.Form 990-T	. E	xempt O	nization d proxy tax	Bus	siness In	come	Retu	rn	OMB No	1545-0047
		all) endar year 2019 or o						2 0	എ(040
4 ²⁷			otner tax year begin .irs.gov/Form990					20 <u>2 °</u> .		919
Department of the Treasury Internal Revenue Service		not enter SSN nun						c)(3)	Open to Put	blic Inspection for rganizations Only
A Check box if		Name of organization			me changed and s			D Empl	loyer identifica	ation number
address chang	jed							(Empl	loyees' trust, see	instructions)
B Exempt under section	,	YESHIVA U	NIVERSITY					l		
X 501(C)(3)	Print	Number, street, as	nd room or suite no	lf a P O	box, see instructi	ons		13-1	624225	
408(e) 226	Or Type			•					lated busines	s activity code
408A530)(a)	500 WEST	185TH STRE					, (000)	nstructions)	
529(a)			or province, countr	y, and a	ZIP or foreign post	al code				
C Book value of all asse at end of year			NY 10033					5200	00	
075 460 510		oup exemption nui	- ` , . ,			504	· · · · ·	14044		
875,469,518						501(c	trust	401(a)		Other trus
H Enter the numbe		anization's unrelate VESTMENTS I				lf only one	Describe complete Parts I		y (or first) uni	
		e end of the previo				•				rescribe the
trade or business	•	•	ous sentence, co	mpiete	raits raile ii, c	omplete a c	criedule W for ea	Cri additio	пісі	
		corporation a sub	sidiary in an affil	iated d	roup or a parent	-subsidiary	controlled aroup?			Yes X No
•		identifying numb	•	_		,				,
J The books are in						Telephor	ne number > 64	6-592	-4005	
Part I Unrelate	ed Trade	or Business Ir	ncome		(A) Inc	ome	(B) Exper	ises_	(C) Net
1a Gross receipts	or sales			Ţ					1	
b Less returns and al	lowances		c Balance ▶	1c						
2 Cost of goods	sold (Sched	dule A, line 7)		2						
•		2 from line 1c		3		- 050			 	054 050
		attach Schedule D)		4a	85	4,958.	/			854,958
		Part II, line 17) (atta		4b			- /-			<u> </u>
		trusts		4c	_1 30	9,050.	ATCH 1			,399,050
		or an S corporation (attac		_ <u>5</u>	1,33	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	AICH		-	., 555, 656
				7			 			
		ents from a controlled or				_/_	 			
		01(c)(7), (9), or (17) org				/			 -	
_		income (Schedule								
11 Advertising in	come (Sche	dule J)		11						
		ctions, attach sche		12						
		rough 12				4,092.				-544,092
Part II Deduct								Deducti	ions must	be directly
connec	ted with t	he unrelated b	usiness incom	1e,/	RECE	EIVEC)			
14 Compensation	of officers,	directors, and trus	stees (Schedule K)	· ·	30		$\exists \emptyset \cdots$	14	 	
15 Salaries and w	ages		/ .	$\cdot \cdot \mid $	₹ · MAY·1	8 2021		15		
716 Repairs and in	aintenance		· · · · · / · · ·	10		• • • • •	\cdot	16		
Repairs and m Bad debts Interest (attact Taxes and lice) Depreciation (Less deprecia	 h schedule)	(see instructions)			ÖĞDE	N LIT	ATCH 2	18		6,854
19 Taxes and lice	nses			٠٠٤		- (t., . O ;	ATCH 27	19		1,159
20 Depreciation (٠, ١		
21 Less deprecia		on Schedule A			r r			216	- -	•
22 Depletion		<i>. [.</i>						22		
-		compensation plan						. 1		
24 Employee ben	efit program	ıs/						24		
25 Excess exemp	t expenses (Schedule I)						25		
26 Excess reader		Schedule J)								
27 Other deduction		schedule)								143,517
28 Total deduction		s 14 through 27							<u> </u>	151,530
		ble income befor								-695,622
		ng loss arising in t								-695,622
31 Unrelated bus For Paperwork Red		le income Subtra		29 .	<u> </u>		<u> 🌣 t 🌣 û . 4</u> ,	<u>A. 31</u>		n 990-T (201
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33 34 34 34 34 34 34 34	33 Amounts paid for disallowed fringes 34 Charitable contributions (see instructions for limitation rules) 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 35 — 4, 6i 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 37 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35. 37 — 37 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35. 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 39 Unrelated business taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37, enter the smaller of zero or line 37. Part IV Tax Computation 10 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21), 11 Trusts Taxable at Trust Rates. See instructions for tax computation income tax on the amount on line 39 from □ Tax rate schedule or □ Schedule 0 (Form 1041), 14 Tax on Noncompliant Facility Income. See instructions 15 □ Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies 16 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116), 16 □ Other credits (see instructions), 16 □ Other credits (see instructions), 17 □ Total tax. Add lines 47 and 48 (see instructions), 18 □ Total tax. Add lines 47 and 48 (see instructions), 19 □ 2019 net 965 tax liability paid from Form 965-8 or Form 967 □ Form 8680 □ Other (attach schedule). 19 □ Total tax. Add lines 47 and 48 (see instructions). 10 □ Other taxes Check iffrom □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8880 □ Other (attach schedule). 10 □ Total tax. Add lines 47 and 48 (see instructions). 11 □ Part 10 □	3 Amounts paid for disallowed fringes 4 Charitable contributions (see instructions for limitation rules) 5 Total unrelated busenes taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 6 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 7 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35 8 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 9 Unrelated business taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37, 9 Unrelated business taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37, 9 Unrelated business taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37, 9 Unrelated business taxable income. Subtract line 39 by 21% (0 21). 1 Trusts Taxable as Corporations. Multiply line 39 by 21% (0 21). 1 Trusts Taxable at Trust Rates. See instructions for tax computation income tax on the amount on line 39 from 1 Tax rate schedule or Schedule D (Form 1041). 2 Proxy tax. See instructions 3 Alternative minimum tax (trusts only). 4 Tax on Noncompliant Facility income. See instructions 5 Active Tax and Payments 5 Tax and Payments 6 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 4 4 5 Tax on Noncompliant Facility income. See instructions 4 5 Tax on Noncompliant Facility income. See instructions 4 5 Tax on Noncompliant Facility Income. See instructions 5 4 5 Tax on Payments 6 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 4 6 5 Tax and Payments 6 Foreign tax credit (corporations attach Form 8801 or 8827). 4 Tax on Noncompliant Facility Income. See instructions). 4 6 Tax and Payments 6 Form 8861	33 Amour 34 Charita 35 Total 34 fror 36 Deduct instruct 37 Total of 38 Specific 39 Unrelat enter til Part IV 40 Organi 41 Trusts the am 42 Proxy 43 Alterna 44 Tax on 45 \\Total. A Part V 46 a Foreign b Other of c Genera	able contributions (see instructions for limitation rules)	33 34 35 36 37 38 39 40 41 42 43 44	4
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51b	b 2019 estimated tax payments	b 2019 estimated tax payments			50	
	to Tax deposited with Form 8868	to Tax deposited with Form 8868			- 1	
held at source (see instructions)	d Foreign organizations Tax paid or withheld at source (see instructions)	d Foreign organizations Tax paid or withheld at source (see instructions)			1 1	
	e Backup withholding (see instructions)	e Backup withholding (see instructions)			- 1	
ance premiums (attach Form 8941)	f Credit for small employer health insurance premiums (attach Form 8941)	f Credit for small employer health insurance premiums (attach Form 8941)			-	
nts Form 2439	Gother credits, adjustments, and payments Form 2439 Other Total ▶ 51g Total payments. Add lines 51a through 51g	g Other credits, adjustments, and payments			-	
nts Form 2439	Form 4136	Form 4136 Other Total > 51g			- 1	
	Total payments. Add lines 51a through 51g	Total payments. Add lines 51a through 51g		redits, adjustments, and payments Form 2439		
Other Total ▶ 51g	Estimated tax penalty (see instructions) Check if Form 2220 is attached	Estimated tax penalty (see instructions) Check if Form 2220 is attached			ا۔ر۔ا	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed				24
h 51g	55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	5 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	53 Estima	ted tax penalty (see instructions) Check if Form 2220 is attached	53	
h 51g		6 Enter the amount of line 55 you want Credited to 2020 estimated tax ▶24,574. Refunded ▶ 56	54 Tax du			
h 51g					\rightarrow	
h 51g	56 Enter the amount of line 55 you want		oo Overpa	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	\rightarrow	24
h 51g		Part VI Statements Regarding Certain Activities and Other Information (see instructions)		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	55	24
h 51g	Part VI Statements Regarding Certain Activities and Other Information (see instructions)		56 Enter the Part VI	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	55 56	24
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th 51g	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority Yes	The day time daming the 2010 database year, and the diguillation have an incorporation of a diguillation of a diguillation of a diguillation of the database year.	Part VI Part VI 57 At any	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	55 56 s) other	authority Ye
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th 51g	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here ISRAEL, CANADA 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file 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 best of my knowledge and belief true, correct, and complete Department of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name MEREDITH MONROE Print/Type preparer's name Preparer's signature	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here ISRAEL, CANADA 8 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file 9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete Department of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer	Part VI 7 At any over a FinCEN here 58 During If "Yes, 59 Enter the Sign Here	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	other ay have foreign trus	authority Ye ye to file n country Xt? IRS discuss this preparer shown ons) X Yes PTIN P014413
Other Total ▶ 51g	56 Enter the amount of line 55 you want	Part VI Statements Regarding Certain Activities and Other Information (see instructions)	f Credit g Other c 52 Total p 53 Estima 54 Tax du	for small employer health insurance premiums (attach Form 8941)		
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		payments. Add lines 51a through 51g		24
h 51g	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			53	
h 51g	5 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	5 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid				
h 51g		6 Enter the amount of line 55 you want Credited to 2020 estimated tax ▶24,574. Refunded ▶ 56			54	
h 51g				e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	\rightarrow	24
h 51g	Enter the amount of line 55 you want Credited to 2020 estimated tax \(\bigsize 24, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Overpa	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	55	24

	YESH	A UNIVER	RSITY			13-	1624225		
Form 990-T (2019)								1	Page 3
Schedule A - Cost of Go	ods Sold. En	ter method	of inventory valuation	>					
1 Inventory at beginning of ye					ar	. 6			
2 Purchases			I		ld. Subtract line				
3 Cost of labor			6 from	line 5 Enter	here and in Part	: _			
4a Additional section 263A co			I, line 2			. 7			
(attach schedule)					section 263A (espect to	Yes	No
b Other costs (attach schedu			property	produced	or acquired fo	r resa	le) apply		
5 Total. Add lines 1 through	· ·		to the or	ganization?	<u> </u>			<u> </u>	
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Propert	y Leased V	Vith Real Prope	erty)			
(see instructions)	•		•	-					
1. Description of property									
(1)									
(2)	· ·		<u></u>						
(3)									
(4)	<u> </u>								
	2. Rent receiv	ved or accrue	ed						
(a) From personal property (if the for personal property is more than 50%)	an 10% but not	percenta	om real and personal proper age of rent for personal prope of the rent is based on profit	rty exceeds	3(a) Deductions of in columns 2		onnected with		ome
(1)					-				
(2)			· · · · · · · · · · · · · · · · · · ·						
(3)					<u> </u>				
(4)					-				
Total		Total			(b) Total deducti	ions.			
(c) Total income. Add totals of co					Enter here and o				
here and on page 1, Part I, line 6,					Part I, line 6, colu	ımn (B)	<u> </u>		
Schedule E - Unrelated De	ept-Financed ii	ncome (se	e instructions)	3	Deductions directly co	onnected	with or allocal	ble to	
1. Description of deb	at financed property		Gross income from or allocable to debt-financed		debt-finar				
1. Description of deb			property		ht line depreciation ach schedule)	((b) Other ded (attach sche		
(1)									
(2)				_					
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	 Average adjust of or allocal debt-financed (attach sche 	ble to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)		Allocable de umn 6 x total 3(a) and 3	of colun	
(1)				/6					

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

Form **990-T** (2019)

Enter here and on page 1, Part I, line 7, column (B)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

Schedule F - Interest, Ann	nuities, Ro	s, and R	tents Fr	rom Contro	olled O	rganiza	s (se	e instruct	ions)	
		Ex	empt C	ontrolled Or	ganızatı	ons				
Name of controlled organization	2. Employer identification number	51		lated income instructions)		of specified ents made	ıncluded	of column 4 to in the contr ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)			_							
(3)										
(4)										
Nonexempt Controlled Organi	zations		_							
7. Taxable Income	8. Net unrelated in (loss) (see instruction			Total of specific payments made		ınclud	rt of column ed in the co ation's gros	ntrolling		Deductions directly innected with income in column 10
(1)	- 									
(2)										
(3)										
(4)				-						
Totals	ncome of a Sec	 tion 50	 1(c)(7),			Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of	income		3. Deduction directly cortain (attach sch	nnected			t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)		_	_							
(3)										······
(4)	Enter here and o									Enter here and on page 1,
Totals	Part I, line 9, co	olumn (A)	Other Th	nan Advert	ising Ir	come (see instru	ictions)		Part I, line 9, column (B)
1 Description of exploited activity	2. Gross unrelated business income from trade or business	dire connec produc unre	penses ectly ted with ction of elated s income	4. Net incor from unrelat or business 2 minus co If a gain, c cols 5 thro	ted tradé (column lumn 3) ompute	from ac	s income tivity that inrelated s income	6. Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				+		-		 		
(2)	 		_			1		<u> </u>		
(3)	 - 		_	<u> </u>				 		
(4)	 							 		
Totals	Enter here and on page 1, Part I, line 10, col (A)		re and on , Part I, col (B)		· - -			L	_	Enter here and on page 1, Part II, line 25
Schedule J-Advertising I	ncome (see instru	ictions)								
Part I Income From Per	riodicals Reporte	ed on a	Conso	lidated Bas	sis					
1. Name of periodical	2. Gross advertising income	3. D advertisi	rrect ing costs	4. Adver gain or (los 2 minus or a gain, co cols 5 thro	ss) (col ol 3) If mpute	I	culation ome	6. Read cos	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)			_							
(3)										
(4)										
Totals (carry to Part II, line (5)) ▶										
										Form 990-T (2019)

A UNIVERSITY 13-1624225 Form 990-T (2019) Part II Income From Periodicals orted on a Separate Basis (For each p ical 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 26
Totals	, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form **990-T** (2019)

SCHEDULE D (Form 1120)

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0123

Name			, <u>-</u>		Employ	er identifica	tion nun	nber
YESI	HIVA UNIVERSITY					13-1624	225	
Did th	ne corporation dispose of any investment(s) in a	qualified opportunit	y fund during the ta	ax year?	•	Yes	X	10
	s," attach Form 8949 and see its instructions fo	•	-		ss			
Part	Short-Term Capital Gains and Losses	(See instructions.)					
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustment	-	(h) Gain or		
	the lines below This form may be easier to complete if you round off cents to	Proceeds	Cost	or loss from Fo 8949, Part I, Iir		Subtract c		•
	whole dollars	(sales price)	(or other basis)	column (g)		the result		
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							_
1 b	Totals for all transactions reported on Form(s) 8949							
~	with Box A checked		***************************************					
2	Totals for all transactions reported on Form(s) 8949					i		
	with Box B checked							
3	Totals for all transactions reported on Form(s) 8949			1				
	with Box C checked	1,998.					1	,998.
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 37	,		. 4			_
					ĺ			
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			. 5			
					_	,		,
6	Unused capital loss carryover (attach computation) .				. 6	()
_					_		1	000
	Net short-term capital gain or (loss) Combine lines 1		1 <u></u>	<u> </u>	. 7			,998.
Part	Long-Term Capital Gains and Losses See instructions for how to figure the amounts to enter on	`		(g) Adjustments	to gain	(h) Gain or	(lose)	
	the lines below	(d) Proceeds	(e) Cost	or loss from Fo	-	Subtract c		e) from
	This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	8949, Part II, II	ne 2,	the result	-	
8a	whole dollars Totals for all long-term transactions reported on Form			column (g)		the result	with colu	min (g)
	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							
0.5	with Box D checked	-2,464.					-2	2,464.
9	Totals for all transactions reported on Form(s) 8949							., 1011
•	with Box E checked							
10	Totals for all transactions reported on Form(s) 8949			-				
	with Box F checked							
						 		
11	Enter gain from Form 4797, line 7 or 9				11		855	,424.
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 37			12			
								-
13	Long-term capital gain or (loss) from like-kind exchan	ges from Form 8824			13	1		
14	Capital gain distributions (see instructions)				. 14			
	,							
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h <u></u>		. 15		852	,960.
Part	III Summary of Parts I and II					,		
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	loss (line 15)		. 16			.,998.
							852	,960.
17	Net capital gain Enter excess of net long-term capit							
18	Add lines 16 and 17 $$ Enter here and on Form 1120,	page 1, line 8, or the p	roper line on other ref	turns	. 18	<u> </u>	854	,958.
	Note: If losses exceed gains, see Capital Losses in the	Instructions						

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

JSA 9E1801 1 000

5833BO K698

Schedule D (Form 1120) 2019

Other Dispositions of Capital Assets Sales an

ww.irs.gov/Form8949 for instructions and the latest

OMB No 1545-0074

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.

Name(s) shown on return

Social security number or taxpayer identification number

13-1624225

YESHIVA UNIVERSITY

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 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

Х	(A) Short-term transactions r (B) Short-term transactions r (C) Short-term transactions r	eported on F	orm(s) 1099	-B showing basis		•	•	
1	(a) Description of property	(b) Date acquired	(c)	(d) Proceeds	Cost or other basis See the Note below	If you enter an enter a co See the sep	any, to gain or loss amount in column (g), de in column (f) arate instructions.	(h) Gain or (loss Subtract columi
	(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) combine the re with column (

				instructions	adjustment	with column (g)
) VAR	VAR	1,996.				1,996
VAR	VAR	2.				2
	-					
 -						
†						
 						
	 			<u> </u>		
al here and	include on your	1.998				1 998
	as (d), (e), (g), tal here and	VAR VAR	var var 2.	VAR VAR 2.	VAR VAR 2.	VAR VAR 2. VAR VAR 2. Sign (d), (e), (g), and (h) (subtract lab here and include on your

above is checked), or line 3 (if Box C above is checked)

1,998. 1,998.

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

Form **8949** (2019)

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 (E) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a	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
(Example 100 sh XYZ Co)	(Mo, day, yr)	(Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
NET LONG TERM CAPITAL GAIN(LOSS)	VAR	VAR	-2,467.				-2,467
SEE FORM 6781	VAR	VAR	3.				3
			_				
	·						
	L						
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above	here and inclins checked), line	ude on your e 9 (if Box E	-2,464				~2,464

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 (2019)

SCHEDULE M (Form 990-T)

United Business Taxable Income from In Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury

For calendar year 2019 or other tax year beginning $\frac{07/01}{}$, 2019, and ending $\frac{06/30}{}$, 20 $\frac{20}{}$

► 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).

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

Internal	Revenue Service
Nama	of the organization

Employer identification number

YESHIVA UNIVERSITY	13-1624225	
Unrelated Business Activity Code (see instructions) ▶ 900000		
Describe the unrelated trade or business > SPONSORSHIP INCOME	•	

	Unrelated Business Activity Code (see instructions) ► Describe the unrelated trade or business ► SPONS		OME	•	
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b		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			- -
b	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	n (attach			
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a contro	olled			-
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)	7)			<u> </u>
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule) AT	CH.6. 12	4,600.		4,600
13	Total. Combine lines 3 through 12	13	4,600.		4,600
Par	Deductions Not Taken Elsewhere (See connected with the unrelated business in		limitations on deductions) (Deductions must be	dırectly
14	Compensation of officers, directors, and trustees (So	chedule K)		14	
15	Salaries and wages			15	
16	Repairs and maintenance				
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses				
20	Depreciation (attach Form 4562)		20		
21	Less depreciation claimed on Schedule A and elsev			21h	

15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	4,600.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30_	
31	Unrelated business taxable income Subtract line 30 from line 29		4,600.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form **4562**

Department of the Treasury

Internal Revenue Service (99)

epreciation and Amortizatio

(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 2019

Attachment Sequence No 179

Business or activity to which this form relates Identifying number Name(s) shown on return 520000 13-1624225 YESHIVA UNIVERSITY **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions). 1,020,000 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,550,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 1,020,000 6 (a) Description of property (c) Elected cost (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 Tentative deduction Enter the smaller of line 5 or line 8. 9 0 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562. 10 13,607 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 n 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use only-see instructions) 19a 3-year property **b** 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. g 25-year property 27.5 yrs. MM S/L h Residential rental ΜM S/L 27.5 yrs. property 39 yrs. MM S/L i Nonresidential real MM S/L Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12 yrs. b 12-year S/L c 30-year 30 yrs. MM MM S/L 40 yrs. d 40-year Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

																	_ ^
	4562 (2019) rt V Listed	Proper	tv (Includ	de auto	omobil	es. ce	ertain	other	vehicle	 es.	certai	n aii	rcraft	and	ргоре	ertv us	Page 2 ed fo
		•	recreation,							,					F - F -	,	
			hicle for wh through (c) (ease e	expense	e, com	plete or	1ly 24a
_	Section A	—Depreci	iation and C	Other In	formati	on (Ca	ution:	See the	e instruc	tions	s for lir	nits f	or pas	senger	autom	obiles.)	
24	Do you have e	vidence to su	upport the bus	iness/inve	estment	use clair		Yes	No	24b	If "Ye	s," is	the evi	dence w	ritten?	☐ Yes	☐ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(ost or o	d) ther basis		(e) for depre ness/inve use only	stment	(f) Recover period	• 1	(g) Method Convent			(h) preciation eduction	 	(i) ected sec cost	
25	Special depi										- 1	25					
26	Property use	d more tha		qualified	d busine	ess use	3 .										
			%			<u> </u>											
			% %														
27	Property use	d 50% or l		dified by	ISINASS	IISE.											
<u></u> '-	r roperty use	0070 011	%	illied be	13111033	130.	_			- S/	'L-					<u>-</u> _	
		***************************************	%		•••••					S/	L-						
			%							l	L-						
	Add amount			-					21, pag	e 1		28					
<u>29</u>	Add amount	s in columi	n (i), line 26.					_		<u>.</u>					29		
	plete this secti ur employees,			a sole pr	oprietor	, partne	er, or oth	ner "mo		5% c	wner,"						vehicle:
30	Total business the year (don'					a) cle 1		b) icle 2	1	c) icle 3		(d) Vehicl		(e Vehi			f) cle 6
	Total commut Total other miles driven																
33	Total miles lines 30 throi		ing the yea	r Add													
34	Was the veh	cle availab	le for perso	nal	Yes	No	Yes	No	Yes	N	o Y	es	No	Yes	No	Yes	No
35	use during of Was the veh than 5% own	icle used p	rimarily by a	a more													
36	Is another veh	icle availabl	le for persona	l use?						T						_	
	wer these que e than 5% ow	stions to d		ou mee	t an exc	ception										who ar	en't
	Do you mair	itain a writ		tatemen	t that p	rohibit	s all pe		use of			ncludi	ng co	mmutin	g, by	Yes	No
38	Do you main employees?	itain a writ	ten policy s	tatemen	t that p	rohibit	s perso	nal us	e of vet	nicles	s, exce						
39	Do you treat																
40	Do you provuse of the ve	hicles, and	d retain the i	nformati	on rece	eived?					•	•			ut the		
41	Do you meet	•	ements cond 37, 38, 39,	_	•												

Part V	Amortization					"	
_	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiz period percen	or	(f) Amortization for this year
42 An	nortization of costs that beg	ins during your 201	19 tax year (see instruction	ons) [.]			
42 00	notization of costs that has	an hafara yayır 201	Otovinos			43	
	nortization of costs that beg otal. Add amounts in columi	•	•	 rt <u></u> .	· ·	43	· -

Form **4562** (2019)

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 CENTERBRIDGE SPECIAL CREDIT PARTNERS III AIV II LP COLUMBIA CAPITAL EQUITY PARTNERS III DEERFIELD PH HOLDINGS IV LP DEERFIELD PRIVATE DESIGN FUND III LP DEERFIELD PRIVATE DESIGN FUND IV LP DEERFIELD RE HOLDINGS IV LP HIGHFIELDS CAPITAL IV LP HMI CAPITAL PARTNERS MRIO COINVEST PARTNERS I LLC REALTY FINANCIAL PARTNERS VI LP STONELAKE OPPORTUNITY PARTNERS IV STONELAKE OPPORTUNITY PARTNERS V TENASKA POWER FUND LP	212,2871,67616,892. 51,1678,4561,078516,16310,880100,805. 4,2674518,11678,3961,296,625119,1958,085. 52.
INCOME (LOSS) FROM PARTNERSHIPS	-1,399,050.

FORM	990T -	PART	II -	LINE	18 -	INTEREST

BAUPOST VALUE PARTNERS LP-I HMI CAPITAL PARTNERS LP STONELAKE OPPORTUNITY PARTNERS V 5,231. 256. 1,367.

PART II - LINE 18 - INTEREST

6,854.

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

ARIZONA	50
DISTRICT OF COLUMBIA	250
HAWAII	26
IDAHO	30
MINNESOTA	4
MONTANA	50
NEW MEXICO	50
NEW YORK	250
OREGON	150
VERMONT	300
<u> </u>	
PART II - LINE 19 - TAXES AND LICENSES	1,159

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

OTHER DEDUCTIONS REPORTED ON PARTNERSHIP K-1S	
BAUPOST VALUE PARTNERS LP-I	66 , 822.
HMI CAPITAL PARTNERS LP	252.
STONELAKE OPPORTUNITY PARTNERS IV	6,204.
STONELAKE OPPORTUNITY PARTNERS V	16,137.
TENASKA POWER FUND LP	3,582.
TAX PREPARATION FEES	50,520.

PART II - LINE 27 - OTHER DEDUCTIONS

143,517.

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

IAX YEAR ENDING	AMOUNT AVAILABLE	AMOUNT UTILIZED	AMOUNT CONVERTED TO NOL	CARRYFORWARD
06/30/2015	97,402	0	0	0
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	16,173	0	0	16,173
06/30/2020	13,485	0	460	13,025
TOTAL:	159,083	0	460	61,221

Dada 22 of 185

13-1624225 ATTACHMENT 5

2018	
1,	
S BEGINNING BEFORE JANUARY	
BEF(
BEGINNING	
YEARS	
TAX	
Z	
LOSSES	
OPERATING LOSSES IN TAX YEARS	
NET	
5 –	
INE 3	
- I	
III	
PART	
990-T:	
FORM	

LOSS YEAR ENDING	ORIGINAL LOSS	CONVERTED_ CONTRIBUTIONS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
06/30/2000				
06/30/2001 06/30/2002				
06/30/2003				
06/30/2004				
06/30/2005				
06/30/2006				
06/30/2007				
06/30/2008				
06/30/2009				
06/30/2010	2,693,408	460	2,681,643	4,600
06/30/2011	703,721		703,721	
06/30/2012	σ		3,351,980	
06/30/2013	1,422,855		1,422,855	
06/30/2014	2,279,969		2,279,969	
06/30/2015	2,074,395		2,074,395	
06/30/2016	2,064,958		2,064,958	
06/30/2017	1,012,479		1,012,479	
06/30/2018	2,274,553		2,274,553	
06/30/2019			0	
TOTAL:	17,878,318		17,866,553	4,600
NET OPERATING LOSS AVAILABLE TAXABLE INCOME (SUM OF LINE 3	AVAILABLE FROM PRIOR YEARS OF LINE 33 & 34 ON PAGE 2	R YEARS PAGE 2, 990T))		17,866,553 4,600
		NET OPERATING LOSS DEDUCTION	OSS DEDUCTION	4,600

ATTACHMENT 4A

YESHIVA UNIVERSITY

UNRELATED BUSINESS ACTIVITY CODE: 520000

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

LOSS YEAR ENDING 06/30/2019	ORIGINAL LOSS 1,283,225	CONTRIBUTIONS	LOSS AVAILABLE IN CURRENT YEAR 1,283,225	LOSS CLAIMED IN CURRENT YEAR
06/30/2020 TOTAL:	695,622		695,622	0

0

NET OPERATING LOSS DEDUCTION

SCHEDULE M - OTHER INCOME

SPONSORSHIP INCOME - ATHLETICS

4,600.

TOTAL 4,600.