For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

8X2740 1,000 5833BO K698

Batching Cyuun

SEP

621

Form **990-T** (2018)

-1,283,225.

Form	990-T (2018)		Page 2
Par	Total Unrelated Business Taxable Income		<u></u>
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	ınstructions)	33	12,225.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	12,225.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		
38	Unrelated business taxable income. Subtract line 37 from line 36 lf line 37 is greater than line 36.	\ ''	
30	enter the smaller of zero or line 36	38	0.
Dar	t IV Tax Computation	30	
		. 39	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39 -	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	$\overline{}$	
41	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only)		
43	Tax on Noncompliant Facility Income. See instructions	43	_
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions)	7	
	General business credit Attach Form 3800 (see instructions)	1	
4	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
u	Total credits. Add lines 45a through 45d	450	
46	Subtract line 45e from line 44	1	
47			0.
48	Total tax. Add lines 46 and 47 (see instructions)	1 1	<u>.</u>
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		
50 a	Payments A 2017 overpayment credited to 2018	4	
	2018 estimated tax payments	_	
	Tax deposited with Form 8868	_	
d	Foreign organizations Tax paid or withheld at source (see instructions)	」 │	
е	Backup withholding (see instructions)	_	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	_	
g	Other credits, adjustments, and payments Form 2439		
Ĭ	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	24,574.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	24,574.
	Enter the amount of line 54 you want Credited to 2019 estimated tax > 24,574. Refunded	/	
55			
Par			uthority Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		··············
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	•	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	toreign	·
	here ISRAEL, CANADA		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?.	X
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my	knowledge and belief, it is
Sign			
Her		•	S discuss this return eparer shown below
	Signature of officer Date Title (s		s) ² X Yes No
	Print/Type preparer's name Preparer's signature Date	T	PTIN
Paid	7/0/2020 Che		P01080295
	parer - ADDICEMENT DEPUNDED CONTROL - 17072020 Self-	employed	13-4008324
	Firm's name Firite WATER 11005 ECOOLERS HEL		
	Firm's address ► 300 MADISON AVENUE, NEW YORK, NY 10017 Phor	ieno 646	471-3000

OIII 330-1 (2010)											aye o
Schedule A - Cost of Go	ods Sold. E	nter method	d of invent	эгу v	aluation	>					
1 Inventory at beginning of ye	ear 1			6	Inventory	at end of yea	ar	6			_
2 Purchases	2						old. Subtract line				
3 Cost of labor	3				6 from	line 5 En	nter here and in				
4a Additional section 263A co	sts				Part I, line	2		7			
(attach schedule)	4a						section 263A (w	ith r	espect to	Yes	No
b Other costs (attach schedule	e) . 4b				property	produced	or acquired for	resa	le) apply		
5 Total. Add lines 1 through 4					to the org	janization?	<u> </u>		<u></u>		
chedule C - Rent Income (see instructions)	(From Real F	Property a	nd Perso	nal F	Property	Leased V	With Real Proper	ty)			
. Description of property								-			
1)											
2)											
3)								•			
4)											
·	2. Rent rece	ived or accru	ed		-						
					directly connected with the income 2(a) and 2(b) (attach schedule)						
1)							-				
2)											
3)											
4)						-					
- Total		Total									
c) Total income. Add totals of co			-				(b) Total deduction Enter here and on Part I, line 6, colum	page 1			
Schedule E - Unrelated De			o inetriieti	one)			Fart I, line 6, colum	ш (Б)	<u> </u>		
Schedule E - Officiated De	Dt-1 IIIaiiceu	income (se	T			3 (Deductions directly con	nected	with or allocal	ble to	
1. Description of debt	-financed property		2 Gross allocable				debt-financed property				
			1	ropert			ht line depreciation ach schedule)	(b) Other deductions (attach schedule)			
1)											
2)											
3)			-								
4)											
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	quisition debt on or of or allocable to debt-financed property debt-financed property debt-financed by solumn 5 (column 2 x co		income reportable n 2 x column 6)		Allocable deumn 6 x total 3(a) and 3	of colum					
1)					%	1					
2)					%						
3)					%)					
4)					%	1					
						Enter her Part I, lir	re and on page 1, ne 7, column (A)		er here and o t I, line 7, co		
otals							▶				

Form 990-T (2018)	YESHIVA			_						624225 Page 4	
Schedule F-Interest, Annu	uities, Royalties						ons (see	instructio	ns)		
		Exe	mpt Co	ntrolled Or	ganizatio	ons	1	··			
Name of controlled organization	2. Employer identification number	er (ated income nstructions)	1	of specified ints made	Included in the controlli		lling	6. Deductions directly connected with income in column 5	
(1)	 										
(2)											
(3)							_	-	•		
(4)							_				
Nonexempt Controlled Organia	zations										
7. Taxable Income	7. Taxable Income 8. Net unrelated income (loss) (see instructions			nclude:					1 Deductions directly nected with income in column 10		
(1)	_										
(2)											
(3)										-	
(4)			-								
						Enter	columns 5 a nere and on , line 8, colur	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
Totals		4 504	(-)(7)	(0) == (47			, ,				
Schedule G-Investment Ir	come of a Sec	tion 501	<u>(c)(/),</u>	(9), OF (17		nization	`	· ·	- 1	5 Total deductions	
1 Description of income	2 Amount of	ıncome						t-asides schedule)		and set-asides (col 3 plus col 4)	
(1)			_						_		
(2)			_								
(3)											
(4)	Fatan basa and a									Enter have and an age of	
T-A-I-	Enter here and of Part I, line 9, co									Enter here and on page 1 Part I, line 9, column (B)	
Totals ▶ Schedule I-Exploited Exe	mnt Activity Inc	nome O	thar Th	an Advort	icina In	oomo /	oo inotrii	ations)			
Schedule I-Exploited Exe		come, o	uiei iii			icome (s	see msuu	Clions)			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expe direct connecte product unrela business	ctly ed with non of ated	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thre	ted trade (column lumn 3) ompute	trade olumn from activity that is not unrelated business income		6 Expe attributa colum	ıble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)	1										
(3)	1										
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,	irt I,				,		Enter here and on page 1, Part II, line 26	
Totals				J							
Schedule J- Advertising Ir										 	
Part I Income From Per	iodicals Report	ed on a	Consol	idated Bas	sis						

4 Advertising

gain or (loss) (col

2 minus col 3) If

a gain, compute cols 5 through 7 5 Circulation

ıncome

6. Readership

costs

Form **990-T** (2018)

7 Excess readership

costs (column 6

mınus column 5, but

not more than

column 4)

(1) (2) (3) <u>(4)</u>

Totals (carry to Part II, line (5))

1. Name of periodical

2 Gross

advertising

ıncome

3. Direct

advertising costs

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instri	uctions)		

1. Name	3 Percent of me devoted to business	4 Compensation attributable to unrelated business
(1)	%	
(2)	%	
(3)	%	
(4)	%	
Total. Enter here and on page 1, Part II, line 14	 	

Form **990-T** (2018)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Employer identification number

YESHIVA UNIVERSITY 13-1624225 Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 -968 -968. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 Unused capital loss carryover (attach computation) 6 -968. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions (h) Gain or (loss) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (d) (e) or loss from Form(s) the lines below Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (a) column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 201,951. 201,951. Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 201,951. Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 200,983. 17 200,983. Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18

Note: If losses exceed gains, see Capital losses in the instructions For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No. 1545-0074

Name(s) shown on return YESHIVA UNIVERSITY Social security number or taxpayer identification number

13-1624225

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions r	ot reported t	o you on For	m 1099-B			_	
(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e	
(Example 100 sh XYZ Co)	- disposed of (sales price) and see Column (and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) an combine the result with column (g)	
NET SHORT TERM CAPITAL GAIN (LOSS	VAR	VAR	-971				-971
SEE FORM 6781	VAR	VAR	3		_		3
	-						
-							1
						- :	
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and incl is checked), line	ude on your e 2 (if Box B	-968				-968

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side.

YESHIVA UNIVERSITY

13-1624225

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 - (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) In the separate	If you enter an a enter a co	any, to gain or loss. amount in column (g), de in column (f) arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and	
		(= , = , , , ,	(See mandalons)	instructions	Code(s) from instructions	Amount of adjustment	with column (g)	
NET LONG TERM CAPITAL GAIN (LOSS)	VAR	VAR	201,946				201,946	
SEE FORM 6781	VAR	VAR	5				5.	
						_		
					-			
		_			· · · · ·			
2 Totals Add the amounts in columns (negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked) or line 10 (if Box	here and inclusions checked), line	ide on your 9 (if Box E	201,951.				201,951	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2018)

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172 Attachment Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

YES	HIVA UNIVERSIT	'Y	5200	000				13-1	624225
			rtain Property Un		179			1	
			ed property, compl			omplet	te Part I.		
1	Maximum amount (see instructions	s)		· · · · · · · · · · · · · · · · · · ·			1	1,000,000
2	Total cost of section	n 179 property	placed in service (se	e instructions	s)			2	
3	Threshold cost of s	ection 179 prop	perty before reductio	n in limitation	(see instruct	ions)		3	2,500,000
4	Reduction in limitat	ion Subtract lir	ne 3 from line 2 If ze	ro or less, ent	ter -0-			4	(
5			btract line 4 from lii	ne 1 If zero	or less, ent	er -0-	If married filing	1 1	
	separately, see inst	ructions		, -				5	1,000,000
6	(a) De	scription of proper	ty	(b) Cost (busi	ness use only)		(c) Elected cost		
		 -		_					
	Listed property Ent				7			 -	
		•	property Add amoun	· ·	c), iines 6 an	a /		8	
			aller of line 5 or line 8		562		٠	10	13,607
	O Carryover of disallowed deduction from line 13 of your 2017 Form 4562 1 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.							11	13,60
	,							12	
	taran da antara da la companya da antara						13.	607	
_			for listed property li			1.0		, 00,	
			wance and Other I			ude list	ed property. See	ınstru	ctions.)
			or qualified property					ТТ	•
	during the tax year. See instructions							14	
15	Property subject to	section 168(f)(1	1) election .					15	
	16 Other depreciation (including ACRS)							16	
Par	t III MACRS De	preciation (D	on't include listed	property. Se	e instructio	ns.)			
				Section A				T . T	
			ced in service in tax y					17	
18	-	•	ssets placed in serv	ice during the	e tax year int	o one	or more general		
	asset accounts, che		ed in Service Durin	a 2018 Tay V	oar Heina th	o Gon	oral Depreciation	System	m
	Jection B	(b) Month and year	(c) Basis for depreciation	1	car osnig ti	- Jen	erar Depreciation	J	
(a) (Classification of property	placed in service	(business/investment use only—see instructions)	(d) Recovery period	(e) Convention	on	(f) Method	(g) Dep	preciation deduction
19a	3-year property	SCIVICE	only—see mandenons/						
b		-					· 		
C				 				l	
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property	_,		25 yrs			5/L		
h	Residential rental			275 yrs	MM		S/L		
	property			275 yrs	MM		S/L		
i	Nonresidential real			39 yrs	ММ		S/L		
	property			<u>j</u>	MM		5/L		
		-Assets Place	d in Service During	2018 Tax Ye	ar Using the	Altern		on Syst	em
	Class life			10			5/L		
	12-year		_	12 yrs		_	9/L	-	
	30-year			30 yrs	MM		9/L		
	40-year	Soo instructio	ne \	40 yrs	ММ		S/L		
	t IV Summary (S Listed property Ent						_	21	- -
			n line 26 Ilnes 14 through 17,	lines 10 and	20 in column	מברח) בי	nd line 21 Enter	41	
			of your return. Partne					22	ر
23			ed in service during t	-	-				
	portion of the basis	•	•		.,	23			

	*													_	
	rt V Listed Property	(Include auto	mobile	20 00	rtain (other	vehicle	S CO	rtain s	aircraft	and	prope		Page 2	
Га	entertainment, recre				itani (Othici	VCITICIC	.3, 00	italii e	ancian	, and	prope	ity us	ca ioi	
	Note: For any vehicle									lease	expens	e, com	olete o r	ı ly 24a,	
	24b, columns (a) throu														
	Section A—Depreciation														
248	a Do you have evidence to suppor	t the business/inve	estment u	ise claim	1ed /	」Yes ∟	-	24b if		s the ev		vritten?	☐ Yes	<u></u> No_	
	e of property (list Date placed invest	, ,	d) ther basis	(busin	for depre less/inves use only)	stment	(f) Recovery period		(g) ethod/ ivention			n El	(I) Elected section 17 cost		
25	Special depreciation allowathe tax year and used more								25						
26	Property used more than 50)% in a qualified	d busine	ess use											
		%													
		%		_				-				_			
27	Property used 50% or less	% a gualified bu	icinocc i	LICO.	-			_					-		
	Property used 50% or less i	%	15111655	use.		Ī		S/L -	-	<u> </u>		<u> </u>		ĺ	
		%						S/L -							
		%						S/L -	-						
	Add amounts in column (h),						21, pag	e 1 .	28						
_29	Add amounts in column (i),									•		29			
C	nplete this section for vehicles i						e of Vel		.or " or !	rolated i	orcon	If you o	rouded s	robioloc	
	our employees, first answer the													veriicies	
		, , , , , , , , , , , , , , , , , , , ,	(a		<u>.</u>	b)	1	=)		(d)	I	(e)	1	n	
30	Total business/investment miles driven during the year (don't include commuting miles)			Vehicle 1 Vehicle 2				Vehicle 3 Ve			'ehicle 4 Vehicle 5			5 Vehicle 6	
31		-											,		
32	Total other personal (no miles driven														
33	Total miles driven during t lines 30 through 32	the year Add													
34	Was the vehicle available fo	r personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	use during off-duty hours?										ļ				
35	Was the vehicle used prima than 5% owner or related p														
36	Is another vehicle available for								<u></u>						
	Section C— wer these questions to deterr e than 5% owners or related		t an exc	eption									who are	en't	
	Do you maintain a written pyour employees?	·			s all pe	rsonal	use of	vehicle	s, ınclu	ding co	mmutii	ng, by	Yes	No	
38	Do you maintain a written pemployees? See the instruc											y your			
39				-			., uoo		01						
40		five vehicles to	your e	mploye		tain inf	ormatio	n from	your e	mploye	es abo	ut the			
41	Do you meet the requirement				nobile d	demon	stration	use? S	ee insti	ructions					
	Note: If your answer to 37,		-												
Pa	rt VI Amortization														
	(a) Description of costs	(b) Date amortiza begins	ation	Amor	(c) tızable ar	mount	C	(d) ode sect	ion	(e) Amortiz period percen	ation I or	Amortiza	(f) ation for th	us year	
42	Amortization of costs that b	egins during yo	ur 2018	tax ye	ar (see	ınstruc	ctions)								
										_					
43	Amortization of costs that b	egan betore yo	ur 2018	tax yea	ar						43				

44 Total. Add amounts in column (f) See the instructions for where to report

44

YESHIVA UNIVERSITY 13-1624225

IN ADDITION TO THE UNRELATED BUSINESS INCOME ACTIVITIES REPORTED ON THIS FORM 990-T, THE TAXPAYER ALSO ENGAGED IN AN UNRELATED ACTIVITY OF PUBLIC USE OF CAMPUS PARKING THAT GENERATED NET UNRELATED BUSINESS INCOME LOSSES FOR THE YEAR ENDED JUNE 30, 2019 AS WELL AS IN PRIOR YEARS. DUE TO THE HISTORIC LOSSES GENERATED BY THESE ACTIVITIES AND THE INTERNAL REVENUE SERVICE'S POSITION THAT UNRELATED ACTIVITIES WITH HISTORIC LOSSES MAY NOT SATISFY THE PROFIT MOTIVE TEST, THE TAXPAYER HAS NOT RECORDED THE NET UNRELATED BUSINESS LOSSES GENERATED BY THESE ACTIVITIES ON ITS FORM 990-T.

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

ALTERNA CORE CAPITAL ASSETS FUND APOLLO REAL ESTATE INVESTMENT FUND III LP BAUPOST VALUE PARTNERS LP-I BLACKROCK MOF - MULTI-ALTERNATIVE OPP FUND (B) LP CENTERBRIDGE SPECIAL CREDIT PARTNERS III AIV I LP COLUMBIA CAPITAL EQUITY PARTNERS III DEERFIELD PRIVATE DESIGN FUND IV LP DEERFIELD RCA HOLDINGS LP HIGHFIELDS CAPITAL IV LP HMI CAPITAL PARTNERS MRIO COINVEST PARTNERS I LLC REALTY FINANCIAL PARTNERS VI LP STERLING AMERICAN PROPERTIES V LP STONELAKE OPPORTUNITY PARTNERS IV STONELAKE OPPORTUNITY PARTNERS V	118,4431,38366,637. 110,72424,7282140,556157,8282,532. 320151,107940,20950057,27528,622. 4,166.
INCOME (LOSS) FROM PARTNERSHIPS	-1,237,745.

	ATTACHMENT 2
FORM 990T - PART II - LINE 18 - INTEREST	
BAUPOST VALUE PARTNERS LP-I BLACKROCK MOF - MULTI-ALTERNATIVE OPP FUND (B) LP HMI CAPITAL PARTNERS	8,667. 9. 259.
PART II - LINE 18 - INTEREST	8.935.

FORM 990T - PART II - LINE 19 - TAXES AND LICENSES

ARIZONA	50
DISTRICT OF COLUMBIA	250
IDAHO	30
MONTANA	50
NEW MEXICO	50
NEW YORK	, 250
OREGON	150
VERMONT	300
PART II - LINE 19 - TAXES AND LICENSES	1,130

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS	
DODUCTION DEDUCTIONS DEPONDED ON DADWIEDSHIED W 10	
PORTFOLIO DEDUCTIONS REPORTED ON PARTNERSHIP K-1S TENASKA POWER FUND LP	2,412.
OTHER DEDUCTIONS REPORTED ON PARTNERSHIP K-1S	2,412.
BAUPOST VALUE PARTNERS LP-I	36,302.
BLACKROCK MOF - MULTI-ALTERNATIVE OPP FUND (B)	67,265.
HMI CAPITAL PARTNERS	106.
STONELAKE OPPORTUNITY PARTNERS IV	15,581.
STONELAKE OPPORTUNITY PARTNERS V	47,825.
TAX PREPARATION FEES	49,692.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>219,183.</u>

ATTACHMENT 4

13-1624225 ATTACHMENT 4

FORM 990-T: PART III - LINE 35 - NET OPERATING LOSSES IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018

LOSS CLAIMED IN CURRENT YEAR		13,583									13,583	17,879,676 13,583	13,583
LOSS AVAILABLE IN CURRENT YEAR		2,694,766	703,721	3,351,980	1,422,855	2,279,969	2,074,395	2,064,958	1,012,479	2,274,553	17,879,676		LOSS DEDUCTION
CONVERTED		1,358										YEARS PAGE 2, 990T))	NET OPERATING LO
ORIGINAL LOSS		2,693,408	703,721	3,351,980	1,422,855	2,279,969	2,074,395	2,064,958	1,012,479	2,274,553	17,878,318	AVAILABLE FROM PRIOR OF LINE 33 & 34 ON	
LOSS YEAR ENDING	06/30/1999 06/30/2000 06/30/2001 06/30/2003 06/30/2004 06/30/2005 06/30/2006 06/30/2008	06/30/2010	06/30/2011	06/30/2012	06/30/2013	06/30/2014	06/30/2015	06/30/2016	06/30/2017	06/30/2018	TOTAL:	NET OPERATING LOSS AVAILABLE FROM PRIOR YEARS TAXABLE INCOME (SUM OF LINE 33 & 34 ON PAGE 2	

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ATTACHMENT 4A

UNRELATED BUSINESS ACTIVITY CODE: 520000

SCHEDUEL M: PART II - LINE 31 - NET OPERATING LOSS ARISING IN TAX YEARS ON OR AFTER 2018

LOSS CLAIMED IN CURRENT YEAR		0
LOSS AVAILABLE IN CURRENT YEAR	1,283,225	1,283,225
CONVERTED_CONTRIBUTIONS		
ORIGINAL LOSS	1,283,225	1,283,225
LOSS YEAR ENDING	06/30/2019	TOTAL:

0

NET OPERATING LOSS DEDUCTION

ATTACHMENT	5	

SCHEDULE M - LINE 12 OTHER INCOME

SPONSORSHIP INCOME - ATHLETICS

13,583.

LINE 12 - OTHER INCOME

13,583.

5833BO K698

YESHIVA UNIVERSITY

FORM 990-T: SCHEDULE M - LINE 20 - CHARITABLE CONTRIBUTIONS

13-1624225 ATTACHMENT 6

SNICNA AGAY YET	AMOUNT AVAITABLE	CAST TITHE TWINGS	AMOUNT CONVERTED	Cabbooksode
DATTONE NOTE OUT			10 NOE	CHANTLEONWAND
06/30/2014	136,338	0	0	0
06/30/2015	97,402	0	0	97,402
06/30/2016	3,440	0	0	3,440
06/30/2017	13,248	0	0	13,248
06/30/2018	15,335	0	0	15,335
06/30/2019	17,531	0	1,358	16,173
TOTAL:	283,294	0	1,358	145,598

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

06/30 ,20 19

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

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

Employer identification number

Name of organization YESHIVA UNIVERSITY

13-1624225

Unrelated business activity code (see instructions) ▶ 900000 Describe the unrelated trade or business ▶ SPONSORSHIP INCOME

Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)				
7	Unrelated debt-financed income (Schedule E)				
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule) ATCH. 5.	12	13,583.		13,583.
13	Total. Combine lines 3 through 12	13	13,583.		13,583.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Compensation of officers, directors, and trustees (Schedule K)	14	
Salaries and wages	15	
Repairs and maintenance	16	
Bad debts	17	
Interest (attach schedule) (see instructions)	18	
Taxes and licenses	19	
	20	1,358.
	22b	
	23	
		_
	1	
	1	
	I .	_
		1,358.
	30	12,225.
· •		
	31	
		12,225.
	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018