

Form 990

THIS RETURN CONTAINS INFORMATION NOT OPEN TO PUBLIC INSPECTION

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

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 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

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 ☒ 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

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

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

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

G Website: ▶ WWW.WIESENTHAL.COM

J Organization type (check only one) ☒ 501(c)(3) (Insert no) 4947(a)(1) or 527K Check here ☐ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 27,034,566.

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

1 Contributions, gifts, grants, and similar amounts received: STMT 1

a Direct public support

1a 14,931,118.

b Indirect public support

1b

c Government contributions (grants)

1c 3,585,650.

d Total (add lines 1a through 1c) (cash \$ 17,867,155. noncash \$ 649,613.)

1d 18,516,768.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 2,194,558.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 164,301.

5 Dividends and interest from securities

5 161,740.

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

1,828,256.

8a

b Less: cost or other basis and sales expenses

1,823,412.

8b

c Gain or (loss) (attach schedule)

4,844.

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

4,844.

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1a)

STMT 2.

9a 3,870,016.

b Less: direct expenses other than fundraising expenses

9b

929,531.

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

2,940,485.

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit (or loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11 298,927.

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 24,281,623.

13 Program services (from line 44, column (B))

13 21,114,996.

14 Management and general (from line 44, column (C))

14 2,872,805.

15 Fundraising (from line 44, column (D))

15 3,357,203.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 27,345,004.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -3,063,381.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 64,093,660.

20 Other changes in net assets or fund balances (attach explanation)

STMT 3.

20 302,812.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 61,333,091.

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

Form 990 (2004)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>90,000</u> , noncash \$ _____)	22 90,000.	90,000.		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 408,702.	130,785.	147,132.	130,785.
26 Other salaries and wages	26 6,453,662.	4,844,863.	991,232.	617,567.
27 Pension plan contributions	27			
28 Other employee benefits	28 1,591,847.	1,098,185.	384,242.	109,420.
29 Payroll taxes	29 403,251.	271,707.	97,366.	34,178.
30 Professional fundraising fees	30 361,587.			361,587.
31 Accounting fees	31 64,000.		64,000.	
32 Legal fees	32			
33 Supplies	33 29,032.		29,032.	
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 102,725.		102,725.	
37 Equipment rental and maintenance	37 43,218.		43,218.	
38 Printing and publications	38 277,438.	277,438.		
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 5,236,010.	4,870,215.	191,607.	174,188.
43 Other expenses not covered above (itemize) <u>STMT 4</u>	43a 12,283,532.	9,531,803.	822,251.	1,929,478.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 27,345,004.	21,114,996.	2,872,805.	3,357,203.

Joint Costs. Check ☒ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 2,895,423. (ii) the amount allocated to Program services \$ 1,553,723.(iii) the amount allocated to Management and general \$ NONE, and (iv) the amount allocated to Fundraising \$ 1,341,700.**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)What is the organization's primary exempt purpose? STMT 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.)

a <u>STMT 6</u>	(Grants and allocations \$ <u>90,000.</u>)	8,316,423.
b	(Grants and allocations \$ <u>NONE</u>)	7,857,667.
c	(Grants and allocations \$ <u>NONE</u>)	2,356,837.
d	(Grants and allocations \$ <u>NONE</u>)	807,504.
e Other program services (attach schedule) <u>STMT 7</u>	(Grants and allocations \$ <u>NONE</u>)	1,776,565.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		21,114,996.

Part IV Balance Sheets (See page 25 of 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	107,715.	45	258,652.
	46 Savings and temporary cash investments	3,137,519.	46	3,733,522.
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48a Pledges receivable	5,060,335.		
	b Less allowance for doubtful accounts	104,735.	48c	4,955,600.
	49 Grants receivable	1,919,210.	49	1,619,461.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	445,501.	53	439,487.
	54 Investments - securities (attach schedule) STMT 8. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	12,488,344.	54	14,359,681.
	55a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	84,881,852.			
b Less accumulated depreciation (attach schedule) SEE STATEMENT 15	48,277,625.	57c	36,604,227.	
58 Other assets (describe STMT 9)	1,541,643.	58	1,520,540.	
59 Total assets (add lines 45 through 58) (must equal line 74)	65,924,632.	59	63,491,170.	
Liabilities	60 Accounts payable and accrued expenses	1,830,972.	60	2,158,079.
	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)		65	
66 Total liabilities (add lines 60 through 65)	1,830,972.	66	2,158,079.	
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	29,511,435.	67	27,898,359.
	68 Temporarily restricted	33,273,671.	68	32,126,178.
	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)	64,093,660.	73	61,333,091.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	65,924,632.	74	63,491,170.

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

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Part I		Part II		Part III			
a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	25,513,966.	a	Total expenses and losses per audited financial statements . . . ▶	a	28,274,535.
b	Amounts included on line a but not on line 12, Form 990	b		b	Amounts included on line a but not on line 17, Form 990	b	
(1)	Net unrealized gains on investments . . \$ 302,812.	(1)		(1)	Donated services and use of facilities \$	(1)	
(2)	Donated services and use of facilities \$	(2)		(2)	Prior year adjustments reported on line 20, Form 990 . . . \$	(2)	
(3)	Recoveries of prior year grants . . . \$	(3)		(3)	Losses reported on line 20, Form 990 \$	(3)	
(4)	Other (specify)	(4)		(4)	Other (specify)	(4)	
	STMT 10 \$ 929,531.				STMT 11 \$ 929,531.		
	Add amounts on lines (1) through (4) ▶	b	1,232,343.		Add amounts on lines (1) through (4) . . ▶	b	929,531.
c	Line a minus line b ▶	c	24,281,623.	c	Line a minus line b ▶	c	27,345,004.
d	Amounts included on line 12, Form 990 but not on line a:	d		d	Amounts included on line 17, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 . . . \$	(1)		(1)	Investment expenses not included on line 6b, Form 990 . . . \$	(1)	
(2)	Other (specify)	(2)		(2)	Other (specify)	(2)	
	\$				\$		
	Add amounts on lines (1) and (2) . . ▶	d			Add amounts on lines (1) and (2) . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	24,281,623.	e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	27,345,004.

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

[illegible]

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

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. See line 81 instructions.	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> NONE ; section 4912 <input type="checkbox"/> NONE ; section 4955 <input type="checkbox"/> NONE		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> NONE		
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> NONE		
90 a List the states with which a copy of this return is filed <input type="checkbox"/> SEE STATEMENT 18		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	124
91 The books are in care of <input type="checkbox"/> MS. SUSAN BURDEN Telephone no <input type="checkbox"/> 310-553-9036		
Located at <input type="checkbox"/> 1399 S. ROXBURY DRIVE, LOS ANGELES, CA ZIP + 4 <input type="checkbox"/> 90035		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/> N/A		

Form 990 (2004)

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>EDUCATIONAL REVENUE</u>					2,194,558.
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	164,301.	
96 Dividends and interest from securities			14	161,740.	
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	4,844.	
101 Net income or (loss) from special events					2,940,485.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b <u>MISCELLANEOUS</u>			15	1,927.	
c <u>INC. FROM REL PTY</u>					297,000.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				332,812.	5,432,043.
105 Total (add line 104, columns (B), (D), and (E))					5,764,855.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

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

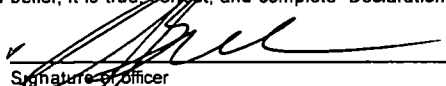

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

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

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

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 <u>5-12-06</u>	
Paid Preparer's Use Only	Type or print name and title <u>Susan Burden Chief Financial officer / Chief Administrative Office</u>			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <u>BDO SEIDMAN LLP</u> <u>1900 AVENUE OF THE STARS, 11TH FL</u> <u>LOS ANGELES, CA 90067</u>	Date <u>MAY 12 2006</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. V) _____ Phone no <u>310-557-0300</u>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2004

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
<u>RABBI ABRAHAM COOPER</u> 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	ASSOCIATE DEAN 27	241,025.	39,633.	NONE
<u>BOB NOVAK</u> 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	NAT'L DIR.-DVLPMT 40	217,360.	24,250.	NONE
<u>MEYER MAY</u> 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	EXECUTIVE DIRECTOR 28	204,511.	39,372.	NONE
<u>MARLENE HIER</u> 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	MEMBERSHIP DIRECTOR 28	204,060.	39,832.	NONE
<u>RICK TRANK</u> 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	DIRECTOR OF MEDIA 40	200,447.	24,250.	NONE
Total number of other employees paid over \$50,000	40			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>GUARDSMARK</u> 22 SOUTH 2ND STREET, MEMPHIS, TN 38103	SECURITY	1,473,203.
<u>WHITNEY ASSOCIATES</u> 812 SW WASHINGTON ST, #300 PORTLAND, OR	FUNDRAISING/CONSLTG	361,587.
<u>BOB'S CLEANING SERVICE</u> 5555 INGLEWOOD BLVD #201, CULVER CITY, CA	JANITORIAL	215,510.
<u>STRATEGIC BUSINESS ETHICS</u> 11755 WILSHIRE BLVD #2220, LOS ANGELES, CA	BUS.ÐICS CONSLTG	180,723.
<u>BDO SEIDMAN, LLP</u> 1900 AVE. OF THE STARS, LOS ANGELES, CA	ACCTG/TAX CONSLTG	135,733.
Total number of others receiving over \$50,000 for professional services	11	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>244,842.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities? STMT. 14	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . SEE, STATEMENT, 19 . . .	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

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

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	17,384,282.	27,190,667.	30,376,391.	28,333,940.	103,285,280.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,102,864.	2,234,648.	2,557,723.	2,851,119.	9,746,354.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	259,135.	274,607.	340,051.	579,397.	1,453,190.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	19,746,281.	29,699,922.	33,274,165.	31,764,456.	114,484,824.
24 Line 23 minus line 17	17,643,417.	27,465,274.	30,716,442.	28,913,337.	104,738,470.
25 Enter 1% of line 23	197,463.	296,999.	332,742.	317,645.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,094,769.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b NONE
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 104,738,470.
d Add: Amounts from column (e) for lines 18 1,453,190. 19					26d 1,453,190.
22 26b NONE					26e 103,285,280.
e Public support (line 26c minus line 26d total)					26f 98.6126 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) NOT APPLICABLE (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					27d
d Add: Line 27a total _____ and line 27b total _____					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)

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?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **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**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
Lobbying nontaxable					
45 amount					
Lobbying ceiling amount					
46 (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e))					
Grassroots lobbying					
50 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		244,842
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			244,842

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities **STATEMENT 20**

SIMON WIESENTHAL CENTER, INC.
YEAR ENDED JUNE 30, 2005

FEIN# 95-3964928

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

	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL SUPPORT
PROSPECTING AND RENEWALS	8,975,838	-	-	8,975,838
GENERAL DONATIONS, GRANTS, AND PLEDGES	6,635,008	2,355,068	-	8,990,076
DONATIONS - NEW YORK	257,483	-	-	257,483
DONATIONS - FLORIDA	21,500	-	-	21,500
DONATIONS - FRANCE	131,707	-	-	131,707
DONATIONS - CANADA	140,164	-	-	140,164
SPECIAL EFFORTS	-	-	-	-
MISCELLANEOUS	-	-	-	-
TOTAL	16,161,700	2,355,068	-	18,516,768

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► 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).

OMB No 1545-0092

2004

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 33)	(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 2003 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 33)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6						
	SEE STATEMENT 1			1,828,256.	1,823,412.	4,844.
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 2003 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 4,844.

Part III Summary of Parts I and II

Caution: Read the instructions **before** completing this part.

	(1) Beneficiaries' (see page 34)	(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		4,844.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 34)	14b		
c 28% rate gain or (loss)	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		4,844.

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) 2004

Part IV Capital Loss Limitation16 Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of

a The loss on line 15, column (3) or

b \$3,000

16 ()

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 36 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 37 of the instructions and skip Part V. Otherwise, go to line 17

17	Enter taxable income from Form 1041, line 22	17	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	
24	Enter the smaller of the amount on line 17 or \$1,950	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input checked="" type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Multiply line 26 by 5% (.05)	27	
28	Are the amounts on lines 22 and 26 the same? <input checked="" type="checkbox"/> Yes. Skip lines 28 through 31, go to line 32 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28	
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29	
30	Subtract line 29 from line 28	30	
31	Multiply line 30 by 15% (.15)	31	
32	Figure the tax on the amount on line 23. Use the 2004 Tax Rate Schedule on page 22 of the instructions	32	NONE
33	Add lines 27, 31, and 32	33	NONE
34	Figure the tax on the amount on line 17. Use the 2004 Tax Rate Schedule on page 22 of the instructions	34	
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	35	

Schedule D (Form 1041) 2004

[illegible]

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BANQUET - LOS ANGELES	1,645,025.	223,899.	1,421,126.
BANQUET - NEW YORK	722,079.	279,309.	442,770.
BANQUET - FLORIDA	590,944.	126,733.	464,211.
BANQUET - CANADA	846,573.	288,251.	558,322.
LA & NY PREMIERS	46,480.	NONE	46,480.
OTHER PREMIERS	18,915.	11,339.	7,576.
TOTALS	3,870,016.	929,531.	2,940,485.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCESDESCRIPTIONAMOUNT

UNREALIZED GAIN ON INVESTMENTS

302,812.

TOTAL

302,812.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BAD DEBT EXPENSE	324,212.			324,212.
OTHER EXPENSES - SEE STMT 16	11,959,320.	9,531,803.	822,251.	1,605,266.
TOTALS	12,283,532.	9,531,803.	822,251.	1,929,478.

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 - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

ITEM	DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
----	-----	-----	-----
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.	90,000.	8,316,423.
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.	NONE	7,857,667.
C	THE MUSEUM ALSO CONDUCTS DIVERSITY TRAINING COURSES FOR POLICE OFFICERS, EDUCATORS, AND OTHER PROFESSIONALS.	NONE	2,356,837.
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.	NONE	807,504.
TOTAL		90,000.	19,338,431.

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	1,776,565.
TOTALS	NONE	1,776,565.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
EQUITY SECURITIES	12,534,015.
ISRAEL BONDS	1,825,666.

TOTALS	14,359,681.
	=====

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----	ENDING BOOK VALUE -----
INVENTORY	285,579.
INVENTORY DEPOSITS	NONE
CASH SURRENDER ON LIFE INSUR.	1,098,948.
OTHER ASSETS	136,013.

TOTALS	1,520,540.
	=====

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

RECLASSIFICATION OF SPECIAL
EVENTS EXPENSES FROM
FUNDRAISING EXPENSES.

929,531.

TOTAL

929,531.
=====

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

RECLASSIFICATION OF SPECIAL
EVENTS EXPENSES FROM
FUNDRAISING EXPENSES.

929,531.

TOTAL

929,531.
=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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 24	241,269.	51,970.	NONE
SUSAN BURDEN 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	CFO/CAO 24	167,433.	35,140.	NONE
OTHER OFFICERS & DIRECTORS SEE ATTACHED STATEMENT 17				
AS NEEDED		NONE	NONE	NONE
GRAND TOTALS		408,702.	87,110.	NONE

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 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. FEES PAID TO THIS COMPANY AMOUNTED TO \$1,473,203.

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 \$100,212.

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.

SIMON WIESENTHAL CENTER, INC.
YEAR ENDED JUNE 30, 2005

FEIN# 95-3964928

FORM 990, PART IV - BALANCE SHEETS

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENTS

DESCRIPTION	COST OR OTHER BASIS	CURRENT YEAR DEPRECIATION	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,500,000	-	-	1,500,000
CONSTRUCTION BUILDING	30,975,725	1,032,525	12,855,062	18,120,663
MUSEUM SCROLLS AND EXHIBITS	26,639,984	1,646,172	20,034,043	6,605,941
FILMS	8,646,204	1,247,726	7,450,937	1,195,267
FURNITURE AND EQUIPMENT	4,433,575	368,681	2,897,098	1,536,477
COMPUTERS	1,679,505	81,840	1,502,575	176,930
LEASEHOLD IMPROVEMENTS	9,478,718	675,761	2,398,170	7,080,548
INTERACTIVE COMPUTERS	524,818	24,932	514,335	10,483
INTERACTIVE CD	260,000	86,667	216,667	43,333
LIBRARY BOOKS	43,153	-	43,153	-
AUTOMOBILES	41,090	8,218	28,763	12,327
BUILDING IMPROVEMENTS	659,080	63,488	336,822	322,258
	84,881,852	5,236,010	48,277,625	36,604,227

DEPRECIATION EXPENSE TO FORM 990,
PART II, LINE 42

5,236,010

SIMON WIESENTHAL CENTER, INC.
YEAR ENDED JUNE 30, 2005

FEIN# 95-3964928

FORM 990, PART II - OTHER EXPENSES

	PROGRAM SERVICES	MGMT & GENERAL	FUND- RAISING	TOTAL EXPENSES
MUSEUM	2,364,524			2,364,524
OUTREACH/PUBLIC INFO	928,053			928,053
PROSPECTING & RENEWALS	1,257,712		1,292,482	2,550,195
CANADA OFFICE	316,999	68,197	50,056	435,252
FLORIDA OFFICE	182,488		32,204	214,692
ISRAEL OFFICE	101,797			101,797
NEW YORK OFFICE	435,071		72,001	507,073
NEW YORK TOLERANCE CENTER	676,678			676,678
PARIS OFFICE	150,693		26,593	177,286
UTILITIES	504,076	13,684	131,929	649,689
SECURITY	1,044,447	343,559		1,388,007
GENERAL INSURANCE	398,603	69,059		467,662
OUTSIDE SERVICES		43,996		43,996
OFFICE		36,355		36,355
BANK AND COMMISSION CHARGES		148,573		148,573
PRINTING AND POSTAGE	3,529	7,904		11,433
DUES & SUBS.		1,003		1,003
PLANT SERVICE/REPAIRS & MAINT.	301,538	36,306		337,844
MEDIA EXPENSES	169,572			169,572
DOCENT EXPENSES	14,904			14,904
ADULT EDUCATION	93,861			93,861
LIBRARY	91,751			91,751
HOLOCAUST STUDIES	25,724			25,724
BOOKSTORE	338,563			338,563
PARKING SECURITY	58,187			58,187
MULTI-MEDIA LEARNING CENTER	49,228			49,228
TICKET EXPENSE	16,584			16,584
THEATER	5,736			5,736
MISCELLANEOUS	1,486	53,614		55,100
TOTAL	9,531,803	822,251	1,605,266	11,959,320

Simon Wiesenthal Center, Inc.
EIN: 95-3964928
Additional Officers and Board of Trustees
June 30, 2005

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

Mr. Roland Arnall (Vice-Chairperson)
1399 S. Roxbury Drive
Los Angeles, CA 90035

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

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

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

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

Mr. Alan Casdan
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 Feldenkreis
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. 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, 2005

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, 2005

FEIN# 95-3964928

FORM 990, PART VI - OTHER INFORMATION
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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 30, 2005

FEIN# 95-3964928

FORM 990, SCHEDULE A, PART III - STATEMENTS ABOUT ACTIVITIES

LINE 2D - COMPENSATION TO FAMILY MEMBERS OF TRUSTEES, DIRECTORS,
OFFICERS, CREATORS, OR KEY EMPLOYEES

	NAME/TITLE	COMPENSATION	BENEFITS	RELATIONSHIP
1	MARLENE HIER MEMBERSHIP DIRECTOR	204,060	39,832	RELATED TO MARVIN HIER
2	ALAN HIER FUNDRAISER	139,359	17,300	RELATED TO MARVIN HIER
3	RABBI ARON HIER ASSOCIATE DIRECTOR, J.S.I	89,402	9,444	RELATED TO MARVIN HIER

SIMON WIESENTHAL CENTER, INC.
YEAR ENDED JUNE 30, 2005

FEIN# 95-3964928

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

DESCRIPTION OF LOBBYING ACTIVITIES

LOBBYING ACTIVITY	AMOUNT
STATE OF CALIFORNIA LOBBYING ACTIVITIES WERE CONDUCTED IN AN EFFORT TO OBTAIN FUNDING FROM THE STATE OF CALIFORNIA TO TRAIN LAW ENFORCEMENT AND EDUCATORS ON TOLERANCE AND DIVERSITY.	72,630
STATE OF NEW YORK LOBBYING ACTIVITIES WERE CONDUCTED IN AN EFFORT TO OBTAIN FUNDING FROM THE STATE OF NEW YORK TO BUILD A NEW YORK TOLERANCE CENTER WITH INTERACTIVE EXHIBITS. THE CENTER IS USED TO TRAIN LAW ENFORCEMENT AND EDUCATORS OF THE TRI-STATE AREA.	72,000
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. LOBBYING ACTIVITIES WERE ALSO CONDUCTED TO OBTAIN FUNDING TO BUILD EXHIBITS IN THE NEW YORK TOLERANCE CENTER.	100,212
TO SCHEDULE A, PART VI-B, LINE G	244,842

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	SIMON WIESENTHAL CENTER, INC.	95-3964928
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	1399 S. ROXBURY DRIVE	
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LOS ANGELES, CA 90035	

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

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

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) **034**. 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 **05/15/2006**
- 5 For calendar year **2005**, or other tax year beginning **07/01/2004** and ending **06/30/2005**
- 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. \$
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$
- Balance Due. Submit line 8b from line 8a. Include your payment with this form, or, if required, deposit with ETD coupon or if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

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

Sharon M. ... CPA

Date

2-6-06

Notice to Applicant - To Be Completed by the IRS

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

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.

Type or print	Name	EXTENSION APPROVED
	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)	FEB 25 2006
	LOS ANGELES, CA 90067	