

Return of Organization Exempt From Income Tax

2004

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning July 1, 2004, and ending June 30, 2005

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

Please use IRS label or print or type. See Specific Instructions	C Name of organization Yeshiva University High Schools		D Employer identification number 20 : 0247649
	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number (212) 960-5470
	2540 Amsterdam Avenue		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
City or town, state or country, and ZIP + 4		NEW YORK, NY 10033	

G Website: ▶ **yuhsb.org**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

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 received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **12,265,937**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **n/a**

H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

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)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	1,345,049	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	180,781	
	d	Total (add lines 1a through 1c) (cash \$ 1,525,830 noncash \$ 0)			1,525,830
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			8,016,221
	3	Membership dues and assessments			
	4	Interest on savings and temporary cash investments			
	5	Dividends and interest from securities			424,792
	6a	Gross rents	6a	110,000	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			110,000
7	Other investment income (describe ▶)				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		2,037,786	8a		
		1,567,348	8b		
		470,438	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			470,438	
9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	21,650		
		9b	10,926		
		9c	10,724		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				
11	Other revenue (from Part VII, line 103)			129,658	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			10,687,663	
Expenses	13	Program services (from line 44, column (B))		9,736,791	
	14	Management and general (from line 44, column (C))		819,644	
	15	Fundraising (from line 44, column (D))		784,541	
	16	Payments to affiliates (attach schedule)			
	17	Total expenses (add lines 16 and 44, column (A))		11,340,976	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		(653,313)	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		(20,171,385)	
	20	Other changes in net assets or fund balances (attach explanation)		658,303	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		(20,166,395)	

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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 page 22 of 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) #1 (cash \$ <u>1,361,340</u> noncash \$ _____)	1,361,340	1,361,340		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	448,512	448,512		
26	Other salaries and wages	3,702,149	3,581,783		120,366
27	Pension plan contributions	237,804	230,105		7,699
28	Other employee benefits	819,289	794,135		25,154
29	Payroll taxes	293,164	283,673		9,491
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone	22,494	21,236	580	678
35	Postage and shipping				
36	Occupancy	1,789,486	1,547,906	136,001	105,579
37	Equipment rental and maintenance	40,252	40,252		
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	86,566	74,880	6,579	5,107
43	Other expenses not covered above (itemize). a				
b	See Schedule #4	2,539,920	1,352,969	676,484	510,467
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	11,340,976	9,736,791	819,644	784,541

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 page 25 of the instructions.)

What is the organization's primary exempt purpose? High School Instruction		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a	Instructional, Academic & Support Activities for Students (Grants and allocations \$ <u>1,361,340</u>)	9,736,791
b (Grants and allocations \$ _____)	
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	9,736,791

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year	(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
Assets	45 Cash—non-interest-bearing		45
	46 Savings and temporary cash investments		46
	47a Accounts receivable	47a 1,918,044	
	b Less: allowance for doubtful accounts	47b 1,277,955	47c 769,853
	48a Pledges receivable	48a 1,425,685	
	b Less: allowance for doubtful accounts	48b 337,021	48c 876,958
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	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) #5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54 12,765,763
	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 3,207,786		
b Less: accumulated depreciation (attach schedule) #3	57b 1,740,182	57c 1,497,494	
58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)		59 15,910,068	
Liabilities	60 Accounts payable and accrued expenses		60 816,398
	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 <input type="checkbox"/>)		65 35,265,055
66 Total liabilities (add lines 60 through 65)		66 36,081,453	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67 (34,482,189)
	68 Temporarily restricted		68 7,217,972
	69 Permanently restricted		69 7,092,832
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		73 (20,171,385)
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		74 15,910,068

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

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

Table with 2 columns: Description and Amount. Rows include: a Total revenue, gains, and other support per audited financial statements (9,995,552); b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments (653,054); (2) Donated services and use of facilities; (3) Recoveries of prior year grants; (4) Other (specify): Change in value of split int. trust (5,249). Add amounts on lines (1) through (4) (658,303); c Line a minus line b (9,337,249); d Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990; (2) Other (specify): Scholarship exp netted to revenue (1,361,340). Add amounts on lines (1) and (2) (1,361,340); e Total revenue per line 12, Form 990 (line c plus line d) (10,698,589).

Table with 2 columns: Description and Amount. Rows include: a Total expenses and losses per audited financial statements (9,990,562); b Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities; (2) Prior year adjustments reported on line 20, Form 990; (3) Losses reported on line 20, Form 990; (4) Other (specify). Add amounts on lines (1) through (4); c Line a minus line b; d Amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990; (2) Other (specify): Scholarship exp netted to revenue (1,361,340). Add amounts on lines (1) and (2); e Total expenses per line 17, Form 990 (line c plus line d) (11,351,902).

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

Table with 5 columns: (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, (E) Expense account and other allowances. Row 1: See Schedule #6.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? [] Yes [x] No If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of 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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
78	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	n/a	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	n/a	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	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.	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?	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?	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		<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
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		<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		<u>0</u>
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0</u>		<u>0</u>
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, 2004 (See instructions.) 90b		<u>91</u>
91	The books are in care of ▶ HARVEY SPOLANSKY Telephone no. ▶ (<u>212</u>) <u>960-5470</u> Located at ▶ Yeshiva University 500 West 185th Street, New York, NY ZIP + 4 ▶ <u>10033</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. n/a ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>92</u>		

Part VII Analysis of Income-Producing Activities (See page 33 of 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 Student Tuition & Fees					8,016,221
b					
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	424,792	
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	470,438	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a AUXILLIARY			03	129,658	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,134,888	8,016,221
105 Total (add line 104, columns (B), (D), and (E))					9,151,109

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 page 34 of 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)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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 page 34 of 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).

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.

Please Sign Here

Signature of officer: *Richard* Date: *5/10/06*

Vice President For Finance / CFO

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen Inst W): _____

EIN: _____ Phone no: () _____

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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2004

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 Yeshiva University High Schools	Employer identification number 20 : 0247649
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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
Rabbi Yitzchak Handel c/o Y.U.H.S. ----- 2540 Amsterdam Avenue, NY NY 10033	Teacher-Full Time	105,592	6,278	-0-
Gary Beitler, c/o Y.U.H.S. ----- 2540 Amsterdam Avenue, NY NY 10033	Teacher-Full Time	102,993	6,202	-0-
Harriett Sklar, c/o Y.U.H.S. ----- 2540 Amsterdam Avenue, NY NY 10033	Assistant Principle	91,223	6,122	-0-
Seth Taylor, c/o Y.U.H.S. ----- 2540 Amsterdam Avenue, NY NY 10033	Teacher-Full Time	84,033	5,032	-0-
Milton Sussman, c/o Y.U.H.S. ----- 2540 Amsterdam Avenue, NY NY 10033	Director of Development	81,622	5,471	-0-
Total number of other employees paid over \$50,000 ▶	35			

Part II 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 ▶	0	
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Part III Statements About Activities (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 i of Part VI-B) 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?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V Form 990	✓	
e Transfer of any part of its income or assets?		✓
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.)	✓	
b Do you have a section 403(b) annuity plan for your employees?	✓	
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?		✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

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) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 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 5 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.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 line 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					
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 gain or (loss) from sale of capital assets					
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: a Enter 2% of amount in column (e), line 24 ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$,000. (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add. Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total, _____ and line 27b total ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . . ▶ 27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.					

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?	✓	
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?	✓	
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.) <u>All recruitment advertisements contain our non-discriminatory policy.</u>	✓	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	✓	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	✓	
d Copies of all material used by the organization or on its behalf to solicit contributions?	✓	
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?		✓
b Admissions policies?		✓
c Employment of faculty or administrative staff?		✓
d Scholarships or other financial assistance?		✓
e Educational policies?		✓
f Use of facilities?		✓
g Athletic programs?		✓
h Other extracurricular activities?		✓
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?	✓	
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.		✓
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	✓	

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)

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

Limits on Lobbying Expenditures		(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— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 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	41	
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) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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		✓	
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.

- 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.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization YESHIVA UNIVERSITY HIGH SCHOOLS	Employer identification number 20 0247649
	Number, street, and room or suite no. If a P.O. box, see instructions 2540 AMSTERDAM AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions 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 **MAY 15**, 20 **06**.
- 5 For calendar year _____, or other tax year beginning **July 1**, 20 **04**, and ending **JUNE 30**, 20 **05**.
- 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 **More time is necessary to properly complete data**

- 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 \$ _____
- 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 \$ _____
- 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. \$ _____

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 Harvey Spolansky Title Director Date 1-27-06

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.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

YESHIVA UNIVERSITY HIGH SCHOOLS
For the Year Ended June 30, 2005
Schedule #1

ID # 20-0247649

Form 990

Part I - Line 8 (c)

The Yeshiva University High Schools invest in the Yesiva University endowment pool.

Form 990

Part I - Line 20

Unrealized gains	653,054
Change in value of split interest agreements	<u>5,249</u>
	<u>658,303</u>

Form 990

Part II - Line 22:

Schedule A - Part III - Line 3A

The grants and allocations of \$1,361,340 represent student aid awarded to 303 students throughout the High Schools 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 reviewing the Parents Financial Statement Form which is administered by the National Association of Independent Schools. Academic based aid is awarded by committee. Both faculty and heads of school comprise the committee.

YESHIVA UNIVERSITY HIGH SCHOOLS
For the Year Ended June 30, 2005
Schedule #2

ID # 20-0247649

Form 990

PART I - LINE 1 (d)

See attachment to schedule B for a schedule of contributions \$5,000 and over.

YESHIVA UNIVERSITY HIGH SCHOOLS
For the Year Ended June 30, 2005
Schedule #3

ID # 20-0247649

Form 990
Part II - Line 42
Part IV - Line 57

	Cost Basis <u>6/30/04</u>	Cost Basis <u>6/30/2005</u>
Land	\$435,000	\$435,000
Build & Improv.	2,136,046	2,192,725
F & F	580,061	580,061
Total	----- \$3,151,107	----- \$3,207,786
Less: Accumulated depreciation	-1,653,613	-1,740,182
	----- \$1,497,494	----- \$1,467,604
	=====	=====
Depreciation expense		<u>\$86,566</u>

Method of Depreciation: Straight Line, Variable Rate

YESHIVA UNIVERSITY HIGH SCHOOLS
For the Year Ended June 30, 2005
Schedule #4

ID # 20-0247649

Form 990
Part II - Line 43

	Program Services	Management & General	Fund Raising	Total
<u>Other Expenses:</u>				
Auxiliary Enterprises	250,226	125,113	96,430	471,769
General Administrative	786,395	393,198	303,053	1,482,646
Student Services	174,991	87,496	67,436	329,923
Fund Raising	141,356	70,678	43,548	255,582
	-----	-----	-----	-----
	\$1,352,969	\$676,484	\$510,467	\$2,539,920
	=====	=====	=====	=====

YESHIVA UNIVERSITY HIGH SCHOOLS
For the Year Ended June 30, 2005
Schedule #5

ID # 20-0247649

Form 990
Part IV - Line 54

	<u>2005</u>
Investments in partnerships	\$6,307,554
Stocks	4,348,672
Mutual funds	480,241
U.S. Government Obligations	606,617
Bonds	1,404,568
Other	474,996

	\$13,622,648
	=====

The Yeshiva University High Schools are invested in the Yeshiva University Endowment Pool.

YESHIVA UNIVERSITY HIGH SCHOOLS
For the Year Ended June 30, 2005
Schedule #6

ID # 20-0247649

Form 990

Part V

	(C)	(D)	(E)
	Compensation	Benefit Plan Contribution	Expense Account
List of Officers, Directors & Trustees (Attached)			
All Officers, Directors & Trustees are unpaid volunteers.	None	None	None
All Adresses are	C/O Yeshiva University High Schools 2540 Amsterdam Ave. N.Y. N.Y. 10033		

Yeshiva University High Schools
Board of Trustees
June 30, 2005

Karen Bacon

Elliot Gibber

David Himber

Joseph L. Horowitz

David A. Israel

Ephraim Kanarfogel

David J. Schnall

Michael D. Schmidman

Harvey Spolansky

YESHIVA UNIVERSITY HIGH SCHOOLS

For the Year Ended June 30,2005

Schedule #6a

FORM 990

PART V - LIST OF KEY EMPLOYEES

ID # 20-0247649

(A) Name and address	(B) Title and average hours per week	(C) Compensation	(D) Contribution to employee benefit plans	(E) Expense account and other allowances
Rabbi Michael Hecht c/o Y.U H S 2540 Amsterdam Ave., NY, NY 10033	Dean H S for Boys	\$154,419	\$9,530	none
Joel Sklar c/o Y U H S 2540 Amsterdam Ave., NY, NY 10033	Principal H S for Boys	153,455	10,238	none
Rochelle Brand c/o Y U H S 2540 Amsterdam Ave., NY, NY 10033	Principal H S for Girls	140,638	9,423	none