

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: YESHIVA UNIVERSITY HIGH SCHOOLS. Address: 2540 AMSTERDAM AVENUE, NEW YORK, NY 10033

D Employer identification number: 20-0247649. E Telephone number: (212) 960-5470. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

G Website: WWW.YUHSB.ORG/WWW.YUHSG.ORG

J Organization type: 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number: N/A

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 14,478,485.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 10,454,961. Expenses total: 12,454,283. Net Assets at end of year: -21,448,575.

SCANNED JUN 25 2007

RECEIVED MAY 14 2007 CODEN

1063

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**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 \$ <u>1,687,856</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,687,856.	1,687,856.	-STMT 2	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 548,225.	548,225.		
26 Other salaries and wages	26 4,647,949.	4,496,833.		151,116.
27 Pension plan contributions	27 253,773.	245,557.		8,216.
28 Other employee benefits	28 909,104.	881,192.		27,912.
29 Payroll taxes	29 349,096.	337,794.		11,302.
30 Professional fundraising fees	30			
31 Accounting fees	31 15,000.	7,990.	3,995.	3,015.
32 Legal fees	32 210.	112.	56.	42.
33 Supplies	33 143,487.	135,462.	3,700.	4,325.
34 Telephone	34 28,325.	15,088.	7,544.	5,693.
35 Postage and shipping	35 122,024.	65,000.	32,500.	24,524.
36 Occupancy	36 2,538.	2,195.	193.	150.
37 Equipment rental and maintenance	37 47,504.	47,504.		
38 Printing and publications	38 100,484.	53,526.	26,763.	20,195.
39 Travel	39 193,286.	102,960.	51,480.	38,846.
40 Conferences, conventions, and meetings	40 60,569.	32,264.	16,132.	12,173.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 99,331.	85,922.	7,549.	5,860.
43 Other expenses not covered above (itemize)				
a STMT 3	43a 3,245,522.	1,728,832.	864,413.	652,277.
b	43b			
c	43c			
d	43d			
e	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 12,454,283.	10,474,312.	1,014,325.	965,646.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**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.

What is the organization's primary exempt purpose? <b>▶SEE STATEMENT 4</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>a</b> INSTRUCTIONAL, ACADEMIC & SUPPORT ACTIVITIES FOR APPROXIMATELY 525 HIGH SCHOOL STUDENTS.    (Grants and allocations \$ 1,687,856. ) If this amount includes foreign grants, check here <input type="checkbox"/>	10,474,312.
<b>b</b>    (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>    (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>    (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . . ▶	10,474,312.

**Part IV Balance Sheets (See the instructions)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments		46
	47a Accounts receivable	47a 2,550,276	
	b Less: allowance for doubtful accounts	47b 1,616,000	47c 934,276
	48a Pledges receivable	48a 1,175,220	
	b Less: allowance for doubtful accounts	48b 378,900	48c 796,320
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	\$TMT 5	50 225,000
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities (attach schedule) \$TMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54 13,622,648 14,694,888
	55a Investments - land, buildings, and equipment: basis	55a	
b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56	
57a Land, buildings, and equipment: basis	57a 3,624,114		
b Less: accumulated depreciation (attach schedule)	57b 1,839,513	57c 1,784,601	
58 Other assets (describe _____)		58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		59 16,819,005 18,435,085	
Liabilities	60 Accounts payable and accrued expenses		60 1,348,743
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe _____ \$TMT 7)		65 38,534,917
66 <b>Total liabilities.</b> Add lines 60 through 65		66 39,883,660	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>		
	67 Unrestricted		67 -36,203,345
	68 Temporarily restricted		68 7,315,836
	69 Permanently restricted		69 7,438,934
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		73 -21,448,575
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		74 18,435,085

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>a</b>	9,484,247.
<b>b</b>	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments . . . . .	<b>b1</b>	713,459.	
2	Donated services and use of facilities . . . . .	<b>b2</b>		
3	Recoveries of prior year grants . . . . .	<b>b3</b>		
4	Other (specify) <u>SEE STATEMENT 8</u> . . . . .	<b>b4</b>	3,683.	
	Add lines <b>b1</b> through <b>b4</b> . . . . .			<b>b</b> 717,142.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .			<b>c</b> 8,767,105.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
2	Other (specify) <u>SEE STATEMENT 9</u> . . . . .	<b>d2</b>	1,687,856.	
	Add lines <b>d1</b> and <b>d2</b> . . . . .			<b>d</b> 1,687,856.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .			<b>e</b> 10,454,961.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .		<b>a</b>	10,766,427.
<b>b</b>	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities . . . . .	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>		
3	Losses reported on Part I, line 20 . . . . .	<b>b3</b>		
4	Other (specify) -----	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b> . . . . .			<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .			<b>c</b> 10,766,427.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
2	Other (specify) <u>SEE STATEMENT 10</u> . . . . .	<b>d2</b>	1,687,856.	
	Add lines <b>d1</b> and <b>d2</b> . . . . .			<b>d</b> 1,687,856.
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .			<b>e</b> 12,454,283.

**Part V Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(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
SEE STATEMENT 11		548,225.	52,206.	1,738.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 9

Yes No

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT. 11

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations

75c X

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy? . . . . .

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. All entries are NONE.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes

77 X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .

79 X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .

80a X

b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions) . . . . . 81a NONE

b Did the organization file Form 1120-POL for this year? . . . . .

81b X

Part VI Other Information (continued)

		Yes	No
82 a	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?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
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	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE		
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	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a	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	97
91 a	The books are in care of HARVEY SPOLANSKY Telephone no 212-960-5470 Located at YESHIVA UNIVERSITY 500 WEST 185TH STREET 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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country	91c	X
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	92	N/A

**Part VII Analysis of Income-Producing Activities (See the instructions)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>STUDENT TUITION</u>					8,222,898.
b <u>&amp; FEES</u>					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	401,744.	
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	110,000.	
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	542,955.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a					
b <u>AUXILIARY</u>			03	114,297.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				1,168,996.	8,222,898.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					9,391,894.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

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 EXEMPT PURPOSES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)**

(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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please 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 officer) is based on all information of which preparer has any knowledge.

Signature of officer: Harvey Spolansky Date: 5-10-07

Type or print name and title: Harvey Spolansky, Associate Director of Finance

**Paid Preparer's Use Only**

Preparer's signature: Robert R. Lyons Date: 5/9/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP  
345 PARK AVENUE  
NEW YORK, NY 10154-0102

Preparer's SSN or PTIN (See Gen. Inst. W): P00227472  
EIN: 13-5565207  
Phone no: 212-758-9700



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**YESHIVA UNIVERSITY HIGH SCHOOLS**

**20-0247649**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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
SEE STATEMENT 14				

Total number of other employees paid over \$50,000 . . . ▶ **36**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ **NONE**

**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 individuals or firms. If there are none, enter "None " See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ **NONE**

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property? . . . . .	2a	X
b	Lending of money or other extension of credit? . . . . .	2b	X
c	Furnishing of goods, services, or facilities? . . . . .	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT. 15	2d	X
e	Transfer of any part of its income or assets? . . . . .	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments ) . . . . . STMT. 16	3a	X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box )

5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )

7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting NOT APPLICABLE

Table with columns for years (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 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; 27 Organizations described on line 12; 28 Unusual Grants.

**Part 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)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
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?	X	
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 that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ALL RECRUITMENT ADVERTISEMENTS CONTAIN OUR NON-DISCRIMINATORY POLICY.	X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
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		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )		
34 a Does the organization receive any financial aid or assistance from a governmental agency? . . . . . STMT 17	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		X
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 C B 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41	Lobbying nontaxable amount Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	} 41	
	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		
	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 . . . . .		
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	44	

**Caution:** If there is an amount on either 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 )

Calendar year (or fiscal year beginning in) ▶	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(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	Yes	No	Amount
a Volunteers . . . . .		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .		X	
c Media advertisements . . . . .		X	
d Mailings to members, legislators, or the public . . . . .		X	
e Publications, or published or broadcast statements . . . . .		X	
f Grants to other organizations for lobbying purposes . . . . .		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)**

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
(i) Cash		X
(ii) Other assets		X
<b>b</b> Other transactions		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		



FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	3,683.
UNREALIZED GAIN ON INVESTMENTS	713,459.
	-----
TOTAL	717,142.
	=====



FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

\*\*\*\*\*

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

\*\*\*\*\*

SCHOLARSHIPS

NONE

EDUCATIONAL

1,687,856.

TOTAL NUMBER OF STUDENTS RECEIVING SCHOLARSHIPS:

INDIVIDUALS

392

TOTAL CONTRIBUTIONS PAID

1,687,856.

\*\*\*\*\*

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BAD DEBT EXPENSE	63,134.	33,630.	16,815.	12,689.
CONSULTANTS	51,941.	27,668.	13,834.	10,439.
CONTRACTORS	166,144.	88,502.	44,251.	33,391.
PLAQUES AND AWARDS	21,394.	11,396.	5,698.	4,300.
RECRUITMENT EXPENSES	40,031.	21,324.	10,662.	8,045.
PUBLICITY AND ADVERTISING	37,463.	19,956.	9,978.	7,529.
STUDENT ACTIVITY	72,574.	38,659.	19,329.	14,586.
SOFTWARE PURCHASES & MAINTENANCE	25,570.	13,621.	6,810.	5,139.
TUITION & FEES	3,300.	1,758.	879.	663.
ALTERATIONS & RENOVATIONS	148,348.	79,022.	39,511.	29,815.
EQUIPMENT & FURNITURE PURCHASE	63,352.	33,747.	16,873.	12,732.
OUTSIDE FUNCTIONS & OUTSIDE OFFICE SERVICES	12,774.	6,805.	3,402.	2,567.
INTRA UNIVERSITY CATERING SERVICE	89,998.	47,940.	23,970.	18,088.
INSURANCE	25,628.	13,651.	6,826.	5,151.
FACILITIES OPERATIONS & MAINTENANCE	330,247.	175,917.	87,958.	66,372.
ALLOCATED O&M	1,059,655.	564,459.	282,229.	212,967.
ALLOCATED SECURITY	216,637.	115,399.	57,699.	43,539.
ALLOCATED EXPENSES	612,209.	326,113.	163,056.	123,040.
MISCELLANEOUS EXPENSES	205,123.	109,265.	54,633.	41,225.
TOTALS	3,245,522.	1,728,832.	864,413.	652,277.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

YESHIVA UNIVERSITY HIGH SCHOOLS ("THE HIGH SCHOOLS") ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTIONS 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE HIGH SCHOOLS, WHICH CONSIST OF MARSHA STERN TALMUDICAL ACADEMY HIGH SCHOOL FOR BOYS AND SAMUEL H. WANG HIGH SCHOOL FOR GIRLS, IS AN UNINCORPORATED ASSOCIATION THAT MAINTAINS SEPARATE SECONDARY SCHOOL PROGRAMS FOR BOYS AND GIRLS. INSTRUCTION IS PROVIDED TO APPROXIMATELY 525 HIGH SCHOOL STUDENTS.

FORM 990, PART IV - RECEIVABLES DUE FROM OFFICERS, ETC.

=====

BORROWER: RABBI MARK GOTTLIEB, HEAD OF SCHOOL  
DATE OF NOTE: 07/01/2005  
REPAYMENT TERMS: EQUAL MONTHLY INSTALLMENTS AT 17.4% OF ORIG. AMT.  
SECURITY PROVIDED: YESHIVA UNIVERSITY MORTGAGE  
PURPOSE OF LOAN: RELOCATION  
ENDING BALANCE DUE ..... 225,000.  
-----

TOTAL ENDING RECEIVABLES DUE FROM OFFICERS, ETC. 225,000.  
=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
INVESTMENTS IN PARTNERSHIPS	7,095,986.	FMV
STOCKS	5,370,834.	FMV
MUTUAL FUNDS	448,438.	FMV
U.S. GOVERNMENTAL OBLIGATIONS	453,936.	FMV
BONDS	941,614.	FMV
OTHER	384,080.	FMV
	-----	
TOTALS	14,694,888.	
	=====	

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DUE TO YESHIVA UNIVERSITY	38,500,187.
OTHER LIABILITIES	34,730.
	-----
TOTALS	38,534,917.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

-----

-----

CHANGE IN VALUE OF SPLIT  
INTEREST TRUST

3,683.

-----

TOTAL

3,683.

=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION

AMOUNT

-----

-----

SCHOLARSHIPS

1,687,856.

-----

TOTAL

1,687,856.

=====



FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
SCHOLARSHIPS	1,687,856.
TOTAL	----- 1,687,856. =====

YESHIVA UNIVERSITY HIGH SCHOOLS

20-0247649

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RABBI MARK GOTTLIEB 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	HEAD OF SCHOOL 40	224,757.	14,677.	NONE
ROCHELLE BRAND 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	PRINCIPLE-H.S. GIRLS 40	174,846.	26,829.	869.
JOEL SKLAR 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	PRINCIPAL-H.S. BOYS 40	148,622.	10,700.	869.
KAREN BACON 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TRUSTEE 1	NONE	NONE	NONE
ELLIOT GIBBER 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TRUSTEE 1	NONE	NONE	NONE
DAVID HIMBER 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TRUSTEE 1	NONE	NONE	NONE
JOSEPH L. HOROWITZ 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TRUSTEE 1	NONE	NONE	NONE
DAVID A. ISRAEL 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TRUSTEE 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EPHRAIM KANARFOGEL 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TRUSTEE 1	NONE	NONE	NONE
DAVID J. SCHNALL 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TRUSTEE 1	NONE	NONE	NONE
MICHAEL D. SCHMIDMAN 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TRUSTEE 1	NONE	NONE	NONE
HARVEY SPOLANSKY 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TRUSTEE 1	NONE	NONE	NONE
GRAND TOTALS		548,225.	52,206.	1,738.

Y05-8 1 2184680  
 50111M 2221  
 STATEMENT 12

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

-----

NAME OF OFFICER, DIRECTOR, ETC:	JOEL SKLAR
NAME OF HIGHEST PAID EMPLOYEE:	HARRIET SKLAR
RELATIONSHIP:	HUSBAND AND WIFE

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MICHAEL HECHT 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TEACHER 40	154,081.	9,530.	NONE
GARY BEITLER 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TEACHER 40	116,423.	7,064.	NONE
YITZCHAK HANDEL 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TEACHER 40	114,102.	6,977.	NONE
GIL S. PERL 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	TEACHER 40	99,808.	5,102.	NONE
HARRIET SKLAR 2540 AMSTERDAM AVENUE NEW YORK, NY 10033	ASSISTANT PRINCIPAL 40	95,579.	6,668.	869.
TOTAL COMPENSATION		579,993.	35,341.	869.

SCHEDULE A, PART III - EXPLANATION FOR LINE 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.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

FINANCIAL AID IS AWARDED BASED UPON FINANCIAL NEED AND ACADEMIC ACHIEVEMENT. NEED BASED AID IS AWARDED BASED ON ELIGIBILITY DETERMINED BY REVIEWING THE PARENTS FINANCIAL STATEMENT FORM WHICH IS ADMINISTERED BY THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS. ACADEMIC BASED AID IS AWARDED BY THE COMMITTEE. BOTH FACULTY AND HEADS OF SCHOOL COMPRISE THE COMMITTEE.

SCHEDULE A, PART V - EXPLANATION FOR LINE 34A

=====

YESHIVA UNIVERSITY HIGH SCHOOLS RECEIVES FUNDS FROM THE NEW YORK STATE EDUCATION DPEARTMENT TO PROVIDE FINANCIAL AID ASSISTANCE TO QUALIFYING STUDENTS AT THE YESHIVA HIGH SCHOOL FOR BOYS AND THE YESHIVA HIGH SCHOOL FOR GIRLS, IN THE AMOUNTS OF \$126,649 AND \$68,251 RESPECTIVELY.



# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

### Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only.

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>YESHIVA UNIVERSITY HIGH SCHOOLS</b>	Employer identification number <b>20-0247649</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>500 WEST 185TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10033</b>	

### Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ HARVEY SPOLANSKY

Telephone No. ▶ 212 960-5475 FAX No. ▶ \_\_\_\_\_

• If the organization does **not** have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole group**, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 02/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning 07/01, 2005, and ending 06/30, 2006.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

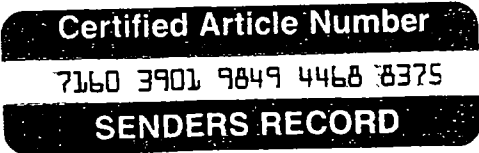
**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ NONE

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ NONE

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.



• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: YESHIVA UNIVERSITY HIGH SCHOOLS, 500 WEST 185TH STREET, NEW YORK, NY 10033.

Check type of return to be filed (File a separate application for each return)

Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T(sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

STOP. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of HARVEY SPOLANSKY Telephone No 212-960-5470 FAX No 212-960-0062

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15/2007
5 For calendar year or other tax year beginning 07/01/2005 and ending 06/30/2006
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ NONE
c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature Title CPA, AUTH AGENT Date 2/6/07

Notice to Applicant - To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
Other

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Table with 3 columns: Type or print, Name, Address, City or town, province or state, and country (including postal or ZIP code). Includes address: KPMG LLP - ATTN: ALAN KLUGER, 345 PARK AVENUE-38TH FLOOR, NEW YORK, NY 10154-0102.

