

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

C Name of organization: SIMON WIESENTHAL CENTER, INC. Number and street (or P O box if mail is not delivered to street address) Room/suite: 1399 S. ROXBURY DRIVE City or town, state or country, and ZIP + 4: LOS ANGELES, CA 90035

D Employer identification number: 95-3964928 E Telephone number: (310) 553-9036 F Accounting method: Cash [X] Accrual [] Other (specify) []

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes [] No []

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

G Website: WWW.WIESENTHAL.COM

J Organization type (check only one) [X] 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 chooses to file a return, be sure to file a complete return Some states require a complete return.

I Group Exemption Number

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 53,701,420.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning/end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>37,500.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	STMT 23 37,500.	37,500.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	410,297.	131,295.	147,707.	131,295.
26	Other salaries and wages	6,220,515.	4,544,783.	1,078,848.	596,884.
27	Pension plan contributions				
28	Other employee benefits	1,653,700.	1,254,506.	305,700.	93,494.
29	Payroll taxes	408,289.	288,129.	92,949.	27,211.
30	Professional fundraising fees	384,111.			384,111.
31	Accounting fees	70,400.		70,400.	
32	Legal fees				
33	Supplies	31,628.		31,628.	
34	Telephone				
35	Postage and shipping				
36	Occupancy	3,208,887.	2,882,657.	127,142.	199,088.
37	Equipment rental and maintenance	44,927.		44,927.	
38	Printing and publications	232,345.	232,345.		
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	4,685,544.	4,232,897.	203,823.	248,824.
43	Other expenses not covered above (itemize)				
a	STMT 4	9,971,929.	7,356,281.	719,542.	1,896,106.
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	27,360,072.	20,960,393.	2,822,666.	3,577,013.

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 \$ 2,913,487. (ii) the amount allocated to Program services \$ 1,525,584.

(iii) the amount allocated to Management and general \$ NONE, and (iv) the amount allocated to Fundraising \$ 1,387,903.

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

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

What is the organization's primary exempt purpose? SEE STATEMENT 5 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
<p>a SIMON WIESENTHAL CENTER CONFRONTS ANTI-SEMITISM AND HATE, PROMOTES HUMAN DIGNITY, DEFENDS DEMOCRACY AND FREEDOM, AND TEACHES THE LESSONS OF THE HOLOCAUST FOR FUTURE GENERATIONS THROUGH COMMUNITY INVOLVEMENT, EDUCATIONAL OUTREACH, AND SOCIAL ACTION.</p> <p>(Grants and allocations \$ 37,500.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	7,513,651.
<p>b THE CENTER OPERATES A MUSEUM OF TOLERANCE OPEN TO THE PUBLIC THAT PROMOTES TOLERANCE AND EDUCATES THE PUBLIC ABOUT THE LEGACY OF THE HOLOCAUST AND THE DANGERS OF HATE AND PREJUDICE.</p> <p>(Grants and allocations \$ NONE) If this amount includes foreign grants, check here <input type="checkbox"/></p>	7,478,974.
<p>c THE MUSEUM ALSO CONDUCTS DIVERSITY TRAINING COURSES FOR POLICE OFFICERS, EDUCATORS, AND OTHER PROFESSIONALS.</p> <p>(Grants and allocations \$ NONE) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,491,381.
<p>d THE CENTER'S NEW YORK TOLERANCE TRAINING CENTER IS A MULTI-MEDIA TRAINING FACILITY THAT TARGETS EDUCATORS, LAW ENFORCEMENT OFFICIALS AND STATE/LOCAL GOVERNMENT PRACTITIONERS.</p> <p>(Grants and allocations \$ NONE) If this amount includes foreign grants, check here <input type="checkbox"/></p>	2,987,890.
<p>e Other program services (attach schedule) SEE STATEMENT 6 (Grants and allocations \$ NONE) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,488,497.
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	20,960,393.

Part IV Balance Sheets (See the instructions)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	258,652.	45 109,076.
	46 Savings and temporary cash investments	3,733,522.	46 4,871,335.
	47a Accounts receivable	47a	47c
	b Less allowance for doubtful accounts	47b	
	48a Pledges receivable	48a 5,644,594.	48c
	b Less: allowance for doubtful accounts	48b 144,855.	
	49 Grants receivable	1,619,461.	49 1,381,143.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes and loans receivable (attach schedule)	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	439,487.	53 512,656.
	54 Investments - securities (attach schedule) STMT 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	14,359,681.	54 17,295,760.
	55a Investments - land, buildings, and equipment basis	55a	55c
	b Less: accumulated depreciation (attach schedule)	55b	
56 Investments - other (attach schedule)		56	
57a Land, buildings, and equipment: basis	57a 86,757,025.	57c	
b Less: accumulated depreciation (attach schedule) STMT 18	57b 52,963,171.		
58 Other assets (describe <input type="checkbox"/> STMT 8)	1,520,540.	58 1,870,593.	
59 Total assets (must equal line 74) Add lines 45 through 58	63,491,170.	59 65,334,156.	
Liabilities	60 Accounts payable and accrued expenses	2,158,079.	60 2,268,798.
	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
66 Total liabilities. Add lines 60 through 65	2,158,079.	66 2,268,798.	
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	27,898,359.	67 29,164,967.
	68 Temporarily restricted	32,126,178.	68 32,591,837.
	69 Permanently restricted	1,308,554.	69 1,308,554.
	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)	61,333,091.	73 63,065,358.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	63,491,170.	74 65,334,156.

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

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings STMT 19 46
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT . 12
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization
d Does the organization have a written conflict of interest policy?

Table with 2 columns: Yes, No. Rows 75b, 75c, 75d with X marks in specific cells.

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains values -0-.

Part VI Other Information (See the instructions.)

- 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.
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.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.
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?
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions). 81a NONE
b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b with X marks in specific cells.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
82 b			N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b			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
85 a			N/A
c	Dues, assessments, and similar amounts from members	85 c	N/A
d	Section 162(e) lobbying and political expenditures	85 d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	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?	85 h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87 a	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)	87 b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A; section 4955 ▶ N/A		
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	89 b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed ▶ STMT 20		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90 b	122
91 a	The books are in care of ▶ MS. SUSAN BURDEN Telephone no ▶ 310-553-9036		
	Located at ▶ 1399 S. ROXBURY DRIVE, LOS ANGELES, CA ZIP + 4 ▶ 90035		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ CANADA, FRANCE, ISRAEL See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91 b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ CANADA, FRANCE, ISRAEL	91 c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a EDUCATIONAL REVENUE					2,131,507.
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			14	453,554.	
96 Dividends and interest from securities			14	201,058.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
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	348,211.	
101 Net income or (loss) from special events					4,559,304.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue, a					
b MISCELLANEOUS			15	2,657.	
c INC. FROM REL PTY					300,000.
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,005,480.	6,990,811.
105 Total (add line 104, columns (B), (D), and (E))					7,996,291.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	STMT 13

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

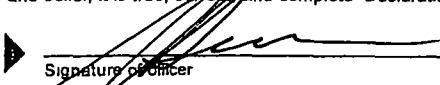
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

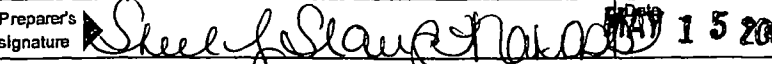
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 5/5/07

SUSAN BURDEN CHIEF FINANCIAL OFFICER/ CHIEF ADMINISTRATION OFFICER

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature:  15 2007

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. W):

Firm's name (or yours if self-employed), address, and ZIP + 4: BDO SEIDMAN, LLP, 1900 AVENUE OF THE STARS, 11TH FL, LOS ANGELES, CA 90067

EIN: Phone no.: 310-557-0300

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Name of the organization
SIMON WIESENTHAL CENTER, INC.

Employer identification number
95-3964928

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14				

Total number of other employees paid over \$50,000 . . . ▶ **NONE**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 15		

Total number of others receiving over \$50,000 for professional services . . . ▶ **4**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 16		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ **7**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Do you make grants for scholarships, fellowships, student loans, etc? 3b. Do you have a section 403(b) annuity plan for your employees? 3c. During the year, did the organization receive a contribution of qualified real property interest... 4a. Did you maintain any separate account for participating donors... 4b. 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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization [] Type 1 [] Type 2 [] Type 3

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Rows are empty for data entry.

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

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

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

Part V Private School Questionnaire (See page 7 of the instructions.) NOT APPLICABLE
 (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?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
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)	31	

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

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

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

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		288,021.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			288,021.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities STMT 21

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

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

Table with 3 columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1: 51B (III), 679,452., SWC ROXBURY CORP., RENT PAID TO TITLE-HOLDING CO.

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

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: SWC ROXBURY CORP., 501 (C) (2), CONTROL BY BOARD OF DIRECTORS.

SIMON WIESENTHAL CENTER, INC.
YEAR ENDED JUNE 30, 2006

FEIN# 95-3964928

FORM 990, PART I - CONTRIBUTIONS, GIFTS, AND GRANTS

	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL SUPPORT
PROSPECTING AND RENEWALS	9,369,944	-	-	9,369,944
GENERAL DONATIONS, GRANTS, AND PLEDGES	5,806,992	5,422,551	-	11,229,543
DONATIONS -	386,733	-	-	386,733
DONATIONS -	83,175	-	-	83,175
DONATIONS -	70,000	-	-	70,000
DONATIONS -	130,953	-	-	130,953
TOTAL	15,847,797	5,422,551	-	21,270,348

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BANQUET - LOS ANGELES	1,461,187.	217,000.	1,244,187.
BANQUET - NEW YORK	1,502,043.	418,437.	1,083,606.
BANQUET - FLORIDA	774,183.	164,996.	609,187.
BANQUET - CANADA	1,165,264.	445,345.	719,919.
PREMIERS - CANADA	220,925.	64,674.	156,251.
PREMIERS - LOS ANGELES	323,969.	116,320.	207,649.
PREMIERS - FLORIDA	316,965.	150,580.	166,385.
SPECIAL EVENTS - MOT	570,686.	198,566.	372,120.
TOTALS	6,335,222.	1,775,918.	4,559,304.

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

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

-174,300.

TOTAL

-174,300.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BAD DEBT EXPENSE	220,334.			220,334.
MUSEUM	1,501,412.	1,501,412.		
OUTREACH/PUBLIC INFO	2,186,961.	2,186,961.		
PROSPECTING & RENEWALS	2,466,495.	1,302,088.		1,164,407.
DEVELOPMENT EXPENSES	390,685.			390,685.
SECURITY	1,016,045.	767,382.	248,663.	
GENERAL INSURANCE	487,945.	414,494.	73,451.	
OUTSIDE SERVICES	50,182.		50,182.	
OFFICE	65,348.		65,348.	
BANK CHARGES	211,618.		211,618.	
PRINTING AND POSTAGE	214,597.		29,784.	36,067.
PLANT SERVICE/REPAIRS & MAINT.	416,994.	148,746.		
MEDIA EXPENSES	215,821.	376,498.		
LIBRARY	42,545.	131,208.		
HOLOCAUST STUDIES	20,992.	42,545.		
BOOKSTORE	385,781.	20,992.		
MULTI-MEDIA LEARNING CENTER	35,137.	385,781.		
TICKET EXPENSE	43,037.	35,137.		
TOTALS	9,971,929.	7,356,281.	719,542.	1,896,106.

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

SIMON WIESENTHAL CENTER CONFRONTS HATE AND BIGOTRY AROUND THE WORLD. THE CENTER OPERATES A MUSEUM OF TOLERANCE OPEN TO THE PUBLIC THAT PROMOTES TOLERANCE AND EDUCATES THE PUBLIC ABOUT THE LEGACY OF THE HOLOCAUST AND THE DANGERS OF HATE AND PREJUDICE. IN ADDITION, THE MUSEUM CONDUCTS DIVERSITY TRAINING COURSES FOR POLICE OFFICERS, EDUCATORS, AND OTHER PROFESSIONALS. THE CENTER ALSO OPERATES A SIMILAR FACILITY IN NEW YORK CITY TO CONDUCT DIVERSITY TRAINING COURSES.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)
=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
THE CENTER'S MORIAH FILMS DIVISION PRODUCES DOCUMENTARIES ON PIVOTAL ISSUES OF THE CENTER'S AGENDA.	NONE	1,488,497.
TOTALS	NONE	1,488,497.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
EQUITY SECURITIES	15,730,028.	FMV
ISRAEL BONDS	1,565,732.	FMV
TOTALS	17,295,760.	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
INVENTORY	285,502.
CASH SURRENDER ON LIFE INSUR.	1,228,597.
OTHER ASSETS	356,494.

TOTALS	1,870,593.
	=====

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

DESCRIPTION -----	AMOUNT -----
RECLASSIFICATION OF SPECIAL EVENTS EXPENSES FROM FUNDRAISING EXPENSES.	1,775,918.
TOTAL	----- 1,775,918. =====

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

=====

DESCRIPTION

AMOUNT

RECLASSIFICATION OF SPECIAL
EVENTS EXPENSES FROM
FUNDRAISING EXPENSES.

1,775,918.

TOTAL

1,775,918.
=====

SIMON WIESENTHAL CENTER, INC.

95-3964928

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RABBI MARVIN HIER 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	PRES/CEO/FNDR/DEAN 19	249,215.	49,816.	NONE
SUSAN BURDEN 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	CFO/CAO 21	161,082.	36,640.	NONE
OTHER OFFICERS & DIRECTORS SEE ATTACHED STATEMENT 19		NONE	NONE	NONE
AS NEEDED				
GRAND TOTALS		410,297.	86,456.	NONE

SIMON WIESENTHAL CENTER, INC.
YEAR ENDED JUNE 30, 2006

FEIN# 95-3964928

FORM 990, PART V-A RELATIONSHIP SCHEDULE

NAME/TITLE	COMPENSATION	BENEFITS	RELATIONSHIP
1 MARLENE HIER MEMBERSHIP DIRECTOR	203,291	59,403	RELATED TO MARVIN HIER

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
-------------	--

93A	EDUCATIONAL REVENUE STEMS FROM VISITORS TO THE MUSEUM, CLASSES OPEN TO THE PUBLIC AND SPECIAL VIDEO PROJECTS WHICH DISCUSS AND DISPLAY THE NATURE AND EFFECTS OF BIGOTRY, HATRED, AND HOLOCAUST ISSUES.
101	SPECIAL EVENTS DRAW ATTENTION TO THE ACTIVITIES OF THE CENTER AND RAISE FUNDS TO SUPPORT THE CENTER'S MISSION AND PROGRAMS.
103C	INCOME FROM RELATED TITLE HOLDING COMPANY.

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
RABBI ABRAHAM COOPER 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	ASSOCIATE DEAN 27	236,008.	41,333.	NONE
BOB NOVAK 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	NAT'L DIR. - DVLPMNT 40	223,064.	24,500.	NONE
MEYER MAY 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	EXECUTIVE DIRECTOR 28	202,296.	41,122.	NONE
MARLENE HIER 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	MEMBERSHIP DIRECTOR 28	203,291.	41,582.	NONE
LIEBE GEFT 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	DIRECTOR OF MUSEUM 32 OF TOLERANCE	185,464.	28,000.	NONE
TOTAL COMPENSATION		1,050,123.	176,537.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
WHITNEY ASSOCIATES 231 SCALEHOUSE LOOP, STE 205 BEND, OR 97702	FUNDRAISING/CONSLTG	384,111.
STRATEGIC BUSINESS ETHICS 11755 WILSHIRE BLVD #2220 LOS ANGELES, CA 90025	BUS.& ETHICS CONSLTG	175,489.
BDO SEIDMAN, LLP 1900 AVE. OF THE STARS LOS ANGELES, CA 90067	ACCTG/TAX CONSLTG	107,793.
GOVERNMENTAL ADVOCATES 1127 11TH STREET, STE 400 SACRAMENTO, CA 95814	LOBBYING/CONSULTING	73,841.
BROWNSTEIN HYATT FARBER 410 17TH STREET DENVER, CO 80202	GOVT REL COUNSEL	142,180.
TOTAL COMPENSATION		----- 883,414. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
GUARDSMARK 22 SOUTH 2ND STREET MEMPHIS, TN 38103	SECURITY	1,085,080.
BOB'S CLEANING SERVICE 5555 INGLEWOOD BLVD #201 CULVER CITY, CA 90230	JANITORIAL	236,625.
SUE SIMONE 18550 HATTERAS STREET #63 TARZANA, CA 91356	MARKETING CONSULTING	80,033.
MICHELE ALKIN 944 6TH STREET #1 SANTA MONICA, CA 90403	CONSULTING	114,025.
EFRAIM ZUROFF MA' ALE OREN 6 GIVAT RIMON EFRAT, ISRAEL, 90692	CONSULTING	100,909.
TOTAL COMPENSATION		----- 1,616,672. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

THE ORGANIZATION UTILIZED THE SERVICES OF GUARDSMARK, INC., A SECURITY SERVICES COMPANY THAT IS OWNED BY A MEMBER OF THE BOARD OF DIRECTORS.

FEEES PAID TO THIS COMPANY AMOUNTED TO \$1,085,080.

THE ORGANIZATION UTILIZED THE SERVICES OF BROWNSTEIN, HYATT & FARBER P.C. FOR GOVERNMENT RELATIONS COUNSEL, A PARTNER OF WHICH IS A MEMBER OF THE BOARD OF DIRECTORS. FEES PAID TO BROWNSTEIN, HYATT & FARBER P.C. AMOUNTED TO \$142,180.

THE ORGANIZATION UTILIZED THE SERVICES OF MS. ANNETTE BLUM FOR INTERNATIONAL EDUCATIONAL PROJECTS. SHE IS RELATED TO A MEMBER OF THE BOARD OF DIRECTORS. FEES PAID TO MS. BLUM AMOUNTED TO \$36,000.

OFFICERS WERE PAID COMPENSATION AND BENEFITS AS SCHEDULED ON PART V.

SIMON WIESENTHAL CENTER, INC.
YEAR ENDED JUNE 30, 2006

FEIN# 95-3964928

FORM 990, PART IV - BALANCE SHEETS

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENTS

<u>DESCRIPTION</u>	<u>COST OR OTHER BASIS</u>	<u>CURRENT YEAR DEPRECIATION</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
LAND	1,500,000	-	-	1,500,000
CONSTRUCTION BUILDING	30,975,725	1,032,526	13,887,588	17,088,137
MUSEUM SCROLLS AND EXHIBITS	27,339,352	1,502,696	21,536,739	5,802,613
FILMS	9,602,541	945,902	8,396,839	1,205,702
FURNITURE AND EQUIPMENT	4,522,119	368,806	3,265,904	1,256,215
COMPUTERS	1,720,109	52,751	1,555,326	164,783
LEASEHOLD IMPROVEMENTS	9,528,437	656,104	3,054,274	6,474,163
INTERACTIVE COMPUTERS	524,818	10,270	524,605	213
INTERACTIVE CD	260,000	43,333	260,000	-
LIBRARY BOOKS	43,153	-	43,153	-
AUTOMOBILES	41,090	8,216	36,981	4,109
BUILDING IMPROVEMENTS	699,681	64,940	401,762	297,919
	<u>86,757,025</u>	<u>4,685,544</u>	<u>52,963,171</u>	<u>33,793,854</u>

DEPRECIATION EXPENSE TO FORM 990,
PART II, LINE 42

4,685,544

Simon Wiesenthal Center, Inc.
EIN: 95-3964928
Additional Officers and Board of Trustees
June 30, 2006

None of the officers or board members listed here received compensation, contributions to employee benefit plans, deferred compensation, or had expense accounts or other allowances.

Mr. Larry A. Mizel (Chairman)
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Richard Blum
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Ed Snider (Co-Chairperson)
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Norman Brownstein
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Nelson Peltz (Co-Chairperson)
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Alan Casden
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Arlen Gunner (Secretary)
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Paul Chanin
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Seymour Abrams
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Gordon Diamond
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Merv Adelson
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mrs. Leslie Diamond
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Allen Adler
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Jonathan Dolgen
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Bill Belzberg
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. George Feldkenkreis
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mrs. Frances Belzberg
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Michael Fuchs
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Sam Belzberg
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mrs. Barbara Greenspun
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Michael Berman
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Brian Greenspun
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Lawrence Bloomberg
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Judah Hertz
1399 S. Roxbury Drive
Los Angeles, CA 90035

Simon Wiesenthal Center, Inc.
EIN: 95-3964928
Additional Officers and Board of Trustees
June 30, 2006

None of the officers or board members listed here received compensation, contributions to employee benefit plans, deferred compensation, or had expense accounts or other allowances.

Mr. Stu Isen
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Jeffrey Katzenberg
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Stephen Levin
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Ira Lipman
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Peter May
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Ron Meyer
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Jack Nagel
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Ethan Penner
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Brian Roberts
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Martin Rosen
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Rowland Schaefer
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Sylvan Scheffler
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Gerald Schwartz
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. David Shapell
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Sidney Sheinberg
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Don Soffer
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Jaime Sohacheski
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Sol Teichman
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Marc Utay
1399 S. Roxbury Drive
Los Angeles, CA 90035

Ms. Helene Westreich
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mr. Gary Winnick
1399 S. Roxbury Drive
Los Angeles, CA 90035

Mrs. Rosalie Zalis
1399 S. Roxbury Drive
Los Angeles, CA 90035

SIMON WIESENTHAL CENTER, INC.
YEAR ENDED JUNE 30, 2006

FEIN# 95-3964928

FORM 990, PART VI - OTHER INFORMATION

LINE 90A - STATES WITH WHICH A COPY OF THE FORM 990 IS FILED

ARKANSAS
CONNECTICUT
FLORIDA
GEORGIA
ILLINOIS
MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSISSIPPI
NEW HAMPSHIRE
NEW JERSEY
NEW YORK
OHIO
OKLAHOMA
OREGON
PENNSYLVANIA
SOUTH CAROLINA
TENNESSEE
UTAH
WASHINGTON
WEST VIRGINIA
WISCONSIN

**SIMON WIESENTHAL CENTER, INC.
YEAR ENDED JUNE 20, 2006**

FORM 990, SCHEDULE A, PART VI-B - LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES

=====

Lobbying Activity	Amount
Federal Lobbying activities were conducted in an effort to obtain federal funding to host four day institutes for judges, attorneys, probation officers and police officers from the same jurisdiction. These institutes teach participants to address hate crimes collaboratively and more effectively.	142,180
State of California Lobbying activities were conducted in an effort to obtain funding from the state of California to train law enforcement on tolerance and diversity.	73,841
State of New York and City of New York Lobbying activities were conducted in an effort to obtain funding from the State of New York to train New York law enforcement personnel and educators and for films at the New York Tolerance Center.	72,000
	<hr/>
TO SCHEDULE A, PART VI-B, LINE G	288,021

SIMON WIESENTHAL CENTER, INC.
YEAR ENDED JUNE 30, 2006

FEIN# 95-3964928

FORM 990, PART II, LINE 22 - GRANTS AND ALLOCATIONS

ACTIVITY CLASSIFICATION: EDUCATIONAL

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIMON WIESENTHAL'S JEWISH DOC. CTR.	VIENNA, AUSTRIA	NONE	37,500
	TOTAL FOR THIS ACTIVITY		37,500
			<hr/>
TOTAL INCLUDED ON FORM 990, PART II, LINE 22			<u>37,500</u>

Capital Gains and Losses

2005

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

Employer identification number

SIMON WIESENTHAL CENTER, INC.

95-3964928

Note: Form 5227 filers need to complete only Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
1					
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2004 Capital Loss Carryover Worksheet				4 ()
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below				5

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6					
SEE STATEMENT 1			23,007,074.	22,658,863.	348,211.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8
9	Capital gain distributions				9
10	Gain from Form 4797, Part I				10
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2004 Capital Loss Carryover Worksheet				11 ()
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below				12 348,211.

Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		
14 Net long-term gain or (loss):			
a Total for year	14a		348,211.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 35).	14b		
c 28% rate gain or (loss)	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		348,211.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2005

Part IV Capital Loss Limitation

<p>16 Enter here and enter as a (loss) on Form 1041, line 4, the smaller of</p> <p style="margin-left: 20px;">a The loss on line 15, column (3) or</p> <p style="margin-left: 20px;">b \$3,000</p>	<p>16 ()</p>
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*If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 37 of the instructions to determine your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero)

Note: If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.

<p>17 Enter taxable income from Form 1041, line 22</p>	17	
<p>18 Enter the smaller of line 14a or 15 in column (2) but not less than zero</p>	18	
<p>19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)</p>	19	
<p>20 Add lines 18 and 19</p>	20	
<p>21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-</p>	21	
<p>22 Subtract line 21 from line 20. If zero or less, enter -0-</p>	22	
<p>23 Subtract line 22 from line 17. If zero or less, enter -0-</p>	23	
<p>24 Enter the smaller of the amount on line 17 or \$2,000</p>	24	
<p>25 Is the amount on line 23 equal to or more than the amount on line 24?</p> <p><input type="checkbox"/> Yes. Skip lines 25 through 27, go to line 28 and check the "No" box.</p> <p><input type="checkbox"/> No. Enter the amount from line 23</p>	25	
<p>26 Subtract line 25 from line 24</p>	26	
<p>27 Multiply line 26 by 5% (.05)</p>	27	
<p>28 Are the amounts on lines 22 and 26 the same?</p> <p><input type="checkbox"/> Yes. Skip lines 28 through 31, go to line 32</p> <p><input type="checkbox"/> No. Enter the smaller of line 17 or line 22</p>	28	
<p>29 Enter the amount from line 26 (If line 26 is blank, enter -0-)</p>	29	
<p>30 Subtract line 29 from line 28</p>	30	
<p>31 Multiply line 30 by 15% (.15)</p>	31	
<p>32 Figure the tax on the amount on line 23. Use the 2005 Tax Rate Schedule on page 23 of the instructions</p>	32	NONE
<p>33 Add lines 27, 31, and 32</p>	33	NONE
<p>34 Figure the tax on the amount on line 17. Use the 2005 Tax Rate Schedule on page 23 of the instructions</p>	34	
<p>35 Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041</p>	35	

• 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.

Name of Exempt Organization: SIMON WIESENTHAL CENTER, INC.
Employer identification number: 95-3964928
Number, street, and room or suite no: 1399 S. ROXBURY DRIVE
City, town or post office, state, and ZIP code: LOS ANGELES, CA 90035

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

Form 990 (checked), 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 MS. SUSAN BURDEN
Telephone No. 310 553-9036 FAX No.
If the organization does not have an office or place of business in the United States, check this box.
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15/2007
5 For calendar year, or other tax year beginning 07/01/2005 and ending 06/30/2006
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
7 State in detail why you need the extension

TAXPAYER REQUESTS ADDITIONAL TIME TO GATHER INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification

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

Signature: [Handwritten Signature] Title: CPA Date: 12-6-07

Notice to Applicant - To Be Completed by the IRS

We have approved this application Please attach this form to the organization's return.
We have not approved this application. 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

By: Director 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.

Name: BDO SEIDMAN, LLP
Number and street (include suite, room, or apt. no.) or a P.O. box number: 1900 AVENUE OF THE STARS, 11TH FL
City or town, province or state, and country (including postal or ZIP code): LOS ANGELES, CA 90067