetings		<u>+41</u>				
b	Are any officers, directors, trustees, or \boldsymbol{k}	ey employees listed in For	m 990, Part V - A , or h	ghest compensated			
	employees listed in Schedule A , Part I , o	r highest compensated pro	ofessional and other in	dependent			
	contractors listed in Schedule A , Part II	-A or II-B, related to each	other through family o	r business			
	relationships? If "Yes," attach a stateme	nt that identifies the indivi	duals and explains the	relationship(s) .	75b		Νo
c	Do any officers, directors, trustees, or ke	y employees listed in Forr	n 990, Part V-A, or hig	hest compensated			
	employees listed in Schedule A, Part I, o	r highest compensated pro	ofessional and other in	dependent			
	contractors listed in Schedule A, Part II						
	tax exempt or taxable, that are related to	this organization through	common supervision o	r common control?	75c		No
	Note. Related organizations include sect	ion 509(a)(3) supporting c	organizations				
	If "Yes," attach a statement that identifie		•				
	organization and the other organization(s	.,	-	5,			
	including amounts paid to each individua	· -					
	Does the organization have a written con				75d	6	No
Par	t V-B Former Officers, Directo Benefits (If any former off (described below) during th benefits in the appropriate of	icer, director, trustee, e year, list that person	or key employee re below and enter the	ceived compensation e amount of compens	or oth	her bei	nefits
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans		oense acc ner allowa	count and ances
				·			
	ANT Obligation Traffic and Alice of Constitution	in atmosphis and \					
	Other Information (See the Did the organization engage in any activity not pro	<u> </u>	'Vac " attach a detailed de-	crintion of each activity		Yes	No
76		, ,	•		76		No
77	Were any changes made in the organizing		out not reported to the	173'	77		No
70-	If "Yes," attach a conformed copy of the		ng the year several butter	roturn?	70-	Vac	
	Did the organization have unrelated business gros		- '	return	78a	Yes	
D 79	If "Yes," has it filed a tax return on Form Was there a liquidation, dissolution, termination, of			statement	78b 79	Yes	N ₁
	Is the organization related (other than by associat	_	•		/9		No
	governing bodies, trustees, officers, etc., to any o			оп тетрегэшр,	80a	Yes	
					ova	res	
b	If "Yes," enter the name of the organizati						
			ıs	onexempt I			
	Enter direct or indirect political expendit		ions) 81a				
b	Did the organization file Form 1120-POL	for this year?			81b		No

01111	330 (2003)			raye A
Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	ın Part I or as an expense ın Part II (See ınstructions ın Part III)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
36	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
ь	Gross receipts, included on line 12, for public use of club facilities 86b)		
37	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a)		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88	Yes	
39a	501(c)(3) organizations Enter A mount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ►			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			C
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			C
90a	List the states with which a copy of this return is filed 🕨			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b			4,552
91a	The books are in care of HARVEY SPOLANSKY Telephone no (212)	960-5	475	
	500 WEST 185TH STREET Located at ▶ NEW YORK, NY ZIP + 4 ▶ 10033			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	N o
	If "Yes," enter the name of the foreign country 🛌			<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			
с	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
	If "Yes," enter the name of the foreign country 🛌			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			▶
	and enter the amount of tax-exempt interest received or accrued during the tax year			•

Part VI	Analysis of Income-P	roducing Activit	i es (Se	e the instructions.)		rage G
Note: Ent	ter gross amounts unless otherwi	ıse ındıcated.		ited business income	· ·	ection 512, 513, or 514	(E)
			(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Pro	ogram service revenue						
a ST	UDENT TUITION						170,529,795
b HO	SPITAL AFFIL						11,121,572
c ST	UDENT & FACULTY						19,722,207
d							
e							
f Me	dicare/Medicaid payments .						
g Fee	es and contracts from governme	ent agencies			21	62,113,904	
94 Me	mbership dues and assessment	ts					
95 Inte	erest on savings and temporary cash in	vestments					
96 Div	ıdends and ınterest from secur	ities	525990	1,944,207	14	27,698,434	
97 Ne	t rental income or (loss) from re	al estate					
a del	bt-financed property						
b nor	n debt-financed property				16	4,496,077	
98 Net	rental income or (loss) from personal	property					
99 Ot	her investment income						
100 Gai	n or (loss) from sales of assets other t	han inventory			18	45,547,353	
101 Ne	t income or (loss) from special o	events			01	-353,223	
102 Gro	oss profit or (loss) from sales of	Inventory					
103 Ot	herrevenue a MISCELLANE	ous			03	3,266,508	
ь							
c							
d							
e							
104 Su	btotal (add columns (B), (D), an	d (E))		1,944,207		142,769,053	201,373,574
105 Tot	al (add line 104, columns (B), (l	D), and (E))				▶	346,086,834
Note: Line	e 105 plus line 1d, Part I, should	equal the amount on li	ıne 12, Pa	art I.			
_▼	Explain how each activity for whof the organization's exempt pu See Additional Data Table					nportantly to the acc	complishment
Part I	Information Regardin	<u>ng Taxable Subs</u> (B)	idiarie 	s and Disregard	ed Entitie	s (See the instruc	ctions.) (E)
	e, address, and EIN of corporation,	Percentage of		(C) Nature of activities		(D) Total income	End-of-year
	rtnership, or disregarded entity nal Data Table	ownership interest					assets
See Addition	nar bata Table	%					
		%					
		%					
Part X	Information Regardin	ng Transfers Ass	sociate	d with Personal	Benefit C	ontracts (See th	
(b) Did	the organization, during the year, receing the organization, during the year If "Yes" to (b), file Form 8870 an	ar, pay premiums, dir	ectly or	indirectly, on a perso			「Yes √No 「Yes √No
	Under penalties of perjury, I declar						
	and belief, it is true, correct, and c	omplete Declaration of p	reparer (o	ther than officer) is based	on all informat	ion of which preparer ha	s any knowledge
Please Sign	***** Signature of officer				2007 Date	-05-02	
Here	signature of officer				Date		
	KARL KUNZ INTERIM VP OF FIR Type or print name and title	NANCE & CFO					
	Type of print flame and title						
	Preparer's		D		Check If	Preparer's SSN or P1	TIN (See Gen Inst W)
Paid	signature ROBERT LYONS	•			self- empolyed • [-	
Prepar							
Use	Firm's name (or yours if self-employed),					EIN Þ	
Only	address, and ZIP + 4 KPMG	LLP					
	345 Pa	rk Avenue				Disass by (2)	750 0700
	Man V	ork NY 101540102				Phone no • (212)	/ 58-9/UU

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasurv Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Name of the organization YESHIVA UNIVERSITY

NEW YORK, NY 10033

\$50,000

Total number of other employees paid over

Employer identification number

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

See page 1 of the instructio	ns. List each one. If there ar	e none, enter "Nor	ne.")		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
SHELDON E SOCOL	PROFESSOR/CHAIRMAN				
500 WEST 185TH STREET NEW YORK,NY 10033	40	771,500	12,597	0	
VICTOR SCHUSTER	PROFESSOR/CHAIRMAN				
500 WEST 185TH STREET NEW YORK,NY 10033	40	580,032	15,189	0	
IRWIN MERKATZ	PROFESSOR/CHAIRMAN				
500 WEST 185TH STREET NEW YORK,NY 10033	40	495,190	17,936	0	
RICHARD KITSIS	PROFESSOR/CHAIRMAN				
500 WEST 185TH STREET NEW YORK,NY 10033	40	482,600	21,869	0	
MARK MEHLER	PROFESSOR/CHAIRMAN				
500 WEST 185TH STREET	40	468,000	17,936	0	

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

1,566

None.)			
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation	
AMSTER ROTHSTEIN EBENSTEIN			
90 PARK AVENUE	LEGAL	890,601	
NEW YORK, NY 10016			
D HALLER INC			
555 EIGHTH AVENUE SUITE 1603	CONSTRUCTION	690,269	
NEWYORK, NY 10018			
PAYETTE ASSOCIATES INC			
285 SUMMER STREET	ARCHITECTS	577,621	
BOSTON,MA 02210			
ARAMARK FACILITY SERVICES			
PO BOX 33170	FACILITY MANAGEMENT	568,905	
NEWARK, NJ 07188			
BURNS ROE			
PO BOX 27562	ENGINEERING/CONSTR	568,792	
NEW YORK, NY 10087			
Total number of others receiving over \$50,000 for professional services			

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or

firms. If there are none, enter "None". See page X for instructions.)

ORTHODOX UNION SOCIAL SERVICE 121,602 11 BROADWAY NEW YORK, NY 10004 BRUCE WITHERS GRAPHICS 260 FIFTH AVENUE GRAPHIC DESIGN 60.934 NEW YORK, NY 10017 CREATIVE REALITIES INC COSNUMER EXPERIENCES 55,354 22 AUDREY PLACE FAIRFIELD, NJ 07004

(b) Type of service

ENTERTAINMENT

Total number of other contractors receiving over \$50,000 for other services

CRYSTAL CITY ENTERTAINMENT

712 HERMLEIGH ROAD

SILVER SPRING, MD 20902

(a) Name and address of each independent contractor paid more than \$50,000

(c) Compensation

52,500

	100	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	Durin	g the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to ınfl	uence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	conne	ction with the lobbying activities ► \$ 47,698 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Pa	art VI-B)	1	Yes	
	O rgar	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organ	ızatıons checkıng "Yes" must complete Part VI-B AND attach a statement gıvıng a detailed description of the			
	lobby	ng activities			
	Durin	g the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	subst	antial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any ta	exable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
		pal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🕏			
а		exchange, or leasing property?	2a		No
)		ng of money or other extension of credit?	2b		No
2	Furnis	hing of goods, services, or facilities?	2c		No
d	Paym	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
•	Trans	fer of any part of its income or assets?	2e		No
3	Do yo	u make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you			
	deteri	nine that recipients qualify to receive payments) 🕏	3a	Yes	
Ь	Do yo	u have a section 403(b) annuity plan for your employees?	3b	Yes	
2	Durin	g the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		No
1	Did yo	ou maintain any separate account for participating donors where donors have the right to provide advice			
	on the	use or distribution of funds?	4a		No
h	Do yo	u provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		No
Pa e o		Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) ation is not a private foundation because it is (Please check only ONE applicable box) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)		•	
Pa	ganiz	ation is not a private foundation because it is (Please check only ONE applicable box)			
Pa	ganiz	ation is not a private foundation because it is (Please check only ONE applicable box) A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)	pital's	name	, cit
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	rt IV-A Support Schedule (Complete only : You may use the worksheet in the instructions for co					ethod	of accounting.
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002		2001	(e) Total
15	Gifts, grants, and contributions received (Do not						
	include unusual grants See line 28)						
16	Membership fees received						+
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
	organization's charitable, etc , purpose						
18	Gross income from interest, dividends, amounts						
	received from payments on securities loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less section						
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit						+
	and either paid to it or expended on its						
	behalf				<u> </u>		
21	The value of services or facilities furnished to						
	the organization by a governmental unit without charge. Do not include the value of services or						
	facilities generally furnished to the public without						
	charge						
22	Other income Attach a schedule Do not include						
23	gain or (loss) from sale of capital assets Total of lines 15 through 22						+
24	Line 23 minus line 17						+
25	Enter 1% of line 23						+
26	Organizations described on lines 10 or 11: a En	ter 2% of amoun	tın column (e) lu	ne 24	<u> </u>	26a	
	Prepare a list for your records to show the name of				a		
	governmental unit or publicly supported organization						
	the amount shown in line 26a Do not file this list v	•		-			
	amounts	•			•	26b	
_	Total support for section 509(a)(1) test Enter line	24, column (e)			•	26c	
	Add Amounts from column (e) for lines 18	, , , ,	19				
			 26b		•	26d	
_	Public support (line 26c minus line 26d total)					26e	
2	Public support percentage (line 26e (numerator) di	ivided by line 26c	(denominator))		•	26f	
27 '	Organizations described on line 12: a For amou		•	17 that were recei	ved from		
_,	prepare a list for your records to show the name of,						
	Do not file this list with your return. Enter the sum			en year nom, each	i uisqu	anneu pe	
	•		•		(2001)		
h	(2004) (2003) (2003) For any amount included in line 17 that was received	ed from each pers	on (other than "o	disqualified persoi	_(, ns"), pre	pare a li	 ist for vour
	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de						
	return. After computing the difference between the						
	these differences (the excess amounts) for each ye		a a g a.		(_,	(=),	
	(2004) (2003)		(2002)		(2001)		
	(2007)				_(2001)		-
_	Add Amounts from column (e) for lines 15		16				
Č	17 20				•	27c	
لم	Add Line 27a total	and line 27b tot				27d	
	Public support (line 27c total minus line 27d total)				<u>.</u>	27e	
			a a lumana (a.). 🌬	27f	-	-/	
-	Total support for section 500(a)/2) toot Enter am						
_	Total support for section 509(a)(2) test. Enter amo			271	<u> </u>	27	
_	Public support percentage (line 27e (numerator) di Investment income percentage (line 18, column (e	ivided by line 27f	(denominator))		<u> </u>	27g	

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Sche	dule A (Form 990 or 990-EZ) 2005		Р	age 4
Pa	rt V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)		_	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	Yes	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	Yes	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	1		
	that makes the policy known to all parts of the general community it serves?	31	Yes	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
	ALL RECRUITMENT ADVERTISINGS CONTAIN OUR NON-DISCRIMINATORY POLICY	4		
32	Does the organization maintain the following	1	l	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	Yes	
Ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory	ļ	ļ	ļ
	basis?	32b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	1		
a	Students' rights or privileges?	33a		Νο
Ŀ	Admissions policies?	33b		No
c	Employment of faculty or administrative staff?	33c	1	No
c	Scholarships or other financial assistance?	33d		No
	Educational policies?	33e		No.
•	Ludcational policies.	336	<u> </u>	100
f	Use of facilities?	33f	<u> </u>	No
ç	Athletic programs?	33g		No
	Other extracurricular activities?	33h		No
•				
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
]		
34a	Does the organization receive any financial aid or assistance from a governmental agency? 🕏	34a	Yes	
Ŀ	Has the organization's right to such aid ever been revoked or suspended?	34b		No
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation	35	Yes	

Schedule A (10	1111 990 01 990-22) 2003		Page S				
Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)							
	(To be completed ONLY by an eligible of	organization that filed Form 5768)					
Check 🟲 a 🦵	ıf the organization belongs to an affiliated group	Check 🕨 b 📗 ıf you checked "a" and "lımıted control" provı	sions apply				

	Limits on Lo	(a) Affiliated group totals	(b) To be completed for ALL electing organizations			
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add line	es 36 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures	(add lines 38 and 39)		40		0
41	Lobbying nontaxable amount Enter t	the amount from the following table—				
	If the amount on line 40 is—	The lobbying nontaxable amount is—				
	Not over \$500,000	20% of the amount on line 40	ነ			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	}	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000	J			
42	Grassroots nontaxable amount (ente	r 25% of line 41)		42		
43	Subtract line 42 from line 36 Enter	-0- if line 42 is more than line 36		43		0
44	Subtract line 41 from line 38 Enter	-0- ıf lıne 41 ıs more than lıne 38		44		0
	Caution: If there is an amount on either	er line 43 or line 44, you must file Form 4720.				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

		Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) 🕏

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- **f** Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- **h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	A mount
	Νo	
Yes		47,698
	Νo	
·		47,698

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

I GIT VI.			age 11 of the instructions.)	is and Relationships with			
		· ·		g with any other organization desc		n	
				27, relating to political organizati			
	Cash	g organization to a noi	ncharitable exempt organization	1 01	Yes 51a(i)	No No	
	Other assets				a(ii)	No	
` '	transactions				4(1)		
-		of assets with a nonch	arıtable exempt organization		b(i)	No	
	-	from a noncharitable	· -		b(ii)	Νο	
(iii)	Rental of facilities, e	quipment, or other as:	sets		b(iii)	Νο	
(iv)	Reimbursement arrai	ngements			b(iv) Yes		
	Loans or loan guaran				b(v)	No	
		•	fundraising solicitations		b(vi)	No	
_			er assets, or paid employees		<u> </u>	No	
				umn (b) should always show the fa			
_				nization received less than fair m other assets, or services received		any	
tialisa				(d)	<u>, </u>		
(a) Line no	(b) A mount involved	Name of noncha	(c) Iritable exempt organization	Description of transfers, tran		sharıng	
51b(ıv)	443,057	ALBERT EINSTEIN		CERTAIN EXPENSES ARE PA	AID BY		
		COLLEGE OF MEDICINE		YESHIVA UNIVERSITY ON I	3EHALF		
		STAFF HOUSING CO INC		OF ALBERT EINSTEIN COLLEGE OF			
		501(C)(2)		MEDICINE STAFF HOUSING CO INC			
		0		THE AMOUNT INVOLVED REPRESENTS			
		0		THE AMOUNT DUE FROM TH			
		0		EINSTEIN COLLEGE OF MEI			
		0		STAFF HOUSING CO INC AT JUNE			
		0		30, 2006			
			with, or related to, one or more ian section 501(c)(3)) or in sec		√ Yes	┌ No	
	s," complete the follo	•		.tion 527	į. Tes	, 140	
	(a)		(b)	(c)			
ALBERT EINST	Name of organiza	ation	Type of organization	Description of rel	ationship		
COLLEGE OF N			HOUSING COMPANY	SPONSOR			
STAFF HOUSI	NG CO INC						

Software ID: Software Version:

EIN: 13-1624225

Name: YESHIVA UNIVERSITY

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a COST OF OUTSIDE FUNCTIONS	43a	1,748,466	1,696,012	52,454	
b DUES	43b	862,909	837,022	25,887	
c PUBLICATIONS & SUBSCRIPTIONS	43c	1,086,757	1,054,154	32,603	
d STUDENT RECRUITMENT EXPENSE	43d	575,397	558,135	17,262	
e STAFF RECRUITMENT EXPENSE	43e	491,864	477,108	14,756	
f PUBLICITY & ADVERTISING	43f	1,063,613	1,031,705	31,908	
g GENERAL OFFICE EXPENSE	43g	355,588	344,920	10,668	
h STUDENT ACTIVITY EXPENSE	43h	718,987	697,417	21,570	
i MEALREIMBURSEMENT	43i	1,022,977	992,288	30,689	
j LIBRARY EXPENDITURES	43j	949,116	920,643	28,473	
k COMPUTER NETWORKS	43k	1,725,965	1,674,186	51,779	
I ASBESTOS REMOVAL	431	300,870	291,844	9,026	
m OUTSIDE OFFICE SERVICES	43m	3,207,621	3,111,392	96,229	
n DATA PROCESSING SERVICES	43n	1,337,662	1,297,532	40,130	
• EXTERMINATING SERVICES	43o	121,253	117,615	3,638	
p SECURITY SERVICES	43р	12,426,905	12,054,098	372,807	
q PHOTOGRAPHY SERVICES	43q	287,305	278,686	8,619	
r AUDIO VISUAL SERVICES	43r	924,990	897,240	27,750	
s LICENSES AND PERMITS	43s	183,492	177,987	5,505	
t GRAPHIC ARTS SERVICES	43t	678,807	658,443	20,364	
u TUITION & FEES - OTHER	43u				
v INSTITUTIONS	43v	7,019,801	6,809,207	210,594	
w INSURANCE - PLANT & EQUIPMENT	43w	744,339		744,339	
x INSURANCE - OTHER	43x	1,799,945		1,799,945	
y PLAQUES & AWARDS	43y	766,264	743,276	22,988	
z AUTO REPAIRS & MAINTENANCE	43z	208,332	202,082	6,250	
aa COSTOFSEMINARS	43aa	711,500	690,155	21,345	
ab MISCELLANEOUS	43ab	1,052,626	1,021,047	31,579	
ac SOFTWARE PURCHASES	43ac	1,634,897	1,585,850	49,047	
ad CHEMICAL DISPOSAL	43ad	102,978	99,889	3,089	

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DR NORMAN LAMM 500 WEST 185TH STREET NEW YORK,NY 10033	CHANCELLOR/TRUSTEE 35	250,000	12,542	196,364
RICHARD JOEL 500 WEST 185TH STREET NEW YORK, NY 10033	PRESIDENT/TRUSTEE 35	605,000	14,700	84,124
RICK ANNIS 500 WEST 185TH STREET NEW YORK,NY 10033	VP FINANCE/CFO 35	364,000	12,740	578
MORTON LOWENGRUB 500 WEST 185TH STREET NEW YORK,NY 10033	VP ACADEMIC AFFAIRS 35	347,500	12,571	
DR HERBERT DOBRINSKY 500 WEST 185TH STREET NEW YORK,NY 10033	VP UNIV AFFAIRS 35	275,600	14,370	2,351
DANIEL FORMAN 500 WEST 185TH STREET NEW YORK,NY 10033	VP DEVELOPMENT 35	450,000	14,700	2,369
DR DOMINICK PURPURA 500 WEST 185TH STREET NEW YORK,NY 10033	VP MEDICAL AFFAIRS 35	476,925	14,700	2,699
DR ALLEN SPIEGEL 500 WEST 185TH STREET NEW YORK,NY 10033	VP MEDICAL AFFAIRS 35	131,214		
HILLEL DAVIS 500 WEST 185TH STREET NEW YORK,NY 10033	VP UNIVERSITY LIFE 35	310,000	13,008	5,813
MORRY J WEISS 500 WEST 185TH STREET NEW YORK,NY 10033	CHAIRMAN/TRUSTEE 1	0		

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DAVID S GOTTESMAN 500 WEST 185TH STREET NEW YORK,NY 10033	CHAIR EMERITUS/T'EE 1	0		
ROBERT M BEREN 500 WEST 185TH STREET NEW YORK,NY 10033	CHAIR EMERITUS/T'EE 1	0		
RONALD P STANTON 500 WEST 185TH STREET NEW YORK,NY 10033	CHAIR EMERITUS/T'EE 1	0		
DR IRA KUKIN 500 WEST 185TH STREET NEW YORK,NY 10033	VICE CHAIRMAN/T'EE 1	0		
SY SYMS 500 WEST 185TH STREET NEW YORK,NY 10033	VICE CHAIRMAN/T'EE 1	0		
LUDWIG BRAVMANN 500 WEST 185TH STREET NEW YORK,NY 10033	VICE CHAIRMAN/T'EE 1	0		
JOSEPH WILF 500 WEST 185TH STREET NEW YORK,NY 10033	VICE CHAIRMAN/T'EE 1	0		
BERNARD L MADOFF 500 WEST 185TH STREET NEW YORK,NY 10033	TREASURER/TRUSTEE 1	0		
DAVID JAZRIELI 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
DR JAYNE G BEKER 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and ot her allowances
JACK A BELZ 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
JULIUS BERMAN 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
MARVIN S BIENENFELD 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
MARJORIE DIENER BLENDEN 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
SENDER Z COHEN 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
WARREN EISENBERG 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
DAVID ESHAGHIAN 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
JEFFREY J FEIL 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
DR FELIX L GLAUBACH 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
ALAN E GOLDBERG 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KATHRYN O GREENBERG 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
FANYA GOTTESFELD HELLER 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
LANCE L HIRT 500 WEST 185TH STREET NEW YORK, NY 10033	TRUSTEE 1	0		
E BILLI IVRY 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
MICHAEL JESSELSON 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
MARCOS D KATZ 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
MORDECAI D KATZ 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
DR HENRY KRESSEL 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
MATTHEW J MARYLES 500 WEST 185TH STREET NEW YORK, NY 10033	TRUSTEE 1	0		
JEZRA MERKIN 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and ot her allowances
IRA M MILLSTEIN 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
JOSHUA L MUSS 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
VIVIAN GLUECK ROSENBERG 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
DAVID I SCHACHNE 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
JAY SCHOTTENSTEIN 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
IRWIN SHAPIRO 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
MOSHAEL J STRAUS 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
JOSH S WESTON 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
S DANIEL ABRAHAM 500 WEST 185TH STREET NEW YORK,NY 10033	HONORARY TRUSTEE	0		
HAL H BERETZ 500 WEST 185TH STREET NEW YORK,NY 10033	HONORARY TRUSTEE	0		

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
J MORTON DAVIS 500 WEST 185TH STREET NEW YORK,NY 10033	HONORARY TRUSTEE	0	compensation plans	
AARON FEUERSTEIN 500 WEST 185TH STREET NEW YORK,NY 10033	TRUSTEE 1	0		
GERALD FURST 500 WEST 185TH STREET NEW YORK,NY 10033	HONORARY TRUSTEE	0		
DR JACOBE GOLDMAN 500 WEST 185TH STREET NEW YORK,NY 10033	HONORARY TRUSTEE	0		
EMANUEL GRUSS 500 WEST 185TH STREET NEW YORK,NY 10033	HONORARY TRUSTEE	0		
JOSEPH SEGAL 500 WEST 185TH STREET NEW YORK,NY 10033	HONORARY TRUSTEE	0		
ELIE WIESEL 500 WEST 185TH STREET NEW YORK,NY 10033	HONORARY TRUSTEE	0		
DAVID YAGODA 500 WEST 185TH STREET NEW YORK,NY 10033	HONORARY TRUSTEE	0		
JAY H ZISES 500 WEST 185TH STREET NEW YORK,NY 10033	HONORARY TRUSTEE	0		

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
CFIP CORP		
DEEGAN VIEW DEVELOPMENT CORP		
EASTCHESTER PROPERTIES		
HIGHBRIDGE PROPERTIES		
LAUREL HILL DEVELOPMENT CORP		
OBC CORP		
TREC PROPERTIES		
450 ST MARKS PLACE CORP		
557 W 185TH STREET CORP		
BRIDGE PROPERTIES		
FACILITIES 2000 INC		
VAN NEST CORP		
ALBERT EINSTEIN COLLEGE OF MEDICIN	х	
YESHIVA ENDOWMENT FOUNDATION INC	X	

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

011111 33	7, 1 art 1111 Relationship of Activities to the Accomplishment of Exempt 1 arposes.
Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	STUDENT TUITION AND FEES-EDUCATION SERVICES IS ONE OF OUR
0	EXEMPT PURPOSES
93C	HOSPITAL AFFILIATION FEES-FOR PROFESSIONAL MEDICAL AND
0	RELATED SUPPORTING SERVICES TO HOSPITAL BY COLLEGE OF
0	MEDICINE-ONE OF OUR EXEMPT PURPOSES
93D	STUDENT & FACULTY SERVICES

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
557 WEST 185TH STREET CORP 500 WEST 185TH STREET NEW YORK, NY10033 13-3375637	100 0	REAL ESTATE	0	58,380
LAUREL HILL DEVELOPMENT CORP 500 WEST 185TH STREET NEW YORK, NY10033 06-1142986	100 0	REAL ESTATE	38	7,557
OBC CORPORATION 500 WEST 185TH STREET NEW YORK, NY10033 06-1142986	100 0	REAL ESTATE	0	0
EASTCHESTER PROPERTIES 500 WEST 185TH STREET NEW YORK, NY10033 06-1142985	100 0	REAL ESTATE	0	511,588
VAN NEST CORP 500 WEST 185TH STREET NEW YORK, NY10033 13-3421890	100 0	REAL ESTATE	0	0
15 E 11 STREET 500 WEST 185TH STREET NEW YORK, NY10033 13-4045062	85 0	REAL ESTATE	0	0

TY 2005 Cash Grants Paid Schedule

Name: YESHIVA UNIVERSITY

Class of Activity	Recipient's name	Address	Amount	Relationship
	SCHOLARSHIPS AND FELLOWSHIPS	C/O 500 WEST 185TH STREET NEW YORK, NY 10033	58,760,161	NONE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93490131010237

TY 2005 Gain/Loss from Sale of Public Securities Schedule

Name: YESHIVA UNIVERSITY

EIN: 13-1624225

Gross Sales Price: 288,823,057

Basis: 243,144,901

Sales Expenses:

Total (net): 45,678,156

TY 2005 General Explanation Attachment

Name: YESHIVA UNIVERSITY

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION STATEMENT 1	FORM 990, PART IV, LINE 51	OTHER NOTES AND LOAN RECEIVABLE

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT 2	FORM 990, PART IV, LINE 57 AND PART II, LINE 42	PART IV, LINE 57 LAND \$ 14,248,831 BUILDING & IMPROVEMENTS 550,718,173 EQUIPMENT 92,568,016 LIBRARY BOOKS 3,868,470 BUILDING UNDER CAPITAL LEASE 36,150,000

ldentifier Return Reference	Explanation
EXPLANATION STATEMENT 3 LINE 64A	TAX EXEMPT BOND LIABILITIES

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION STATEMENT 4	IV, LINE 64B	MORTGAGES AND OTHER NOTES PAYABLE

ldentifier	Return Reference	Explanation
	FORM 990, PART I - LINE 8(C)	YESHIVA UNIVERSITY IS INVESTED IN THE YESHIVA UNIVERSITY ENDOWMENT POOL ALL THE SALES OF ASSETS INCLUDED WERE PUBLICLY TRADED SECURITIES

ldentifier	Return Reference	Explanation
GENERAL EXPLANATION STATEMENT 6	FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Instructions for 6,250 students, including undergraduate, graduate, professional and post-doctoral students, as well as extensive medical research facilities. Founded in 1886, Yeshiva University (YU) brings together the heritage of Western civilization and the ancient traditions of Jewish law and life. More than 7,000 undergraduate and graduate students study at YU's four New York City campuses the Wilf Campus, Israel Henry Beren Campus, Brookdale Center, and Jack and Pearl Resnick Campus. YU's three undergraduate schools-Yeshiva College, Stern College for Women, and Sy Syms School of Business-currently enroll more than 3,000 students and offer a unique dual program comprised of Jewish studies and liberal arts courses in a nurturing Jewish environment. There are honors programs in Jewish studies and in general studies. They include the Yeshiva Honors Program that is part of the Mazer Yeshiva Program. The Jay and Jeanie Schottenstein Honors Program at Yeshiva College, the S. Daniel Abraham Honors Program at Stern College, and the honors course at Sy Syms School of Business stress intellectual development and many opportunities exist for internships and research. The university is home to one of the nation's top medical schools, one of the finest law schools established in the past 30 years, and highly regarded graduate schools of social work, psychology, Jew ish education, and Jewish studies. YU is ranked 44th among the nation's leading academic research institutions. Its graduate and affiliate schools include Albert Einstein College of Medicine, Benjamin N. Cardozo School of Law, Wurzw eiler School of Social Work, Ferkauf Graduate School of Psychology, Azrieli Graduate School of Jew ish Education and Administration, Bernard Revel Graduate School of Jew ish Studies, and Rabbi Isaac Elchanan Theological Seminary Yeshiva University has more than 53,000 alumni, many of whom are leaders in the Jew ish community, the professions, and in local communities in the U.S., Israel and around the world. Innovations are conti

ldentifier	Return Reference	Explanation
CONTROLLED GROUP STATEMENT		CONTROLLED GROUP ELECTION STATEMENT Election to allocate business asset expense The undersigned corporations, component members of a controlled group of corporations, as defined in section 179(D)(7), hereby consent to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2006. Election to allocate \$40,000 alternative minimum tax exemption. The undersigned corporations, component members of a controlled group of corporations, (within the meaning of section 1563 (A)), hereby consent under regulation 1.58-1(C)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2006. Election to allocate \$150,000 alternative minimum tax phase-out The undersigned corporations, component members of a controlled group of corporations (within the meaning of section 1563(A)), hereby consent under regulation 1.58-1(C)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes June 30, 2006. Amt. Allocations Employe \$100,000 \$40,000 \$150,000 ID No. Allocation 13-3227195 None None None None None None None None

ldentifier	Return Reference	Explanation
TAX BRACKET ALLOCATION		STATEMENT OF TAX BRACKET ALLOCATION The amounts in each taxable income bracket in the tax table in section 11(B) have been allocated to the corporations listed below pursuant to regulation 1 1561-3(A). The original copy of this statement is filed with the Internal Revenue Service Center in Ogden, Utah Authorization consent for allocation on behalf of member companies Employer \$50,000 \$25,000 \$9,925,000 ID No BRACKET BRACKET BRACKET 13-3227195 None None None 13-3372640 None None None 06-1142985 None None None 13-3247382 None None None 06-1158243 None None None 13-334770 None None None 06-1142986 None None None 13-3244142 None None None 13-3541150 None None None 13-3375637 None None None 13-3224380 None None None None 13-3955072 None None None None None None None None

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TY 2005 Investments - Other Schedule

Name: YESHIVA UNIVERSITY

Description	Book Value	Cost/FMV
CASH & INVESTMENTS HELD BY		
TRUSTEES UNDER INDENTURE		
AGREEMENTS	95,034,792	F

TY 2005 Investments - Securities Schedule

Name: YESHIVA UNIVERSITY

Description	Book Value	Cost/FMV
U.S. GOVERNMENT OBLIGATIONS	110,857,841	F
INVESTMENTS IN PARTNERSHIPS	1,105,566,904	F
MUTUAL FUNDS	69,762,047	F
STOCKS	178,691,610	F
BONDS	40,050,183	F
OTHER	6,918,410	F

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TY 2005 Other Assets Schedule

Name: YESHIVA UNIVERSITY

Description	Beginning of Year Amount	End of Year Amount
INTER ENTITY RECEIVABLES	4,772,515	4,885,919
OTHER RECEIVABLES	3,505,143	4,760,167
TRUSTS HELD BY OTHERS	17,596,295	17,669,227
DUE FROM AFFILIATES	22,636,951	

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TY 2005 Other Changes in Net Assets Schedule

Name: YESHIVA UNIVERSITY

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	115,648,739
CHANGE IN VALUE OF SPLIT INTEREST	782,510
ACCOUNTING PRINCIPLE	9,624,963

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TY 2005 Other Expenses Included Schedule

Name: YESHIVA UNIVERSITY

Description	Amount
RELATED ENTITIES	6,112,423

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TV 2005 Other Evnences		

TY 2005 Other Expenses Not Included Schedule

Name: YESHIVA UNIVERSITY

Description	Amount
NETTED TO REVENUE	58,823,760
RECEIVABLES	4,224,809

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TY 2005 Other Investment Income Schedule

Name: YESHIVA UNIVERSITY

Description	Amount
INCOME FROM PARTNERSHIPS	1,944,207

TY 2005 Other Liabilities Schedule

Name: YESHIVA UNIVERSITY

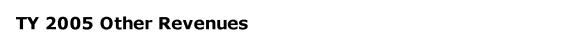
Description	Beginning of Year Amount	End of Year Amount
REFUNDABLE ADVANCES FROM U.S.		
GOVERNMENT	6,182,163	5,748,415
CAPITAL LEASE OBLIGATION		11,904,210
DUE TO YESHIVA UNIVERSITY		2,493,436
OTHER LIABILITIES	18,027,612	20,210,746

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TY 2005 Other Revenues Included Schedule

Name: YESHIVA UNIVERSITY

Description	Amount
AGREEMENT	782,510
RECEIVABLES	-4,224,809
ENTITIES	9,797,698



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TY 2005 Other Revenues Not Included Schedule

Name: YESHIVA UNIVERSITY

EIN: 13-1624225

Description	Amount
NETTED TO REVENUE	58,823,760

DLN: 93490131010237

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TY 2005 Special Events Schedule

Name: YESHIVA UNIVERSITY

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
CHANUKAH	210,200		210,200	380,552	-170,352
PALM BEACH	104,250		104,250	126,272	-22,022
SPIRIT OF A CHIEVEMENT	126,764	81,129	126,764	105,062	21,702
OTHER EVENTS	809,876	49,795	809,876	992,427	-182,551

TY 2005 Non Electing Public Charities Statement

Name: YESHIVA UNIVERSITY

EIN: 13-1624225

Statement: KRAMER LEVIN NAFTALIS & FRANKEL LLP (THE "FIRM") IS

AUTHORIZED TO ENGAGE IN LOBBYING ACTIVITIES AS DEFINED IN LOCAL LAW 67 OF 1993, WITH RESPECT TO ZONING AND OTHER

LAND ISSUES ON BEHALF OF ALBERT EINSTEIN COLLEGE OF

MEDICINE OF YESHIVA UNIVERSITY.

TY 2005 Explanation of Receipt or **Revocation of Government Financial Aid**

Name: YESHIVA UNIVERSITY

EIN: 13-1624225

Statement: YESHIVA UNIVERSITY RECEIVES FUNDS FROM THE NEW YORK

STATE EDUCATION DEPARTMENT TO PROVIDE FINANICAL AID ASSISTANCE TO QUALIFYING STUDENTS. REFUNDABLE ADVANCES ARE PROVIDED BY THE U.S. GOVERNMENT UNDER THE FEDERAL PERKINS LOAN, THE HEALTH PROFESSIONS STUDENT LOAN, AND THE DISADVANTAGED STUDENT LOAN PROGRAMS ARE LOANED TO ELIGIBLE STUDENTS AND MAY BE RELOANED AFTER COLLECTIONS.

THESE FUNDS ARE ULTIMATLEY REFUNDABLE TO THE

GOVERNMENT AND ARE PRESENTED IN THE ACCOMPYING

CONSOLIDATED BALANCE SHEETS AS A LIABILITY, FUNDS ARE USED FOR 100% FINANCIAL ASSISTANCE BY THE ELIGIBLE

STUDENTS.

TY 2005 Scholarship Award Statement

Name: YESHIVA UNIVERSITY

EIN: 13-1624225

Statement: THE \$58,760,161 IN GRANTS AND ALLOCATIONS REPRESENT

STUDENT FINANCIAL AID AWARDED TO 6,250 STUDENTS ENROLLED IN THE UNIVERSITY ENABLING THEM TO ATTEND. FINANCIAL AID IS AWARDED BASED UPON FINANCIAL NEED AND ACADEMIC ACHIEVEMENT. NEED BASED AID IS AWARDED BASED

ON ELIGIBILITY DETERMINED BY THE US DEPARTMENT OF EDUCATION'S FREE APPLICATION FOR FEDERAL AID (FAFSA). ACADEMIC BASED AID IS AWARDED BY THE DISTINGUISHED SCHOLARS COMMITTEE. BOTH FACULTY AND ENROLLMENT SERVICES ADMINISTRATORS COMPRISE THE COMMITTEE.

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TY 2005 Self Dealing Statement

Name: YESHIVA UNIVERSITY

Line Number	Explanation
2d	OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REIMBURSED FOR THEIR DIRECTLY RELATED EXPENSES THROUGH AN ACCOUNTABLE PLAN WHEREBY ALL EXPENSE REPORTS ARE SUBMITTED AND APPROVED PRIOR TO REIMBURSEMENT. SEE FORM 990, PART V FOR SALARY AND BENEFIT INFORMATION.